COVID-19: PD IMMEDIATE GUIDANCE
Protection, Accountability to Affected Populations, Disability Inclusion, Conflict Sensitivity

Protection Challenges posed by COVID-19
There are specific groups around the world that are at risk, vulnerable. Some examples include: women, young children, persons with disabilities, older persons, migrants, refugees, and internally displaced people. WFP operations, to one degree or another, support these at-risk groups and business continuity will need adjustment with the onset of the COVID-19 pandemic.

As Governments embark on large scale public health efforts to stem the spread of COVID-19 and treat people infected with the virus, several practical issues are emerging that relate to movement restrictions, relative risk to exposure and transmission of COVID-19, quarantines, access to public/international goods and services (i.e. development or humanitarian support), and communications/outreach to the general public. In situations of conflict there is also a risk that adaptations to programming to minimize the spread of coronavirus could be politicized.

This note aims to highlight some of the top-level, short-term issues related to protection, accountability to affected populations, disability inclusion and conflict sensitivity across a range of WFP programme activities that are likely to be affected by COVID-19.

Context Analysis/Scenario Planning
Guiding question: Do we understand how COVID-19 may affect the overall population and, in particular, population groups WFP and partners are supporting? And, in turn, which segments of the population are high-risk and why?

All types of crises disproportionately affect people in pre-existing vulnerable situations and conditions. COVID-19 compounds pre-existing vulnerabilities. WFP should identify and rank, within its CSP Activity portfolio, specific groups that are potentially at greatest risk from COVID-19. This could be part of any programme criticality, prioritization of activity areas, or risk register exercises in which COs are engaged. In particular, the following are societal segments at risk:

- Women and girls who need access to sexual and reproductive health services, and may be exposed to increasing GBV as a result of containment measures;
- Older persons who have a high mortality-risk if infected;
- Young children, especially those at risk of acute malnutrition;
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- IDPs or refugees residing in densely populated settlements (camps or otherwise);
- People with disabilities who may not be able access public health messaging and services;
- Populations who are moving due to ongoing armed conflict depending on the context where the virus spreads;¹
- People living with HIV, people with TB and other chronically ill people;
- Minority groups, indigenous peoples, geographically remote or those perceived to be associated with non-state armed actors whose access to existing life-saving assistance may be blocked on the premise of preventing contagion;
- Migrant workers who gave been pushed out but are stuck at borders due to border closure, and may be perceived as vectors of the virus and face anger / discrimination.

Programme/Project Cycle Adjustments

Guiding Question: Is it safe, feasible and possible to implement the current or planned activities?

In this regard, there are specific nodes within the WFP project/activity cycle that will be affected as a result of COVID-19 and associated national policies and directives on how to contain the pandemic. WFP has a duty of care to its beneficiaries and to ensure that food assistance continues to reach them in as a timely a manner as possible. Based on the lessons learned from the spread of COVID-19 in China and Europe, movement restrictions, reduction in the coverage of key public and private services, and closure of public spaces and institutions will place considerable constraints on this basic delivery function and accompanying measures to ensure quality, accessibility, and accountability:

Issues to consider that may affect WFP’s ability to continue support to populations of concern:

- Assessments (food security, market/CBT, supply-chain: if programme activities require regular assessments, what are potential alternatives – that ensure collection of information from the different members of an affected population – if movement restrictions are in place?
- Targeting: are adjustments necessary to reach those most affected by COVID-19? what can be done now and what be postponed? (Is it possible to assess where the country is in a COVID-19 cycle?)
- Beneficiary registration or verification with biometrics: such exercises are not suitable where they enhance the risk of transmission for beneficiaries. With limited human resources and to ensure smooth and quick distributions, which other methods of verification and de-duplication could be adopted?
- Food or CBT distributions: Inability of CPs to maintain regular distribution cycles (due to CP staff being quarantined or suspension of services), inability of beneficiaries to reach distribution sites, or ability of (some or all) beneficiaries to access ATMs, supermarkets, or local markets to use mobile, SCOPE-CARD or vouchers.
- Post-distribution and process monitoring: depending on locations and human resource capacities, what potential alternatives are there to face-to-face interviews that continue to ensure collection of information from diverse members of the targeted population/s, can remote monitoring processes be put in place?

¹ Other groups that could be considered when assessing barriers to meaningful access include the older persons, persons with disabilities, migrants and indigenous populations. COVID-19 also creates a new vulnerability intersection for people with co-morbidities. The populations most at risk are those that depend heavily on the informal economy; occupy areas prone to shocks; have inadequate access to social services or political influence; have limited capacities and opportunities to cope and adapt and; limited or no access to technologies. https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and
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- Community/complaints and feedback mechanisms: hotlines, in particular, would need to be re-thought if operators are working remotely without the necessary infrastructure and equipment to successfully undertake their responsibilities.

Additional considerations are follows:

- **Staffing of WFP and Partners**: with agencies repatriating staff there will be a reduced capacity which also impacts our partners which will lengthen distributions, possibly delay them, and in some contexts postpone them.
- Delays and challenges in delivering in food assistance programmes could lead to demonstrations and community unrest. How is WFP working with security on safe distribution and **communicating effectively to the different members of affected populations on delays, shortfalls, suspension of activities and to correct misinformation**?
- Do partners have access to sufficient protective equipment and can WFP facilitate provision of **protection equipment to partners**, community-based volunteers and transporters to ensure continuity of critical distributions?
- Protective equipment for WFP’s/partners’ employees may give implicit messages that aid workers lives are more highly valued as they are protected. As such, **clear communication around the need for front line employees to wear protective gear to protect communities from the further spread of the virus is of paramount importance**. Clear messages could also prevent beneficiaries’ reaction to ‘outsiders’ coming to their communities as potential vectors of the virus, and this way dissipate stress / anxiety at point of distribution.
- **Security forces (border closure) and militarisation of state forces** to enforce curfews or movement restrictions could result in arbitrary application of national directives and abuse of power;
- **Restriction on freedom of movement needs to be strictly necessary**, and applied in a non-discriminatory way among communities and population groups. There is a risk that certain groups may be scapegoated (blamed) for the spread of the virus, possibly the most marginalised, since they have the least options for social distancing / hand washing etc, and so stigmatized groups may align with our target groups. Scapegoating of specific groups could be politically manipulated to exacerbate divisions, even entire IDP / refugee camps or populations may be scapegoated. Camp populations may face forced containment or increased barriers to access to services, which will create stress in the camp, and trigger camp residents to flee, creating further tensions;
- **Close coordination and collaboration** with government stakeholders and respective actors to ensure that humanitarian assistance is based on needs and that assistance does not discriminate on the basis of gender, age, disability, language, ethnicity etc.
- **People under quarantine or in detention** should have access to information and access to communication including on the quarantine and the virus. Authorities must be encouraged to ensure that live-saving assistance, including water, food/cash, health treatment, and freedom to practice their religion is upheld.
- Authorities should ensure that **people suffering from underlying health conditions** (HIV, diabetes, etc.) or specific needs receive/continue to receive adequate treatment.

There are some specific issues and considerations that arise with COVID-19 and relate to emergency food assistance that need to be highlighted:

- **WFP communications** on new distribution days and procedures – which should be determined following inclusive consultations with the different members of targeted populations – to avoid crowding and potential panic?
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• **How will distributions sites be re-planned/organized?** (accommodating sanitation requirements, using crowd control, rope and other material to allow for physical distancing at the site, attending to gender-related safety etc)

• **Distribution days may need to be phased and overall distribution time extended** to avoid congregation of too many people at once; as well as consideration for safe access by different members (gender, age, disability etc.) of targeted populations.

• **Are there special considerations for persons with disabilities** (where appropriate)?

• Does the **ration size** consider possible delays, quarantine or missing commodities i.e. two months of transfers provided?

• **Scooping vs. Group/HH distributions:** how can commodity distribution avoid the need for excessive handling either by CPs (scooping individual commodities) or multiple households collecting bulk rations and then re-distributing outside of distribution sites/points (which may result in certain groups being disadvantaged)?

• Is a **helpdesk** available to ensure that if the designated recipient or alternate cannot access the distribution site because they are ill or are burdened with unpaid domestic work, another family member can collect the food?

• **Incorporate health and WASH messaging** (from clusters) as additional information for beneficiaries receiving WFP assistance, ensuring that messages are tailored to the different members (gender, disability, age etc.) of the targeted population and disseminated through accessible means.

• **How will those that cannot come to the distribution sites be supported?** What alternative arrangements for distribution can be made - especially for older persons and those chronically ill who are at high risk of contracting the virus while standing at a distribution point?

**Advocacy/Messaging**
The COVID-19 outbreak and response has been accompanied by a massive infodemic - an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it.

• WFP can identify **trusted community groups**, establish community information and feedback or establish community engagement (attending to diversity and inclusion), particularly for the most vulnerable in the appropriate language or through drawing/radio, etc;

• Adapt communication and feedback with affected populations to avoid bringing people together in groups and to promote physical distancing. Use different media, technology and tools (e.g. complaints and feedback mechanisms) to inform people about changes/adjustments to programmes, receive their feedback, and reduce fear and misinformation while minimizing group gatherings and face-to-face contact;

• Leverage coordination fora to coordinate the dissemination of messaging, management of misinformation, and response to feedback; and

• Country Directors (and other staff engaging) should also communicate the above protection messages, challenge stigma, and recall the need to continue engagement with affected populations.
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External Resources

Health-Related Materials

- The WHO remains the main hub of the response and has developed health-specific online training courses and a simulation exercise relating to the epidemic. The WHO has mapped the outbreak of the virus worldwide.
- IASC Briefing note on addressing mental health and psychosocial aspects of COVID-19
- ALNAP COVID-19 Response Portal
- Alibaba Foundation and the First Affiliated Hospital of Zhejiang University Global MediXchange for Combating COVID-19
- Geneva Centre for Education and Research in Humanitarian Action COVID-19 scientific resources
- Recommendations for Adjusting Food Distribution SOPs in the Context of the COVID-19 Outbreak

Messaging and Communication Material

- H2H Network has funded BBC Media Action, Internews, Evidence Aid and Translators Without Borders to lead a project to fight misinformation around the virus. To receive the weekly Connect:COVID-19 bulletins, email COVID-19@internews.org
- WHO myth busters to counter misinformation
- CDAC Practice Guide to Working with Rumours – also available in Arabic and French
- International SOS Series of videos, presentations and infographic posters

Community Engagement

- 4Ws mapping of RCCE - Asia Pacific
- COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement
- British Red Cross Community Engagement Hub
- Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings
- IFRC Risk communication and community engagement strategy for Africa – also available in French
- Resource page aimed at small community based organisations and local faith groups
- NRC 10 things you should know about coronavirus and refugees
- Sphere Standards and the Coronavirus response
- CDAC's How To Guide on communication and community engagement (CCE) in humanitarian action, which brings together a decade of best practice in CCE and its coordination, is available in English, French, Spanish and Portuguese

COVID-19 and Peace & Security