Guidance on Protection Considerations related to Community-Based Protection and Specific Groups in the Americas - COVID-19 response

This document provides tailored protection guidance and recommendations in relation to the coronavirus (COVID-19) pandemic in areas such as Community-Based Protection (CBP) and Risk Communication and Community Engagement (RCCE), persons with disabilities, older persons, LGBTI+ persons, persons living with HIV, Child Protection (CP), Sexual and Gender-Based Violence (SGBV) and Prevention Against Sexual Exploitation and Abuse (PSEA), Mental Health and Psychosocial Support (MHPSS). It should be disseminated among UNHCR and partner staff and key actors in the Americas.

Community-Based Protection and Risk Communication and Community Engagement (RCCE)

Refugees, displaced persons, asylum seekers, and stateless may face limitations in accessing basic services, including health services in a variety of countries in the region, in addition to being exposed to very difficult living conditions which puts them at increased risk of COVID-19.

Putting communities at the centre of our interventions generates more effective and sustainable protection outcomes by identifying protection gaps through consultation and strengthening local resources and capacities. Community-based approach in the context of COVID-19 can help to address the protection issues that persons of concern (PoC) might be facing in the communities. This along with access to accurate information allows people to make informed decisions to protect themselves and their families. Maintaining contact with specific groups with age, gender and diversity (AGD) approach, to identify and analyse the impact of protection risks, needs and gaps faced by the communities and specific groups.

In order to ensure a continuation of protection activities in the context of COVID-19, including Risk Communication and Community Engagement (RCCE), Community-Based Protection (CBP), Accountability to Affected Populations (AAP), among others, UNHCR and its partners are implementing prevention and mitigation measures, developing alternative means of communicating with communities, engaging with key actors and mobilizing them, including adapting access to information, orientation, support and services prioritizing the needs of those at higher risk.

Key recommendations

- Use key messages developed and distributed by WHO/PAHO and national authorities. Additional materials for specific groups to be developed taking WHO/PAHO contents but contextualized to the needs of each group with AGD approach. Do not over-target people with COVID-19 information. A repository of documents has been created to identify needs and gaps.
- Share and ensure UNHCR key recommendations concerning COVID-19 for UNHCR offices and NGO partners providing direct attention and services to the public in the Americas are put in place. This builds on global guidance from UNHCR, WHO and other key actors for the purposes of protecting staff and PoC in the delivery of non-health emergency or essential services. Some of the structures include UNHCR and partners offices, Support Spaces, Safe Spaces, community centres, among others.
- Through interagency structures like the Regional Interagency Coordination Platform for Refugees and Migrants from Venezuela (R4V), a coordinated response has been prioritized through the regional CwC/C4D and Communications Working Groups in order to ensure a harmonized approach, join efforts and avoid duplication, using existing trustworthy communication channels and structures (included but not limited to social media, hotlines, call centres, UNHCR and partner offices, reception centres, shelters, Support Spaces, Safe Spaces, detention centres, among others at border and urban areas). A link with ready-to-print products for specific groups provided WHO/PAHO, International Federation of the Red Cross (IFRC) and other organizations is currently being used by all actors. Continue supporting these efforts and mapping the needs through the online repository coordinated by the R4V in the context of
the Venezuela Situation.

- The adaptation in service provision and any information shared with the communities should be done through the existing, preferred and trustworthy communication channels and taking into consideration the specific physical, cultural, security, mental health, sanitary and/or special needs of the targeted groups.
- **Share with staff and partners UNHCR’s global tools and guidance** on different areas related to COVID-19, including the: Risk Communication and Community Engagement COVID-19 and Age, Gender and Diversity Considerations COVID-19. Share with UNHCR staff internal “If asked” guidelines developed to ensure a coordinated and consistent messaging to the response to COVID-19.
- **Consult assessments conducted with the communities to identify which are the preferred ways of communication that persons of concern have** and that are relevant in the response to COVID-19. One example in the context of the Venezuela Situation carried out by the R4V Platform is the Regional Information and Communication Needs Assessment: Understanding the information and communication needs of refugees and migrants in the Venezuela Situation. Key findings can help to identify the main sources of information: 1) WhatsApp, 2) Facebook; 3) Television; 70% of interviewed people responded having access to a phone; 79% to the internet and only 29% of those in transit have access to WiFi. The assessment also provides desegregated findings per country.
- **Analyse protection risks, needs and gaps** faced by the communities in an UNHCR multifunctional team, as well as with different humanitarian actors, interagency structures and national authorities to ensure integral protection of refugees, asylum seekers and migrants.
- **Consult persons of concern of different age, gender and diversity about their needs regarding COVID-19.** Do not assume what they want or need, involve them in the solutions.
- **Continue engagement with persons of concern through community leaders, trusted interlocutors, youth networks, community groups and outreach workers** where possible (using WhatsApp groups and communication trees, among others forms of communication). If resources are available in the operations, prioritizing supporting key community members/focal points (i.e. outreach volunteers) with internet data through online refills would guarantee two-way communication.
- **Mobilize the community to support those members at heightened risk**, considering national measures imposed and without compromising their own security. Alternative ways of communicating with communities and supporting their peers is highly recommended.
- **Develop information dissemination packages.** These packages can include social cards to inform persons of concern about temporary closedown and changes in service provision modalities. Examples of such alternative modalities that have shown to be effective are assistance by telephone (hotlines, call centres) and online services (WhatsApp, Facebook, web pages, email and other online platforms). SMS is also recommended when persons’ of concern phone numbers are available (e.g. ProGres) especially considering that people in transit have limited access to the internet and Support Spaces and/or Safe Spaces could be temporarily closed to provide direct attention.
- **Update information in sites** like help.unhcr.org, Facebook and webpages, among others. The regional Service Mapping tool should also be updated, specifically adding missing information/services and updates on new modalities of attention (online, telephone). The Service Mapping includes Support Spaces and other services available in each location, including health, legal, food, among others. Social cards informing of these tools should be distributed on social media.
- **Continue to use trusted and secure community feedback and complaint mechanisms** to address the concerns of the community and specific groups. These mechanisms need to be adapted as well to the current situation, including prioritizing online and telephone surveys shared through community networks and channels. Systematizing and analysing community feedback will ensure an adequate response is in place and adapted in a timely manner to the
emerging needs of the pandemic.

**Useful resources and references:**
COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement:
Response for Venezuela (R4V), *information portal on COVID-19*
UNHCR Americas *Key recommendations concerning COVID-19 for UNHCR offices and NGO partners providing direct attention and services to the public.*
UNHCR, Age, Gender and Diversity Considerations COVID-19, 2020.

**Persons with Disabilities (PWD)**

Persons with disabilities are at higher risk of exposure to COVID-19 due to barriers in accessing preventive and mitigating information, services and in some cases dependency with physical contact and the environment. Many times, refugees, asylum seekers and migrants with disabilities are invisible or are not taken care of in a timely and adequate manner, and even more so in the middle of a global pandemic which includes, in many countries, restrictions on services, mobile services, and other means which may be relevant to PWD.

In Latin America according to WHO/PAHO there are around 85 million persons with disabilities, who in general face limitations when accessing health services, rehabilitation, assistance and support. These challenges and barriers are higher for persons of concern with disabilities and their families due to various factors including lack of documentation, limited access to information, lack of resources to approach the services, xenophobia and discrimination, among others.

**Key recommendations**

- To the extent possible, try to regularly consult persons with disabilities (and seek alternative ways to do so considering the practical obstacles and restrictions in the current context) on their current situation, needs, capacities and priorities to address their most urgent needs. Do not assume what they want or need.
- Information and key messages to be adapted to the needs of all persons of concern with disabilities (including sensory, intellectual, cognitive, and psychosocial) and shared on time in accessible different formats and technologies, including digital media. Some of the formats include captioning, sign language, braille and audio messaging, among others. This should include messages on the measures imposed in each country and key prevention messages from WHO/PAHO.
- Consider that not all persons with disabilities have access to the internet and might not have the means or possibility due to temporary restrictions to approach Support Spaces, Safe Spaces, or any other information and support structures. Therefore, it is important to activate the community networks (community groups, outreach volunteers, Venezuelan associations and youtubers/influencers, among others) in order to make sure that those persons with disabilities are identified and referred to specialized actors, including national institutions, who are providing support.
- Identify possible barriers of accessing services: mobility constraints, physical and health and communication accessibility, among others.
- Continue the close coordination and communication with networks and specialized organizations working in the protection of persons with disabilities at national and regional level (i.e. Humanity and Inclusion and RIADIS, among others), including in advocacy with national authorities to raise awareness to the situation of persons with disabilities and guaranteeing inclusive health public measures and attention during the pandemic.
Activating community support programs and networks for persons with disabilities, adapted to current national situations and measures in order to safeguard the security of other community members. Initiatives to support access to food, medicine, water to be coordinated with the community along with specialized organizations and national institutions. Online (e.g. WhatsApp, email) and free telephone (e.g. hotlines, call centres) support services (including psychosocial support) for those who can access them should be prioritized in coordination and with the support of the specialized organizations.

With the support of community structures and community-based organizations, identification of persons with disabilities that require care (caregivers moved into quarantine), are unaccompanied and/or are exposed to greater risks, is critical in order to be timely referred to specialized services to identify temporary solutions to respond to their urgent needs.

Map or include updated list of accessible service providers in the existing service mapping tool (i.e. R4V regional service mapping).

Useful resources and references:
IASC, Guidelines inclusion of persons with disabilities in humanitarian action, July 2019
International Disability Alliance, Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance
RIADIS, Public Declaration regarding the situation of COVID-19, March 18 2020
Red de Gestión Inclusiva del Riesgo de Desastres y Discapacidad de América Latina y el Caribe (Red GIRDD-LAC), Public Declaration regarding COVID-19
UNHCR, Need to know guidance on persons with disabilities

Older Persons
The ongoing COVID-19 outbreak is especially dangerous for older persons and has a disproportionately negative impact on their right to health and other human rights. A health crisis can isolate older people and the risk of this happening is far higher in countries with less developed health systems where access to medical services and other forms of care and support can be challenging.

Older people have the right to health including access to information, care and medical services on an equal basis with everyone else. The risk of discrimination in accessing medical services is one that should be monitored for all high-risk groups, including older people.

Older people are frequently overlooked in development and humanitarian strategy development and funding. Older persons may be hidden from the view of humanitarian agencies and their concerns not addressed if their families try to attend to them without explicitly identifying them. Family members may have died, leaving older persons without support. In other situations, families struggling to survive may be forced to neglect or leave behind older members, significantly affecting their safety and well-being.

In the context of COVID-19 and the risk posed to older people, they must be explicitly identified and considered in funding applications and decisions at all levels and in all settings.

Key recommendations

When designing interventions, take into consideration the guidance provided by Help Age on older persons and COVID-19.

Preparedness and planning should take account of the additional risks to older people. Countries are advised to act in line with WHO’s global Strategic Preparedness and Response Plan which outlines how to implement public health measures to manage COVID-19.

Regular communications with older persons and at-risk populations is one of the most important steps to help prevent infections, save lives and minimize adverse outcomes. Information must be provided in multiple formats and local languages to address the barriers.
which older people often face, related to literacy, language and disability.

- Specific measures to support older people must be implemented during an outbreak. These include access to alcohol-based hand rubs where there is poor access to water; access to social support and essential supplies for older people in quarantine or self-isolating; and a proportionate and non-discriminatory approach to restrictions on freedom of movement.

- Community engagement is imperative to ensure everyone’s wellbeing during the response, especially those older persons living alone or without care. In this regard, outreach interventions and home visit programmes, taking the necessary health preventive measures, can be lifesaving for isolated older persons at heightened risk.

- Contingency planning by governments, UNHCR and partners must address the high risks faced by older refugees and displaced people and provide for access to health treatment and care, including access to national health systems and hospitals, regardless of legal status.

- Continuous social and psychological support through alternative ways if necessary and possible (e.g. online, cell phone). Crisis-related symptoms of psychological trauma may be at least as common among older persons as their younger counterparts, with serious consequences if ignored.

Useful resources and references:
Help Age, Protection Older persons from COVID-19 (English and Spanish).
United Nations, Department of Economic and Social Affairs, Programme on Ageing.

LGBTI+ Persons

In the context of the COVID-19 pandemic, LGBTI+ persons of concern face protection risks and higher exposure to violence, abuse, discrimination and exploitation, including resorting to survival sex. Furthermore, LGBTI+ persons living with HIV face greater protection challenges due to limited access and availability of treatments, medicines and psychosocial support.

Stigma, discrimination, LGBTIphobia and xenophobia against LGBTI+ persons of concern, especially against trans women is a latent risk during this COVID-19 outbreak.

Key recommendations

- It is important to update and activate referral pathways for the assistance and protection of LGBTI+ individuals who are being discriminated based on their sexual orientation and gender identity.

- Advocate for inclusion and non-discriminatory access of LGBTI+ refugees, asylum-seekers and migrants in national response plans, mechanisms and referral pathways.

- Tailor activities to continue supporting LGBTI+ individuals at risk (i.e. online community support groups, individual support sessions). Best practices in the COVID-19 context are being compiled and will be shared (i.e. Community of Practice).

- Ensure counselling and psychosocial support services for those affected.

- Disseminate key messages on non-discrimination towards LGBTI+ persons of concern living with HIV during this pandemic.

- LGBTI+ persons of concern living with HIV should take all recommended preventive measures to minimize exposure and prevent infection. Share key messages with community members.

- Mobilize the communities to support those at heightened risk without breaching confidentiality and exposing their health.

- Activate community support networks of LGBTI+ individuals in order to provide assistance and support to persons of concern, adapting these modalities to current national situations and measures to safeguard the security of all members.

- Share information of organizations working with the Regional Network for the protection of LGBTI+ refugees, asylum seekers and migrants in Latin America with the communities so they can contact these organizations directly and expand their protection networks.

Useful resources and references:
UNHCR, UNHCR Policy on Age, Gender and Diversity, 8 March 2018.
Persons living with HIV

The relation between COVID-19 and HIV is still unclear, there is currently no definitive evidence that people living with HIV are at an especially increased risk of contracting COVID-19 but there is evidence that people with an immunosuppressed system may be at increased risk of COVID-19 symptoms and mortality. In this case, older people living with HIV or people living with HIV who have additional respiratory, heart, diabetes or cancer conditions have a greater vulnerability to COVID-19.

In the case of refugees and migrants living with HIV with limitations to access the healthcare system or ARV medications, they may be at increased risk of more severe COVID-19 symptoms. National security restrictions and mobility could represent a higher risk for those who are not able to approach health facilities or have challenges in receiving medicine refills.

The stigma, discrimination, xenophobia and exclusion of persons of concern living with HIV increases when affected by the virus. This could lead to further denial of and/or challenges in accessing health services and treatments.

As stated by UNAIDS, stigma can:
- Push people to hide illness to avoid discrimination
- Prevent people from seeking health care
- Discourage people from adopting healthy behaviours

**Key recommendations**

- Ensure trusted and confidential communication channels are in place, and preventive and mitigation messages and recommendations are shared with the community:
  - It is essential that persons living with HIV do not discontinue ARV treatment to ensure 100% adherence.
  - People living with HIV should take all recommended preventive measures to minimize exposure and prevent infection.
  - People living with HIV should know how to contact the health facilities or specialized actors working on HIV/aids in case they need orientation and/or support.
  - Disseminate key messages on non-discrimination towards persons of concern living with HIV during this pandemic.
  - Contact family members and community groups to support in case social distancing measures are imposed to find alternative ways of finding food, medicines, and care of children, among others.

- UNHCR and partners need to advocate that persons of concern living with HIV are able to exercise their right to health and treatment. A people-centred approach is critical to the response to COVID-19 and HIV.

- Regular communication with networks of persons of concern living with HIV is essential to monitor their situation, along with partners and specialized organizations working on HIV/aids prevention and response.

- Coordinate along with UNHCR and partners health focal points and UNAIDS that discussions with National HIV Plan focal points in each country take place in order to develop preventive and mitigation efforts to reduce the impact of COVID-19 in the persons of concern living with HIV. For example, advocacy with national authorities to provide persons of concern with three months or more of their medications, following WHO’s guidelines on HIV treatment, reducing the exposure to COVID-19 when retrieving their medicines.

- Map and share contacts of the National HIV Plan, organizations working on HIV/aids and networks of people living with HIV, with the communities so they can coordinate with them directly online or via phone calls/free call centres and seek support if needed (e.g. special deliveries of medicines to their place of residence or designated non-crowded pick-up points).

- Share safe hotlines of specialized organizations so that persons of concern living with HIV can express their concerns while the outbreak persists and have access to regular psychosocial support.

- Case management actors to continue following up on the situation of persons living with HIV as per the case management plans designed but adapted to the current pandemic situation.

- Mobilize the communities to support those at heightened risk without breaching confidentiality and exposing their health.
Useful resources and references:
UNAIDS, social media key messages, March 2020.
UNAIDS, Successful global epidemic responses put people at the centre, 12 March 2020.

Child Protection (CP)
All children face specific protection risks during infectious outbreaks, and the outbreak of COVID-19 is no exception. Although children appear less likely to become seriously ill from COVID-19, they may be still be carriers of the virus and be impacted by related events and the associated psychosocial distress. During infectious outbreaks, children may not have access to information or may find the available information difficult to understand, quarantine measures may lead to psychosocial issues, and increased pressures on families may lead to negative coping mechanisms, among other risks. Refugees, displaced persons, asylum seekers, and stateless children may face additional risks during these outbreaks such as discrimination, mobility constraints, and a lack of access to information and public health services.

The following non-exhaustive list includes risks and actions that should be considered in your operation’s child protection response during the ongoing COVID-19 outbreak.

Activities should be adapted to the current contexts in each location, online support and key messages with the information below to be disseminated through existing communication channels.

### Key recommendations

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<td>• Increased susceptibility to violence in the home due to added pressure and anxieties on caregivers.</td>
<td>• Support parents and caregivers with skills to cope with the increased anxieties and promote family-friendly activities for children and their caregivers (i.e. drawing, hand washing games and rhymes, storytelling).</td>
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| • Engagement in child labor and/or becoming victims of child or sexual exploitation to support household income. | • Tailor activities to support vulnerable families and children at risk.  
• Coordinate with CBI unit to leverage CBI to mitigate child protection risks |
| • Psychosocial distress due to death, illness, or separation from close relationships | • Ensure counselling and psychosocial support services for those affected. |
| • Pressure on existing national child protection and health care services | • Advocate for inclusion and non-discriminatory access of refugee and asylum-seeking children in national response plans, mechanisms and referral pathways. |
| • Quarantine or death of caregivers and/or family members may cause children to become unaccompanied or separated | • Advocate with governments to ensure children are not exposed to further protection risks when caregivers are affected by COVID-19.  
• Ensure community-based alternative care mechanisms are in place.  
• Facilitate safe and regular communication for children that are temporarily separated. |
| • Exclusion and stigmatization if refugees and asylum seekers are perceived to carry COVID-19. | • Raise awareness on non-discriminatory nature of outbreak and on how to prevent infection. |
| • Newborn children are not registered in national civil registries due to reduced services | • Advocate with governments for non-discriminatory and facilitated access to national civil registries. |
In addition to the non-exhaustive list above, operations are encouraged to review and update, if necessary, SOPs on Best Interests Procedures and referral pathways to ensure that child protection services—case management, alternative care, psychosocial support, etc.—can continue being carried out safely and in line with the best interests of the child and confidentiality principles. Prioritize remote case management through new or existing helplines or other means whenever CP services have been interrupted.

Don’t forget to engage adolescents and youth as agents of change in their communities. Social mobilization and establishment of adolescent/youth committees for awareness raising and peer-to-peer approaches should be considered and prioritized for mitigation and prevention purposes.

The needs and concerns of adolescent boys and girls should be included and taken into consideration through all UNHCR supported interventions.

Useful resources and references:
- UNHCR, Guidelines on Assessing and Determining the Best Interests of the Child, November 2018.

Sexual and Gender Based Violence (SGBV) and Prevention Against Sexual Exploitation and Abuse (PSEA)

Health crises can exacerbate existing protection risks and add to the pressures and inequities facing SGBV and SEA survivors and others who are already more vulnerable to economic and health insecurity. Moreover, persons who are surviving violence in their relationships and families may be experiencing increased isolation and danger due to the current outbreak of COVID-19. Survivors may have specific needs around safety and health, and it is crucial to take those needs into consideration. Hence, it is important to share adapted, updated, and accurate information and resources among the humanitarian service providers, and, in turn, with persons of concern and the community.

In principle, life-saving SGBV interventions should continue to ensure critical SGBV response services are available all the time for those who are in need, while non-life-saving activities with a large number of people (i.e. community sensitization/outreach, group education/information sessions) can be temporarily held off, or redesigned in a way to minimize the risks of infection (i.e. shifting to remote modalities/online sessions where possible). SOPs and referral pathways should be adjusted to reflect remote provision of response services when face-to-face services cannot be provided as usual.

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<td>Intimate partner and other forms of domestic violence might increase due to heightened tensions in the household. “Social distancing” may lead to increased safety risks for survivors, especially in the case of intimate partner violence.</td>
<td>Discuss with case workers how to support SGBV survivors in reviewing safety planning as relevant and needed.</td>
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<td>Monitor closely the trends of SGBV and protection risks and take mitigation actions as soon as possible.</td>
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<td>Promote integration of SGBV risk mitigation actions (as outlined in the Inter-Agency Standing Committee GBV Guidelines) in the interventions related to COVID-19 implemented by other sectors/clusters.</td>
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- Life-saving care and support to SGBV survivors (i.e. clinical management of rape and mental health and psycho-social support) may be disrupted when health service providers are overburdened and preoccupied with handling COVID-19 cases.

- Review and update SGBV referral pathways to reflect any change in the available services.

- Advocate for inclusion and non-discriminatory access of refugee and asylum-seeking women, adolescent and girls in SGBV national response plans, mechanisms and referral pathways.

- Women generally play a role of caregiver in the family and in the communities, and there may be additional burdens on them during the crisis period. Because of their role as caregiver, vulnerabilities of women and girls may further exacerbate in terms of the risk of COVID-19 infection.

- Ensure that women and girls are able to receive information about how to prevent and respond to the epidemic in ways they can understand. Promote and disseminate information on regular hand washing and positive hygiene behaviors, for example, by placing IEC materials and key messages on COVID-19 at Support Spaces, Safe Spaces and other Women and Girls Centers.

- Where healthcare systems are stretched by efforts to contain outbreaks, care responsibilities are frequently "downloaded" onto women and girls, who usually bear responsibility for caring for ill family members and the elderly.

- Include messages to equally share responsibilities of providing care to sick persons in the information/sensitization sessions.

- Pay attention to the gendered impacts of COVID-19 and advocate on behalf of vulnerable women and girls.

- Outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives and exacerbate often already limited access to sexual and reproductive health services.

- Ensure there are SOPs and referral pathways available to ensure access to sexual and reproductive health (SRH) services and pre/post-natal health services.

- Equip Safe Spaces and other Women and Girls Centers with dignity kits to ensure menstrual health of women and girls is not compromised.

- COVID-19 situation could aggravate emotional/psychological distress and/or stigma that SGBV and SEA survivors are already experiencing, such as concerns that they may have been infected by the perpetrator, having to remain isolated or quarantined, experiencing symptoms which could cause additional stigma, etc.

- Ensure that psychosocial support is available for women and adolescents who may be affected by the outbreak and are also SGBV/SEA survivors. If necessary, consider an option of remote service provision (via phone, etc.).

- Women constitute 70% of the workers in the health and social sector globally and are on the frontlines of the response.

- Regularly and supportively monitor SGBV staff for their well-being and address any health concerns that they may have for themselves, colleagues or clients. Psychosocial support should also be provided to frontline responders.

Coordination mechanisms should ensure that the updated information in SOPs and referral pathways is shared with all relevant humanitarian and multi-sectoral service providers so that referrals can be made efficiently and so that accurate information is provided to frontline workers and PoC through hotlines and helplines, UNHCR and partner websites and social media sites and apps with referral pathway guidance and contact details. SGBV and SEA survivors who were exposed to HIV or other sexually transmitted infections (STIs) and/or are pregnant as a result of the incident may be among the PoC who are most vulnerable to being seriously affected by COVID-19 if infected, so case managers and health care providers should be mindful of this and provide appropriate information and counselling to the survivors. It also a timely opportunity to re-circulate the PSEA guidance and Codes of Conduct and other safeguarding measures and remind staff of the need to comply with them.

**Useful resource and references:**
- CARE, Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings.
- COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, Sections on Women and Girls, Sexual and Gender Minorities, and GBV Survivors.
- COVID-19 outbreak and Gender
- IRC, IRC Guidelines for Mobile and Remote GBV Service Delivery.
Mental Health and Psychosocial Support (MHPSS)
MHPSS is a crosscutting issue, across all sectors/emergency pillars of the response, and part of the protection and solutions strategy. MHPSS approaches need to evolve and adapt to the needs of individuals affected by COVID-19, and at different times of the outbreak (i.e. before, during and after high infection rates) mindful of stigma prevention.

The IASC briefing note summarizes key mental health and psychosocial support (MHPSS) considerations in relation to the COVID-19 outbreak, such as:

- Help older adults cope with stress.
- Support the needs of people with disabilities.
- Design messages & activities to help children deal with stress.
- Set up MHPSS activities for adults in isolation/quarantine.
- Provide support to response workers.
- Circulate community MHPSS messages.

Key recommendations

- Ensure community outreach workers are trained by UNHCR and specialized partners on Psychological First Aid (including emotional support and stress management techniques).
- It is very important to ensure coordination between CBP and RCCE activities on awareness raising messages, including on self-help material, with specific attention to most at risk groups (e.g. children, older people, persons in quarantine/isolation).
- Participate in webinars/online meetings organized to promote understanding of the importance of MHPSS in the prevention and response to COVID-19. A webinar to present the six key MHPSS interventions contained in the IASC Reference Group Guidance document on MHPSS and COVID-19 will be organized in April by the RBAC. This will help to assess whether these interventions would be useful in specific operational environment and to gather participants’ feedback concerning the actions taken in country operations.

In addition to the IASC briefing note key interventions, country operations are highly encouraged to consider the links listed below.

Useful resources and references:
Child Protection Alliance, Guidance Note on Child Protection in Infectious Disease Outbreaks
Health and Human Rights, Resources in Spanish about MHPSS and COVID-19
IFRC, A guide to psychological first aid. For Red Cross and Red Crescent Societies
IFRC, Broken Links. A field guide and training module.
WHO, Psychological First Aid for Ebola virus disease.
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