



# Integrated Response Framework for Isolation and Quarantine as Non-Pharmaceutical Interventions Against COVID-19

**READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE**



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**READY**

Save the Children

899 North Capitol Street NE, Suite 900

Washington D.C. 20002

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**Cover Image:** Solema\* (22) and her son Sayeed (3) receive treatment at Save the Children's health facility in the Rohingya refugee camps. August 13, 2020. Bangladesh.

*\*Name changed to protect identity.*

**Photo Credit:** Sonali Chakma / Save the Children.

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# ACRONYMS

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ALNAP	Active Learning Network for Accountability and Performance
ANC	Antenatal care
BEMONC	Basic Emergency Obstetric and Newborn Care
BHA	Bureau for Humanitarian Assistance
CEMONC	Comprehensive Emergency Obstetric and Newborn Care
CHA	Community health assistant
CHW	Community health worker
CIC	Community isolation center
CMAM	Community-based Management of Acute Malnutrition
CMR	Clinical management of rape
CP	Child protection
CSG	Child Safeguarding
CSO	Civil society organization
DHIS	District Health Information Software
EWARS	Early Warning, Alert and Response System
FAO	Food and Agriculture Organization of the United Nations
FEWSNET	Famine Early Warnings Systems Network
FP	Family planning
GBV	Gender-based violence
GHRP	Global Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICC	Interim care center
IEC	Information, education, and communication
IFRC	International Federation of Red Cross and Red Crescent Societies
InFraIQ	Integrated response framework for isolation and quarantine

IPC	Infection prevention and control
IPV	Intimate partner violence
ITC	Isolation treatment center
IVR	Interactive voice response
KAP	Knowledge, Attitude, and Practices
LGBTIQ	Lesbian, Gay, bisexual, transgender, intersex, and questioning
LHW	Lady health worker
MEAL	Monitoring, Evaluation, Accountability & Learning
MHPSS	Mental health and psychosocial support
MIRA	Multi-Sector Initial Rapid Assessment
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MQSUN+	Maximizing the Quality of Scaling Up Nutrition Plus
MSNAP	Multi-sectoral nutrition action plan
MUAC	Mid-upper arm circumference
NGO	Non-governmental organization
NPI	Non-pharmaceutical intervention
PEP	Post-exposure prophylaxis
PNC	Postnatal care
PPE	Personal protective equipment
PPH	Postpartum hemorrhage
PSEA	Protection from Sexual and Exploitation Abuse
PSS	Psychosocial support
RCCE	Risk Communication and Community Engagement
RH	Reproductive health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RUTF	Ready-to-use therapeutic food

SBC	Social and Behavior Change
SGBV	Sexual and gender-based violence
SOP	Standard operating procedure
SMAC	Social Mobilization Action Consortium
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SUN	Scaling Up Nutrition
TBA	Traditional birth attendant
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization

# CONTEXT

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The COVID-19<sup>1</sup> pandemic continues to impact the world profoundly and has had far-reaching consequences beyond health and disease outcomes in populations. As COVID-19 vaccines are rolling out across the world, developing countries and those in humanitarian crisis with dismantled health care systems still face challenges in vaccine access and in the logistical delivery of the vaccines once they arrive in country<sup>2</sup>. In addition, variants of concern continue to spread and emerge across the globe. Accelerating vaccination roll-out is crucial as new cases are increasing; however, community mitigation strategies like physical distancing for populations with local COVID-19 transmission are important to slow its spread and to protect all individuals, especially those at increased risk for severe illness<sup>3</sup>.

Recognizing this pandemic's complex, multi-faceted nature, READY has developed an integrated response framework for isolation and quarantine as a non-pharmaceutical intervention against COVID-19 (InFraIQ COVID-19). By supporting the adherence to two selected non-pharmaceutical interventions (NPIs) through integrated multi-sectoral, holistic humanitarian services and designing an integrated response framework around specific NPIs ([Figure 1](#)), the framework promotes an integrated lens for outbreak readiness and response. This framework enables us to accomplish greater multi-sector cohesiveness, implement holistic service models, improve communications and coordination among various actors, maximize limited resources, minimize possible trade-offs, and promote more efficient ways of working.

Specifically, this framework focuses primarily on enabling holistic services around **1) Quarantine and isolation in the household**, and **2) Quarantine Facilities and Community Isolation Centers**. Quarantine and isolation are commonly used by national and local officials to reduce disease transmission. For example, to reduce transmission, the World Health Organization (WHO) recommends that individuals suspected or confirmed for COVID-19 should quarantine or isolate for up to two weeks. Asymptomatic individuals or individuals with mild to moderate symptoms can isolate at home. They may have to do so with household members who are also encouraged to quarantine. In low-resource settings, it is challenging to ensure these isolated and/or quarantined households have sufficient access to basic needs such as food and water, other essential services, and information. In

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1 Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is the name given to the 2019 novel coronavirus. COVID-19 is the name given to the disease associated with the virus. To appeal to a wider audience, including non-health and entry-level program staff, this document will refer to the disease as COVID-19.

2 [World Health Organization, 2021](#)

3 [Centers for Disease Control and Prevention, Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission 2021](#)

particular, these households need to be protected from any increased vulnerabilities and risks caused or made worse by isolation. Many of these services may be missing or delivered through vertical sectoral programming, which aligns funds, benchmarks, and technical expertise solely to one technical area. While recognizing that this framework does not include the full menu of possible mitigation and containment measures, its goal is to guide detailed planning and implementation around quarantine and isolation with hopes to expand and consider other interventions in the future iterations. The framework, through desk research and consultations, has adapted several tools and approaches from agencies such as the WHO, the Inter-Agency Standing Committee (IASC), Active Learning Network for Accountability and Performance (ALNAP), and from non-governmental organizations (NGOs) such as Save the Children, International Rescue Committee, and academic institutions such as the London School of Hygiene and Tropical Medicine and the Johns Hopkins University.

## HOW DID READY PRIORITIZE ISOLATION AND QUARANTINE AS THE FOCUS OF THIS FRAMEWORK?

Through consultations with partners and country offices responding to the COVID-19 pandemic, READY determined that authorities would continue to prioritize physical distancing measures in the current context and for the immediate future, especially where case numbers are low and where there is a capacity for containment interventions in resource-constrained settings, such as refugee or internally displaced persons camps. In addition to consultations, READY conducted a scoring exercise to further narrow the focus of the framework and selected the most relevant NPIs for illustrating this framework. The criteria used for this exercise included:

- 1. Evidence:** Level of current evidence to support implementing the NPI.
- 2. Applicability:** The NPI is applicable in various geographical contexts where NGOs are implementing programs.
- 3. Timing:** The NPI will be directly applicable in the planning and response phases for COVID-19.
- 4. Multi-sector Programming:** Ability to demonstrate relevance and applicability of multi-sectoral programming (at least four sectors) to encourage and maintain adherence to the NPI.
- 5. Contribute to Evidence:** The potential to contribute to ongoing and future evidence of implementing these NPIs in a respiratory epidemic/pandemic.

## THE FRAMEWORK

This framework is intended for technical experts, country directors, program directors, program managers, and program staff of national and international NGOs to guide their organization's strategy, proposal development, program implementation, and operational activities for the COVID-19 emergency response. By promoting holistic support to individuals with suspected or confirmed COVID-19 (who have been quarantined or isolated either in their households or at voluntary or involuntary facilities/centers), the framework aims to minimize transmission of COVID-19 in vulnerable communities through improved adherence to the two selected non-pharmaceutical interventions (NPIs).

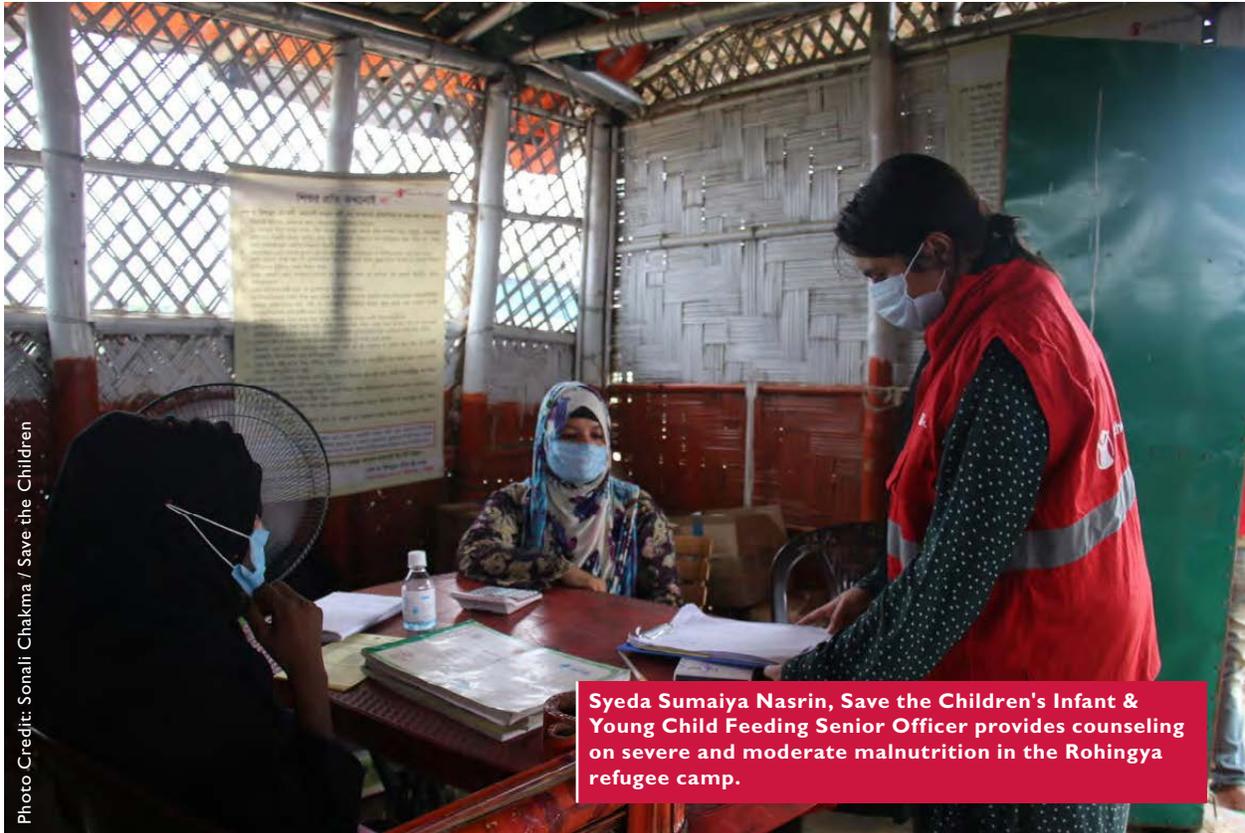


Photo Credit: Sonali Chakma / Save the Children

**Syeda Sumaiya Nasrin, Save the Children's Infant & Young Child Feeding Senior Officer provides counseling on severe and moderate malnutrition in the Rohingya refugee camp.**

The framework builds on a foundation of key principles and entry points for effective integrated multi-sectoral programming to accomplish this goal. These entry points are organized along a program cycle (Strategic Leadership and Coordination, Planning, Proposal Development & Project Design, Program Implementation, and Monitoring, Evaluation, Accountability & Learning (MEAL)). The design guides the process for enabling multiple sectors and cross-cutting areas to contribute to the same goals and objectives. The framework then aligns each sector, with considerations from the cross-cutting areas, to enable relevant activities and services to contribute to these common goals and objectives.

The framework brings together existing sector-specific technical and operational guidelines that have been developed by the humanitarian community, including guidelines from Health (Reproductive, Maternal, Newborn, Child and Adolescent Health, and Mental Health and Psychological Support), Water, Sanitation & Hygiene (WASH), Protection (Gender-Based Violence and Child Protection), and Nutrition and Food Security.

Cross-cutting themes relevant to all sectors need to be kept at the forefront of how outbreak responses are designed and implemented. These themes include Social and Behavior Change (SBC), specifically through Risk Communication and Community Engagement (RCCE), age, gender and inclusion, ability, ethics, and the One Health approach.

# LEARNING THE DEFINITIONS: INTEGRATION AND NPIs

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## WHAT IS INTEGRATION?

Integrated programming holistically addresses the multiple and inter-related rights, needs, risks, and vulnerabilities of individuals and communities. An integrated approach ensures that interventions from different sectors and teams do not occur in isolation (i.e., siloed). Instead, these interventions will reinforce one another to achieve the best possible outcomes with existing resources.

## WHY IS INTEGRATED PROGRAMMING IMPORTANT IN RESPONSE TO COVID-19?

- » In locations with widespread community transmission or where access and movement are restricted, humanitarian actors must continue to maximize resources to make the biggest collective impact across sectors and teams. Now more than ever, it is vital to adopt a collaborative approach.
- » Building on the existing structures within countries, governments, national and international organizations, coordination bodies, and communities enables us to pursue a coordinated response with a clear flow of information to support the service continuation, build trust, and meet community needs.
- » Adopting an integrated lens in this pandemic promotes efficient ways of working, thereby enabling a more community-centered approach and greater care for frontline and aid workers. Simultaneously, this approach reinforces *Do No Harm* practices by ensuring a balance between public health guidance and protection principles, as well as through practical measures such as physical distancing and the consistent use of personal protective equipment (PPE).



**Dr. Nabila provides community-based care and information at the COVID-19 isolation and treatment center in Cox's Bazar, Bangladesh.**

## WHAT ARE NON-PHARMACEUTICAL INTERVENTIONS (NPIs)?

NPIs include all measures or actions, outside of vaccines or medicines, that can be implemented to prevent, slow the spread of, or treat a communicable disease in a population.<sup>4</sup> NPIs are also known as community mitigation strategies. With slow rollout of the COVID-19 vaccine in developing countries, lack of equitable access to health care, and emerging new variants, it is still important to reduce community transmission and save lives are through:

1. Personal NPIs, including hand-washing, respiratory hygiene, physical distancing, self-isolation, household quarantine, and protecting vulnerable individuals (such as the elderly) within the household.
2. Environmental NPIs, including regular cleaning and disinfecting of surfaces and ensuring ventilation in public buildings.
3. Community NPIs, such as physical distancing, closure of schools and universities, the closing of non-essential businesses, and bans on mass gatherings.
4. Containment Measures, including surveillance, testing, isolation, contact tracing, quarantine, and border control measures, if needed.

## HOW ARE HOUSEHOLD QUARANTINE AND HOUSEHOLD ISOLATION DEFINED?

In the context of COVID-19, the quarantine of contacts is the restriction of activities and/or the separation of persons who are not ill but who may have been exposed to an infected person.<sup>5</sup> The objective is to monitor their symptoms and ensure the early detection of cases. On the other hand, isolation is the separation of infected persons from others to prevent the virus's spread.<sup>6</sup> At the household level, if a member of the household is suspected or confirmed to have COVID-19 and is either asymptomatic or has mild to moderate symptoms, they can *isolate at home* under certain conditions. Additionally, household members are encouraged, as high-risk contacts, to *self-quarantine within the house* to reduce the likelihood of transmission to the broader community.

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4 Centers for Disease Control

5 International Health Regulations (2005) Third edition. 2016. Geneva: World Health Organization; 2020. (<https://www.who.int/ihr/publications/9789241580496/en/> Accessed August 26, 2020)

6 Considerations for Quarantine of Contacts of COVID-19 Cases. Interim Guidance. 2020. Geneva: World Health Organization; 2020 ([https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19)) Accessed August 26, 2020)



## HOW ARE QUARANTINE FACILITIES AND COMMUNITY ISOLATION CENTERS DEFINED?

In resource-restricted settings, such as refugee camps and crowded urban settings, it may be difficult for individuals to isolate or quarantine at home. In some cases, governments and local authorities are requiring facility-based isolation. Therefore, quarantine facilities and community isolation centers (CICs) are being set up to enable early detection and treatment referral. Quarantine facilities enable the separation of persons who have been in contact with someone suspected or confirmed to have COVID-19. Community isolation centers provide people with mild to moderate symptoms, who are not at increased risk for severe disease, with a safe space to voluntarily isolate until they are no longer considered infectious according to the respective country's Ministry of Health guidelines.<sup>7</sup> It is essential to distinguish CICs from isolation treatment centers: CICs offer individuals with mild or moderate symptoms a voluntary option to isolate if they cannot do so in their homes. Isolation treatment centers are for individuals with severe symptoms requiring medical treatment and care. Both quarantine facilities and CICs will monitor the daily symptoms of those admitted, and the CIC staff refer people to isolation treatment centers if needed.

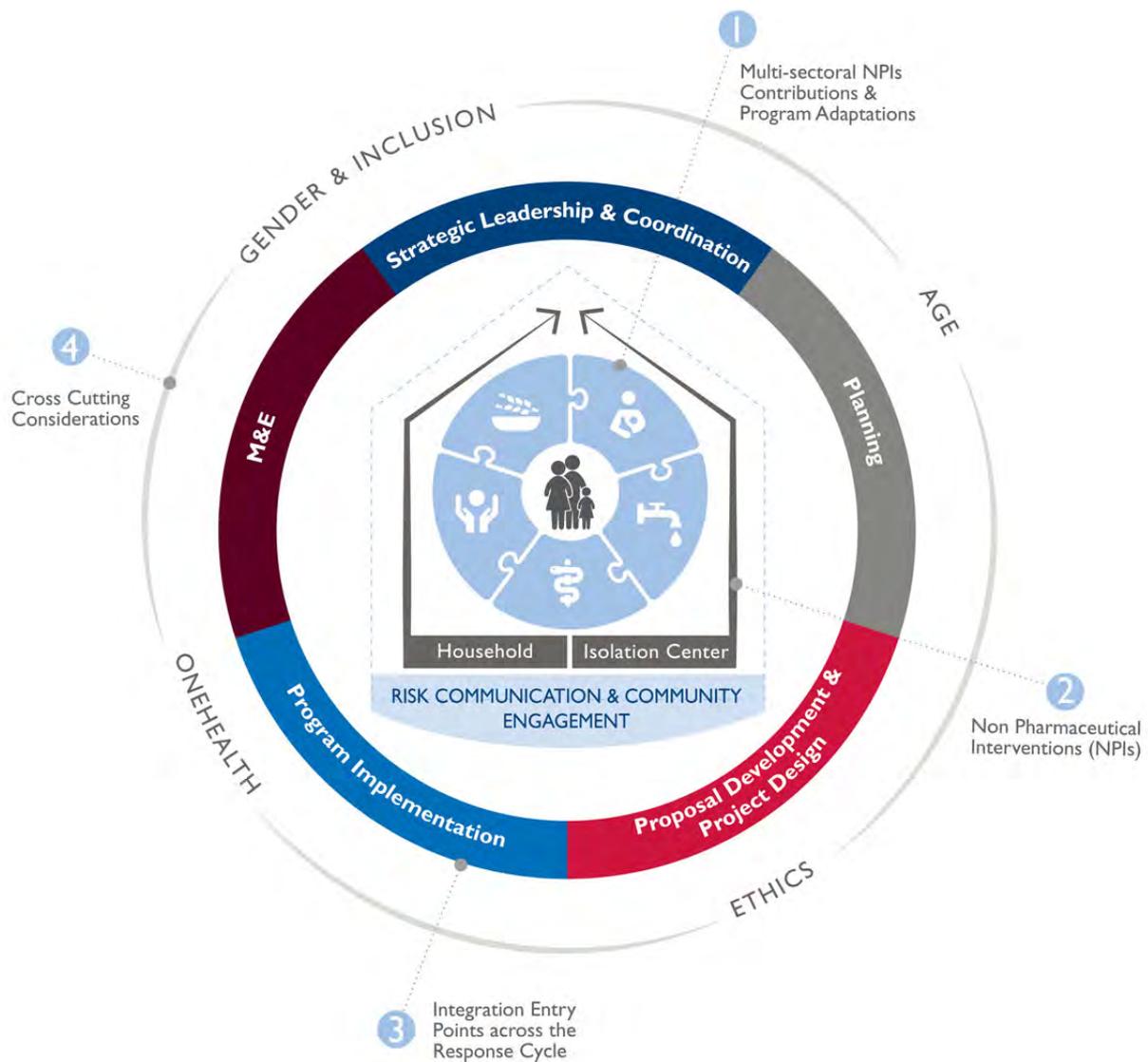
Quarantine facilities and community isolation centers should be *voluntary* spaces, although this is not always the case, as some governments and local authorities are enforcing facility-based isolation and quarantine. There are inherent risks and rights issues that exist with involuntary centers. This integrated framework is designed to identify and reduce those risks through holistic multi-sectoral support. This guidance does not advocate for establishing or implementing forced quarantine or isolation facilities, especially given the possible distress and family separation this may cause. The preference is always to have contacts self-quarantine at home. Additionally, contacts with suspected or confirmed cases, whether they are asymptomatic or with mild or moderate symptoms, should self-isolate at home. However, given contextual realities, this guidance seeks to offer recommendations to humanitarian actors to help them mitigate risks and provide best practices for offering holistic care to individuals in quarantine or CICs.

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7 Operational Guidelines for Community Isolation Centers for COVID-19 in Low Resource Settings. 2020. Centers for Disease Control and Prevention; 2020 (<https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-isolation-centers.html>/ Accessed August 26 2020)

# INTEGRATED RESPONSE FRAMEWORK FOR ISOLATION AND QUARANTINE AS NON-PHARMACEUTICAL INTERVENTIONS AGAINST COVID-19

Figure I: Integrated Response Framework for Isolation and Quarantine as Non-Pharmaceutical Interventions against COVID-19



\*While it is recommended that an effective COVID-19 response includes a comprehensive set of mitigation and containment interventions, this framework focuses primarily on enabling holistic services around a subset of common interventions: Quarantine and isolation in the household, Quarantine Facilities and Community Isolation Centers. Quarantine and isolation are commonly used by national and local officials to reduce transmission. The Framework's goal is to guide detailed planning and implementation around these two specific NPIs with hopes to expand and consider other interventions in future iterations.

The following pages give examples of key integration entry points within each step of the response cycle step. These points are applicable beyond this specific framework. The tips are highlighted as general good practices for integration within the context of COVID-19 and this framework. Country-specific examples are also shared to illustrate good integration practices. As this framework is socialized and tested, the aim is to continue to build out the Tips and Examples sections to ensure robust and relevant real-world experience from humanitarian contexts around the world.

## STRATEGIC LEADERSHIP AND COORDINATION

**1. Agree to apply a response-wide holistic approach to local partnerships to ensure community-led solutions, safe and hygienic environments, and access to basic services and social care during quarantine or isolation. This action might require a change in mindset and creative leadership to ensure success.**

 **TIP:** Build on pre-existing relationships to lobby national line ministries, UN agencies, and NGOs through the cluster system as well as country donors to establish COVID-19 Task Forces represented by various key sectors and technical areas. Diverse Task Forces demonstrate a collective voice in protecting communities from COVID-19 and advocate for their respective policies. Ensure task forces include communication and community engagement and Protection (including child protection and gender-based violence) representatives and that a mechanism exists for closing community age- and gender-sensitive feedback loops across sectors.

 **TIP:** If your NGO is a multi-sectoral agency, form a senior-level COVID-19 Task Force within your organization representing the various sectors and technical areas to determine a response strategy that considers protection and will move away from siloed programming. Determine measurable and achievable benchmarks for successful outcomes based on meeting the beneficiaries' holistic needs rather than individual sector successes. Identify methods for assessing protection outcomes throughout all sectors.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** **Save the Children**  
**Uganda developed a joint advocacy briefing** at the start of the crisis. They **worked in a consortium and across civil society** to highlight school closures' holistic impact on children's learning and overall well-being, including protection risks

**2. Commit to multi-sectoral collaboration by agencies and teams to secure integrated goal-setting. Ensure that priority cross-cutting issues (e.g., age, gender, risk communication and community engagement) are represented at all stages.**

 **TIP:** Establish national and regional Quarantine Working Groups and enlist one representative from each sector and cross-cutting area to participate in these working groups. Ensure representation of general protection, child protection (CP), and gender-based violence (GBV) staff.

This suggestion is not to replace the cluster system or other national/regional coordination mechanisms but rather to enhance coordination by including a working group inclusive of all sectors and open to community representation.

Lean on existing community-based structures to ensure continuous formal/informal community leaders' and community representatives' engagement from the planning stages throughout the quarantine and isolation measures. This approach allows the group to seek input, endorsement, and feedback, ensuring age and gender inclusivity and vulnerable groups' considerations. Establish a mechanism for collecting community (including child-friendly and gender-sensitive mechanisms) perceptions (including other ideational factors [e.g., attitudes, perceptions, values, beliefs, norms, self-efficacy] related to quarantine and isolation) and listen, analyze, and respond to feedback. There might be fears and concerns people have about isolation and quarantine.

 **TIP:** Ensure active engagement of the non-health cluster/actors throughout all phases to identify and mitigate risks. For example, including protection actors ensures appropriate psychosocial support activities, capacity building of multi-sectoral staff on the Centrality of Protection, and establishing a referral mechanism for CP case management services.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** Several countries (e.g., Bangladesh, Vietnam) have **established national One Health coordination platforms** and strategies with defined activities and emergency operations protocols. For example, **Cameroon rapidly mobilized a multi-sectoral team for investigating a monkeypox outbreak** in chimpanzees. The team comprised focal points from four ministries but required authorization from only one ministry.

**3. Raise awareness and clearly communicate the vision, benefits, and the operational realities of integration to all relevant stakeholders. Ensure that everyone is aware of why the organization, working group, or consortium has chosen an integrated approach and understands that they contribute collectively to meeting its objective(s).**



**TIP:** Use Community of Practice workshops as a platform to orient respective project teams and technical specialists on what integrated programming is, the proven benefits, and what it means for their thematic sector, including sharing best practices, opportunities, and challenges. Program staff need to understand and feel they are part of a larger team versus one that is driven by a specific sector or project funds. This perspective includes support staff, such as drivers assigned to the COVID-19 response, versus a sector-specific team.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** Utilized existing **coordination platforms** established during a non-emergency period to serve the current humanitarian context. For example, the Scaling Up Nutrition (SUN) Movement and the Maximizing the Quality of Scaling Up Nutrition Plus (MQSUN+) projects have supported countries in spearheading **task forces/workshops to plan, develop, and implement multi-sectoral nutrition action plans (MSNAPs)**. While geared towards nutrition, the forum brings together a broad range of sectors, including health, women's affairs/gender, agriculture and food security, WASH, education, social protection, etc.

## PLANNING

**4. Develop integrated assessments for different community groups' needs, perceptions, concerns, and capacities. Leveraging and adapting rapid assessment tools and carrying out rapid assessments are invaluable to this process.**

**For example, multi-sectoral rapid assessments already exist<sup>2</sup>, and agencies should tailor these to be further integrated in the context of COVID-19.**

**International Federation of Red Cross and Red Crescent Societies (IFRC) provides operational guidance on conducting integrated rapid assessments.<sup>3</sup>**

 **TIP:** In determining the needs of individuals and households in quarantine or isolation, it is critical to use integrated, rapid assessment tools to analyze the factors that will enable them to adhere to the NPIs, and thereby minimize the risk of community transmission.

Consider including in the following in an integrated assessment:

- » Examining space, age, and the number of household members per square footage. For example, a cramped tent with seven family members will make household quarantine very challenging.
- » Access to basic necessities such as food and water and services such as health and protection.
- » Environmental health factors that may impact quarantine households, such as outdoor cooking practices that may move indoors, causing increased exposure to smoke and respiratory conditions. Changes in food acquisition practices may affect the risk of animal-human disease transmission.
- » Perceptions, knowledge, confusion, attitudes, practices, gender, social, and cultural norms that address behavior change. Risk of stigmatization associated with people returning from quarantine centers and CICs. This stigma creates fear and reluctance to access the centers.
- » Perceived risks, threats, and unintended consequences of isolation or quarantines on safety, livelihoods, and well-being (e.g., family separation). For example, while agencies may provide food and supplemental nutrition to households in quarantine, there may be a perceived risk by quarantined individuals that they will not have sufficient food after the quarantine period. This perceived risk may lead them to break the quarantine.
- » Child Safeguarding and Protection from Sexual Exploitation Abuse (PSEA) questions to identify key risks and mitigation measures to prioritize.

 **TIP:** Ensure that a protection analysis, utilizing both pre-existing data (through a desk review) and incoming information from the rapid assessments, is conducted to inform all response planning stages. This analysis should examine pre-existing protection risks, identifying those risks which are likely to be exacerbated by COVID-19 and how to mitigate or program for these risks.

 **TIP:** Consider family dynamics and care arrangements in household assessments. For example, consider a single-headed household and the individual's burden to both provide care and obtain the financial means to support the family. Consider the increased risk to their children should the caregiver need to go to a quarantine facility or CIC.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** United Nations World Food Programme (WFP), United Nations International Children’s Emergency Fund (UNICEF), and the United Nations High Commissioner for Refugees (UNCHR) conducted a **joint multi-sectoral rapid needs assessment for COVID-19 in Jordan**.<sup>4</sup>

Examples of country-specific multi-sector assessments are available through the REACH Initiative.<sup>5</sup>

Save the Children Bangladesh, Save the Children Philippines, and Save the Children Lebanon **conducted remote consultations with children** to find out how COVID-19 has affected their lives. These consultations were holistic and did not have a single sector focus.

**5. Given movement restrictions and limited access to communities, maximize the use of secondary data available across all sectors and agencies for needs analysis and beneficiary targeting.**

**Always critically consider the quality of secondary data; consider who, when, how, and where the data was collected, the data collector’s intent, and whether the data is consistent with other sources.**

 **TIP:** Consider alternatives to in-person interactions, such as telecommunications approaches or source data captured through other sectors or surveys such as District Health Information Software (DHIS) data; Knowledge, Attitude, and Practices (KAP) and perceptions surveys that may include health-seeking behaviors or protection policies; donor and/or NGO reports particularly on responses for prior outbreaks, e.g., Ebola or Cholera responses; data routinely collected by government line ministries, agricultural outputs, Early Warning, Alert and Response System (EWARS) data, etc. Check with regional or national technical working groups to locate sector-specific data.

 **TIP:** Consider using the *Needs Identification and Analysis Framework for Child Protection Response Planning During COVID-19*.<sup>6</sup> The framework provides recommended indicators and maximizes data analysis use from other humanitarian sectors to produce a reliable Child Protection Analysis.

 **TIP:** Consider data collected and compiled by national RCCE coordination mechanisms.

6. **Ensure operations and programs colleagues plan how to operationalize integration and regularly discuss their challenges and the progress of the integrated delivery. This activity may be a prioritization exercise as some activities may not be integrated from the start. We recommend that you prioritize protection activities for integration to diminish harm at a later stage. Determine a process for deciding which activities will be prioritized and identify the criteria for a phased approach.**



**TIP:** Review contingency plans for staff safety and review methods for team communication. Ensure that the age, gender, and social inclusion analysis outcomes inform staff and community safety and security plans. Ensure that work plans, procurement plans, budget review meetings, mid-term reviews, and end-of-project reviews are designed from the project's start as collaborative efforts between operations and program staff.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** Save the Children's Ethiopia Emergency Food Security Program COVID-19 award has a **work plan integrated across food security (cash transfers), WASH, and health.** Integration happens at the individual, household, and community levels. At the individual and household level, **cash transfer beneficiaries are also being enrolled in community health insurance schemes to help them access health services.** WASH activities like water trucking, building hand-washing facilities, and hygiene promotion are conducted at community health centers near targeted households.

7. **Develop a communication and community engagement plan that outlines priority behaviors and available services and referral pathways across all sectors. This plan can be adapted with localized messaging based on community-level data. Typically, integrated behavior change programming involves a single coherent strategy with groups' behaviors or drivers of behavior that have synergies across audiences or services. In an emergency context, it is also important for messages to include links to services related to the impacts of COVID-19 and public health measures, such as WASH or mental health and psychosocial support (MHPSS).**

**Ensure all messages and activities specific to different audiences, are sensitized for age, gender, and inclusion, and are accessible for community members who are most in need and marginalized.**

**Prioritize and phase messages to avoid information overload and response fatigue.**



**TIP:** Refer to COVID-19 RCCE Toolkit<sup>7</sup> for guidance and tools that can be used to plan and integrate RCCE into every stage of the COVID-19 response.



**TIP:** Test messages with relevant community groups before wider dissemination. For example, pilot child-friendly messaging with children to elicit their understanding of the message and adapt the material accordingly.



**TIP:** In coordination with the Accountability to Affected Populations groups, consider preferred and adapted communication styles to reach self-isolating people.



**TIP:** As part of the emergency pillar, in collaboration with national RCCE working groups share what you hear in communities with national RCCE coordination mechanisms, relevant clusters, and other teams, for example, rumors or concerns about COVID-19 or an increase in gender-based violence. Work together with the communities to address these issues (e.g., support for gender-based violence) and close the feedback loop.

## PROPOSAL DEVELOPMENT & PROJECT DESIGN

**8. Review proposals and projects to position the agency or consortium of agencies for integrated funding that promotes holistic programming and explicitly works to advance a community-centered approach that is age- and gender-sensitive. Lobby donors on the integrated response framework to encourage more funding for integrated programming.**



**TIP:** In proposals, present the NPIs of household quarantine/isolation or quarantine centers/CICs as a model that will require cohesive, multi-sectoral interventions for it to be well-received within the community and thereby successful in mitigating the impact of COVID-19 among individuals, households, and the community.



**TIP:** Prioritize protection activities since early detection, referral, and mitigation mechanisms can significantly reduce harm further down the line. For example, new frontline workers should be trained to identify protection needs, handle disclosure, and conduct safe referrals.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** In Sierra Leone, the Social Mobilization Action Consortium (SMAC) was established during the Ebola outbreak in 2014. The consortium was led by GOAL and included BBC Media Action, United States Centers for Disease Control and Prevention, FOCUS 1000, and Restless Development. SMAC **delivered evidence-based social mobilization activities that involved communities at every stage of the process** and resulted in behavior change around safe burials, early detection and treatment, and social acceptance of Ebola survivors.

9. **Based on multi-sectoral assessment data, sectors should determine the integrated targeting of community groups. This approach helps to build rapport and trust between community members and an agency while reducing community fatigue from various NGOs, repeatedly asking the same questions in the same community while saving time and using funds more efficiently.**

**An inclusive, multi-sectoral approach will meet the specific needs and concerns of these different beneficiaries—women, unaccompanied children, adolescent girls, migrants, persons with disabilities, residents of urban slums, and so on.**



**TIP:** Joint targeting of individuals in quarantine/isolation or quarantine centers/CICs will involve different sectors proposing interventions to meet or support their needs to ensure adherence to NPIs. For example, individuals in quarantine should have health, food and nutrition, water, sanitation and hygiene, and psychosocial needs fulfilled daily during their quarantine period. Needs will differ depending on the context.

During their quarantine/isolation period, individuals can also receive health education on COVID-19 or other health topics. They discuss their concerns and questions and be referred to services they may need during or immediately after their quarantine (e.g., protection services or cash voucher assistance). If individuals feel reassured that they are receiving the care and services they need while in quarantine, then they are more likely to adhere to the quarantine measures.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** In Bangladesh, the **Child Protection Sub Sector advocated having Child Protection Volunteers visit the quarantine centers daily** to provide psychosocial support, run basic activities with children, and check on unaccompanied children's well-being.

## PROGRAM IMPLEMENTATION

**10. Recruit and train for integrated positions that serve multiple sectors (e.g., Health, Nutrition and WASH Officers, or Nutrition and MHPSS counselors) or combine technical and operational roles (e.g., Health Manager & Medical Logistician). Recruit a communication and community engagement specialist who also understands behavior change methodologies to serve as a generalist across all sectors to ensure an integrated community-centered approach at all levels. In addition, ensure communication and community engagement roles and responsibilities are integrated in job descriptions for existing staff across sectors, with one person serving as an RCCE liaison.**



**TIP:** Recruit technical leadership positions with clear mandates across sectors, for example, the position of Public Health Lead, who has the role of bringing protection, health, nutrition, and WASH programs together to design program approaches and activities jointly. This position also clearly articulates the expectations for a Program Director or Program Manager position to actively promote and support cross-sectoral collaboration on the key platforms (assessments, joint targeting of beneficiaries, community mobilization, etc.).



**TIP:** Ensure all staff receive training on Child Safeguarding (CSG) and PSEA and how to safely identify and refer CP cases. Incorporate role-plays of handling disclosure, including signing a code of conduct and understanding reporting mechanisms and whistleblowing policies.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** In Bangladesh, the **Health Sector and Child Protection Sub-Sector coordinated to ensure “Child Carers” were identified in each Isolation Treatment Center (ITC)**. Child Carers are health staff who received training on running basic Psychosocial Support (PSS) activities, helping children maintain contact with family members, identifying and referring CP cases, and ensuring safe discharge of children.

In Venezuela, a Bureau for Humanitarian Assistance (BHA) migrant response project run by Save the Children, which started amid COVID-19, **utilizes a cross-sectoral Health and Nutrition Technical Advisor** to ensure integrated humanitarian programming.

**11. Age and gender-sensitive community engagement and community feedback loops at every stage of the project cycle are critical to acceptance, participation, implementation, and successful outcomes. Shared community engagement requires sectors to engage communities around community-led solutions to COVID-19 and their impacts. This engagement might include locally contextualized messaging, activities, and shared program outcomes that address individual, household, and community needs, rather than sector-specific objectives.**



**TIP:** Train staff on how to engage with communities to ensure an integrated, community-owned, and led response. Trainings should include technical information on how to identify community leaders and groups to partner with and community-specific issues around health concerns, and then how to prioritize addressing these concerns.



**TIP:** Develop and execute a joint action plan with communities on how to monitor and share data with and by communities, including women and children.



**TIP:** A more effective and sustainable multi-sectoral community-led response means supporting communities to address issues with their own capacities and leveraging their own available resources, if feasible. Agencies can support communities in facilitating these discussions and tapping into available resources using READY's six-step process for community engagement during COVID-19.

**12. Share resources and identify collaborative opportunities for integrated entry points between teams and sectors within the same organization or multiple agencies to maximize access to affected communities.**



**TIP:** Include multiple teams in distributions. Build the capacity of community health workers to provide referral information for multiple sector services. Use physical spaces such as quarantine facilities/CICs to raise awareness on COVID-19 as well as other issues such as gender, CP, or GBV or how to enroll in mobile money programs to increase access to contactless money transfers.



**TIP:** Include CP case management staff in contact tracing activities to identify alternative caregivers if and where necessary. Utilize community mobilization teams to identify families at risk of separation.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** Distributions are a key entry point for integration. In Myanmar, Save the Children conducts physical cash distributions. **During distributions, they share information on WASH, nutrition, proper feeding practices, and protection issues.**

Additionally, Save the Children runs projects utilizing electronic transfers in Nigeria and Somalia. When messages are sent (usually via SMS) about the next transfer, health and protection messages are also shared.

**Save the Children Myanmar combined MHPSS, Child Protection, and WASH messages in Home Learning Kits** distributed to the most vulnerable communities during school closures.

**13. Develop and maintain an updated and effective integrated referral system to link services between and across the different sectors and ensure staff within each sector know: how, what, and where to refer beneficiaries for different services. Ensure messaging across sectors have links to various referral services.**



**TIP:** Maintain a simple list of priority communication (behavior change) messages, services, contacts, and referral pathways and share this material with all sector teams. When any staff member or volunteer is in contact (by phone, SMS, online platform, or in person where that is possible) with affected individuals, they have all the information to provide referrals and the training to do so sensitively.



**TIP:** Update service mappings and referral pathways to reflect the new reality. Work with the Protection Cluster/partners to establish or adapt systems of identification and safe referral.

**14. Engage in existing coordination mechanisms to identify integration opportunities with other agencies, including government agencies and local NGOs. Multi-sectoral collaboration is essential at every stage of the project cycle.**



**TIP:** Different agencies bring different strengths. A consortium model can enable an integrated multi-sectoral approach for providing high-quality services for individuals in quarantine/isolation. Regardless of whether a consortium model is formed or coordination is more informal, it is important to identify focal points for coordination, communication, and information-sharing. This approach promotes transparency and provides greater impetus for agencies to collaborate.



**TIP:** Where possible, utilize this opportunity to strengthen existing coordination mechanisms—advocate for local agencies to join coordination forums by identifying barriers such as translation.

**EXAMPLES FROM COUNTRY HUMANITARIAN RESPONSES** In Bangladesh, **joint guidelines** were drafted between the Child Protection Sub Sector and the Health Sector to identify risks and address various CP concerns and prepare for various scenarios in which children may be separated from their caregivers.

In Liberia, BHA funded a consortium of NGOs to support national and country Health Teams as part of post-Ebola recovery and preparedness efforts.

## MONITORING, EVALUATION, ACCOUNTABILITY & LEARNING (MEAL)

**15. An integrated MEAL system should capture and document good practices, learnings, and integrated programming outcomes. As much as possible, the system should be aligned with global response indicators, such as WHO or the COVID-19 Global Humanitarian Response Plan (GHRP) or nationally agreed indicators by respective line ministries. These indicators can be used to measure the effectiveness of an integrated model, contribute to learning and improvement of integrated programming, and be used with new program design and implementation.**

**Include significant collaboration with response-level actors working on Accountability to Affected Populations/Communication & Community Engagement that applies to the entire response. This collaboration may include collective feedback mechanisms, hotlines for seeking assistance for protection violations, and already established trusted networks and relationships with communities.**

 **TIP:** Where possible, conduct joint TA field visits for planning, monitoring, and ongoing support to projects. These visits are also valuable for identifying opportunities for increased integration. When in-person visits are not possible, data can be collected and monitored through digital data collection, by phone or text messaging, Interactive Voice Response (IVR) for short-response surveys, etc. MEAL teams should plan to consistently organize remote meetings to encourage teams to discuss gaps, challenges, and ways to strengthen the integrated approach.

 **TIP:** Data collection systems should be aligned with the COVID-19 GHRP and measure output and impact changes in population well-being at different levels (individual, household, community, and institutional). Indicators should be disaggregated for gender, age, and disability when possible. Include indicators that measure changes to CP outcomes, gender inequality and exclusion; community engagement; shifts in social and behavioral change; access to key services; and improving health equity.

 **TIP:** Promote community-based data collection, particularly when community members have already been trained and participated in similar processes before COVID-19.

 **TIP:** Conduct regular safety audits of all facilities and CICs taking into account the unique needs of men, women, boys, and girls. Ensure multiple methods of receiving feedback are in place (e.g., phones, in-person, complaint box, etc.).

 **TIP:** Consult existing guidance such as the IASC Multi-Sector Initial Rapid Assessment (MIRA) manual and the IASC Needs Assessment Task Force Operational Guidance for Coordinated Assessments in Humanitarian Crisis when planning integrated MEAL systems to ensure accountability.

## **16. Evaluate access to services of high-risk and marginalized groups\* and ensure appropriate age- and gender-sensitive and accessible listening, feedback, and reporting mechanisms are in place.**

 **TIP:** Engage with relevant actors (e.g., Child Protection Sub-Cluster or Department of Peace Operations) to ensure child-friendly and inclusive feedback mechanisms.

\* Marginalized groups can include women, children and adolescents, and elderly persons; people with disabilities; people of diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC); and those in migrant or refugee communities

 **TIP:** Establish or strengthen listening, feedback, and reporting channels that are remotely accessible, such as feedback boxes in camps or camp-like settings, hotlines, radio programming questions, feedback surveys over the phone, social media platforms, or email. Raise awareness about the remote feedback options (including child-friendly and gender sensitive options) available to communities. Let the communities know what they can expect in terms of staff conduct and the ability to handle and resolve feedback (e.g., time to respond will increase). Close the feedback loops by reporting back to communities on steps taken.

**17. Produce program reports, mid-term reviews, and evaluations that highlight joint program outcomes, link technical areas, and sector interventions, and define lessons learned for future refinement and optimization. Ensure reports highlight priority cross-cutting issues, including safeguarding, gender equality, and inclusion.**

 **TIP:** In the program design and implementation plan, allocate time for multi-disciplinary writing workshops to enable collaborative writing and reporting rather than compiling single sector reports into one report.

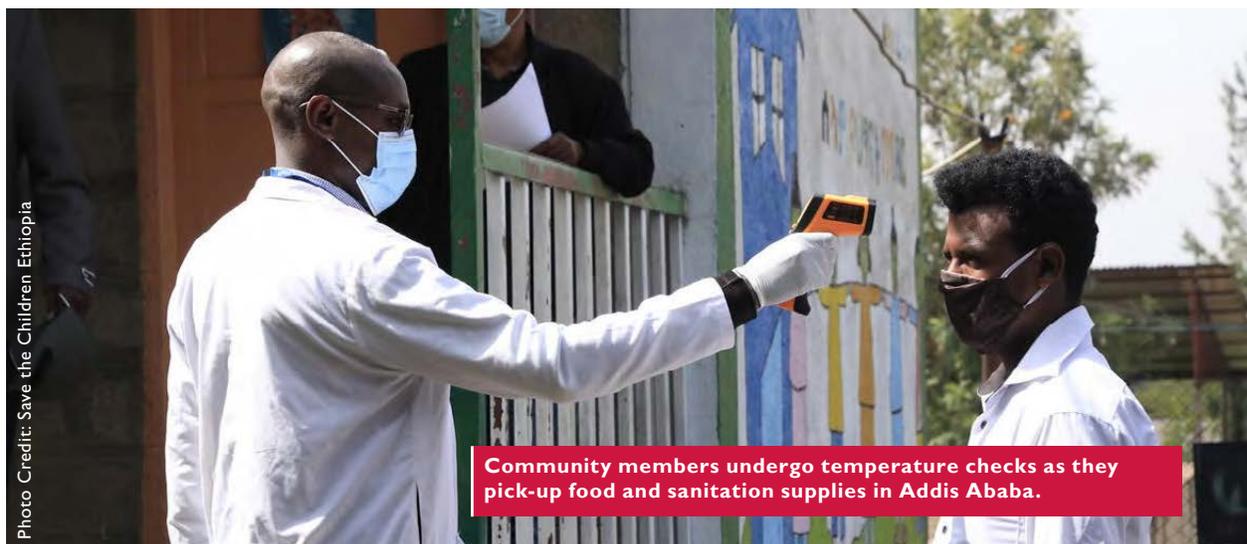
# INTEGRATION ENTRY-POINTS TOOLS AND RESOURCE LIST:

1. Strengthening Health security (<https://p2.predict.global/strengthening-health-security>), accessed on October 27, 2020.
2. Multi-Cluster/Sector Initial Rapid Assessment (MIRA) ([https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/mira\\_revised\\_2015\\_en\\_1.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/mira_revised_2015_en_1.pdf)), accessed on October 27, 2020.
3. Operational guidance: initial rapid multi-sectoral assessment ([http://webviz.redcross.org/ctp/docs/en/3.%20resources/1.%20Guidance/2.%20Additional%20CTP%20guidance/2.%20Assessment/IFRC-operational\\_guidance\\_initial\\_rapid-en-lr\\_3.pdf](http://webviz.redcross.org/ctp/docs/en/3.%20resources/1.%20Guidance/2.%20Additional%20CTP%20guidance/2.%20Assessment/IFRC-operational_guidance_initial_rapid-en-lr_3.pdf)), accessed on October 27, 2020.
4. Multisectoral Rapid Needs Assessment COVID-19 Jordan (<https://docs.wfp.org/api/documents/WFP-0000115227/download/>), accessed on October 27, 2020.
5. Multi-sector assessments ([www.reachresourcecentre.info/theme/multi-sector-assessments/](http://www.reachresourcecentre.info/theme/multi-sector-assessments/)), accessed on October 27, 2020.
6. Needs Identification and Analysis Framework for Child Protection Response Planning during COVID-19 (<https://www.cpaor.net/sites/default/files/2020-05/Needs%20Identification%20and%20Analysis%20in%20the%20time%20of%20COVID-19.pdf>), accessed on October 27, 2020.
7. COVID-19 Risk Communication and Community Engagement Toolkit for Humanitarian Actors (“RCCE Toolkit”) (<https://www.ready-initiative.org/covid-19-risk-communication-and-community-engagement-toolkit-for-humanitarian-actors/#toggle-id-17>), accessed on October 27, 2020.
8. Social Mobilisation Action Consortium (SMAC) Community-based Action Against Ebola ([https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/goal\\_-\\_smac.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/goal_-_smac.pdf)), accessed on October 27, 2020.
9. Step-by-Step: Engaging Communities during COVID-19 (<https://www.ready-initiative.org/wp-content/uploads/2020/06/Remote-COVID-CE-step-by-step-june-2020.docx-Google-Docs.pdf>), accessed on October 27, 2020.
10. Child Protection & Health Care for Children in Health Facilities during COVID-19 (<https://www.humanitarianresponse.info/en/operations/bangladesh/document/child-protection-health-care-children-health-facilities-during-covid>), accessed on October 27, 2020.

# MULTI-SECTORAL SERVICES & CROSS-CUTTING THEMES

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The integration entry points described above can be considered as good practices or principles of integrated programming. The integration entry points explain how an organization or coordinating agencies can provide the foundation for effective response integration in the field and help efficiently meet the holistic needs of affected populations. Humanitarian NGOs are currently programming for COVID-19. This Integrated Response Framework shows how these entry points can be used within each sector to promote holistic programming for affected communities through the lens of two specific NPIs: household quarantine or household isolation and quarantine facilities or community isolation centers (CICs). It is worth considering that not all sectors or activities may realistically be integrated. However, agencies can prioritize the broader goal of integration with affected individuals at the center of the response activities by integrating each sector where relevant, thereby avoiding siloed programming and accomplishing the objective of integrated, holistic multi-sector programming. As the COVID-19 response is ongoing and dynamic, the activities and adapted programming are constantly changing. These interventions will have to be implemented with the context and severity of the COVID-19 outbreak in mind.



The following pages detail illustrative activities (this is not a comprehensive list of activities) per sector to (1) promote adherence to physical distancing NPIs, namely during household quarantine or household isolation and in quarantine facilities or CICs; (2) highlight cross-cutting themes across the sectors; and (3) provide examples of how overall sector or technical area programming has been adapted for COVID-19. For further reference, existing resources, guidelines, and frameworks that have been produced by the humanitarian community to support COVID-19 programming are listed at the end of every section for the specific sector or technical area.



### Household Quarantine and Household Isolation

Community leaders or community-appointed focal points can assess the residential setting in preparation for household quarantine and/or isolation.

Maintain physical distancing (no touch, safe distance of 2 meters) and use of appropriate personal protective equipment (PPE)/face coverings while conducting assessments. Assessments will include checking for access to WASH facilities, environmental health concerns including the type of cooking stoves, space limitations, household composition, housing quality (animal/vector exposure risk), noting high-risk persons, chronic conditions requiring medication, and potential protection risks.

As much as possible, the assessor should conduct the assessment outside the household, relying on household members' responses to complete the assessment.

#### Note on PPE

PPE is routinely used every day by health care personnel as a form of infection prevention and control to protect themselves and patients. In the context of COVID-19, PPE includes gloves, medical masks, respirators, goggles, face shields, and gowns. Given the general shortage of PPE, WHO recommends that PPE be reserved for health care workers and medical mask use for those who are confirmed with COVID-19 to reduce transmission (see resource list). Non-medical masks or face coverings are recommended for the general public (see resource list). Governments and NGOs determine PPE distribution to staff, health workers, outreach workers, etc. based on PPE availability in their local markets. This guidance refers to the use of PPE/face coverings, acknowledging that PPE use will be practiced differently based on national directives, organizational policies, and PPE availability.

### Quarantine Facilities and Community Isolation Centers

Determine number, composition (e.g., gender, age), and functions of the team appointed to quarantine facility/CIC. Prioritize training cross-sectoral positions to minimize the number of people, times, and contact points between the service provider and those quarantined.

### Additional COVID-19 Programming Adaptation Considerations

Consider immediately identifying equal numbers of male and female community leaders, community focal points, and community health workers (CHWs). Train them on COVID-19, including the local case definition, no-touch protocols, PPE, relevant risk communication messaging, and where to refer for various sectors' (health, nutrition, MHPSS, protection) services.

Provide technical guidance if needed to the Ministry of Health (MoH) to develop specific reference terms for CHWs on their role within the COVID-19 response.

Acknowledge the inherent risk related to isolation measures and strengthen or establish safety measures to identify context-specific risks. Ensure that adequate measures are taken to establish, run, and monitor the centers.

Take proper precautions (and in some cases, pause or alter non-essential plans) for field work related to non-COVID-19 research on people and animals to protect all species' health and safety (see resource list).



## Household Quarantine and Household Isolation

CHWs should conduct daily visits to quarantined households while equipped with appropriate PPE/ face coverings and maintaining physical distancing. Where CHW visits are not possible; alternatively engage well-oriented family members.

During these visits, they will:

- » Record temperature (the quarantine/isolated individual could do this with CHW inspection);
- » Monitor systems;
- » Assess for co-morbidities or other health-related concerns that need medical attention;
- » Distribute and dispense medical treatment to households for individuals with chronic health conditions as prescribed by a medical provider distribute contraception; distribute kits (e.g., dignity kits) as needed;
- » Inform and ensure household level infection prevention and control (IPC) measures are in place;
- » Provide referral information as needed.

## Quarantine Facilities and Community Isolation Centers

Determine standard operating procedures (SOPs) for:

- » Movement of staff within the facility
- » WASH protocol, including IPC management within the facility
- » Security protocols within the facility (ensuring both male and female staff are present at all times)
- » Protection protocol within the facility for childcare arrangements, including protocols for unaccompanied minors
- » Clear reporting lines, key actions in protection scenarios, and draft scripts for responding to disclosure
- » Dietary and kitchen protocols
- » Housekeeping protocol
- » Daily monitoring of symptoms of admitted persons
- » Isolation of positive, asymptomatic cases (in the case of quarantine facilities) and referral for household quarantine or isolation where possible if isolation at a facility is not feasible
- » Referral to treatment facilities for case management of positive patients meeting case definition for treatment
- » Referral to other programs (nutrition, protection, etc.)
- » Principles of RCCE/interpersonal communication to build trust and ensure compliance.

## Additional COVID-19 Programming Adaptation Considerations

Consider advocating with national and local governments to ensure the continuation of community health services and the rapid adaptation of national protocols to ensure safe service delivery of basic primary health services.

Community health workers will continue to serve as the pivotal link to primary health care facilities, quarantine facilities, or CICs and treatment units. To support the integrated approach from the perspective of an affected person, CHWs, community leaders and liaisons, social/caseworkers, etc. serve as important messengers and referral agents for various services and care that affected individuals and households may need.



## Household Quarantine and Household Isolation

Community health surveillance teams should gather information on contacts from quarantined and/or isolated household members. They should then provide information to community-based surveillance teams and CP teams (where relevant). RCCE interpersonal communication principles should be incorporated into any community-based surveillance standard operating procedures and trainings to ensure community-level trust and compliance.

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Social workers or community-appointed protection advocates or volunteers should conduct household visits to share basic psychosocial support activities that the household can do while quarantining. The advocates can raise awareness on protection issues such as gender-based violence and CP. Ensure that all outreach workers are familiar with the referral system.

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Incorporate the principles of RCCE in contact tracing protocols/SOPs to support a contact tracing initiative. Contact tracing can only succeed if people accept tracing as an effective measure. See WHO [“Contract tracing in the context of COVID-19”](#) for an example of how RCCE principles can be incorporated into the role of contact tracers

## Quarantine Facilities and Community Isolation Centers

Train quarantine facility/CIC staff on PPE conservation strategies and ensure appropriate PPE use within the facility, along with physical distancing measures (when possible).

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Determine triage protocol and safe patient flow to:

- » Isolate those exhibiting symptoms to receive priority testing if in a quarantine facility and,
- » Refer the patient to a treatment unit for advanced care if they can no longer be treated in a CIC.

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Communities, including women and children, should be involved in conducting risk assessments, setting up quarantine facilities/CICs, including planning, implementation, maintenance, and operation.

## Additional COVID-19 Programming Adaptation Considerations

Provision of appropriate PPE and buffer stocks of medications, supplies, tools.

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Identify and agree on alternative approaches for providing clinical care and referrals, including consideration for enhanced telecommunications for all community-based focal points and staff.

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Prepare with community leaders for physical distancing scenarios. Access existing data on trusted and preferred sources of information (e.g., through RCCE or other coordination mechanisms) or survey for this information on your own. Identify available radio, mobile, social media, or other channels for remote engagement (e.g., collect phone numbers, set up WhatsApp groups, inform community members how to connect digitally with physical community displays).

READY offers guidance on a six-step process for engagement during COVID-19 (see resource list) that can be combined with the WHO protocol noted in this section.



### Household Quarantine and Household Isolation

Ensure staff, CHWs, social workers, and other community outreach workers are supported in all decision-making, including guidelines for what to do if families have to separate. Provide detailed criteria for home-based care and/or end of life care if the family cannot obtain a referral.

Ensure staff, CHWs, social workers, and other community outreach workers are never in a position to solely decide who is and who is not to be referred to treatment facilities.

### Quarantine Facilities and Community Isolation Centers

Ensure consent materials are developed and translated into the respective dialects. Train staff to provide support for consenting patients before admission. In CICs, the staff is also trained to obtain informed consent from symptomatic caregivers who wish to bring an asymptomatic child into the facility or an asymptomatic caregiver who wishes to accompany a symptomatic child.

Ensure that all staff is trained in information sharing data protection protocols and that an appropriate focal point for data protection is identified.

Staff should receive the opportunity to decline to support the response or negotiate different responsibilities at the start or at any point during a response should they deem their involvement too risky either to themselves or others.

Consider recruiting and training additional staff should existing staff fall ill or decline to work on the response.

Ensure that all staff is trained in, and aware of, the expectation that they provide kind, caring, respectful, safe, effective, and inclusive services.

### Additional COVID-19 Programming Adaptation Considerations

CHWs, social workers, and other community outreach workers should receive the opportunity to decline to support the response or to negotiate different responsibilities at the start or during any point of the response should they deem their involvement too risky, either to themselves or others.



## Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

### Household Quarantine and Household Isolation

Depending on the context, community-based sexual and reproductive health (SRH) extension workers, such as Community Health Assistants (CHAs), Lady Health Workers (LHWs), or Traditional Birth Attendants (TBAs), who under normal circumstances deliver RMNCAH messaging in communities, should continue to engage adolescent girls and women in household quarantine and/or isolation conditions to determine their needs and provide contextualized SRH messaging. If these cadres conduct outreach visits, they should be equipped with the appropriate PPE/face coverings per their risk level. Messages should include information about COVID-19 danger signs, as well as information about where people can find routine services such as contraceptives, sexually transmitted infection (STI) treatment, and antiretroviral treatment for HIV. The messaging should also include links to other referral services, such as MHPSS, GBV services, or social support, when appropriate. Contextualize messaging to ensure people can make an informed decision based on community-level data that unpacks the behavioral barriers and facilitators, rumors and misinformation related to COVID, RMNCAH, and other relevant areas.

When appropriate, train CHAs, LHWs, and TBAs to counsel and gain consent for referrals. They should distribute and provide clients with post-exposure prophylaxis (PEP) and emergency contraception, condoms, STI treatment; chlorhexidine for cord care (as per national recommendation); clean delivery kits, misoprostol for postpartum hemorrhage (PPH) prevention, and short-acting contraception methods.

### Quarantine Facilities and Community Isolation Centers

Ensure that referral services are in place for emergency cases and that facilities are linked with Basic Emergency Obstetric and Newborn Care (BEMONC) and Comprehensive Emergency Obstetric and Newborn Care (CEMONC) centers as well as protection actors for cases of sexual and gender based violence.

Ensure that basic information and supplies are available as required (dependent on the level of staffing and health services available at the facility). At a minimum (when appropriate to the context), this should include information and supplies for PEP and emergency contraception, condoms, STI treatment, chlorhexidine for cord care (as per national recommendation), clean delivery kits, misoprostol for PPH prevention, and short-acting contraception methods.

### Additional COVID-19 Programming Adaptation Considerations

The availability of all critical services and supplies, as defined by the Minimum Initial Services Package (MISP) for SRH, must continue.

Pre-position reproductive health (RH) kits and newborn kits (where available) for health facilities to ensure that basic supplies and equipment are available to provide services outlined in the MISP.



### Household Quarantine and Household Isolation

CHAs, LHWs, and TBAs should provide health messaging following physical distancing precautions to support basic antenatal and postnatal care at clients' homes, which should include information about maternal and newborn danger signs. Use text messaging to send pregnant girls and women information on danger signs and other pregnancy information during COVID-19.

CHAs, LHWs, and TBAs should provide clear, locally contextualized messaging on the importance of attending the health facility if a woman or adolescent girl is in labor or if any danger signs are present for the woman or newborn. Be sure to understand behavioral barriers, rumors and misinformation and contextualize messages accordingly.

When appropriate, use chlorhexidine for cord care (as per national recommendation). Distribute clean delivery kits and misoprostol for PPH prevention.

### Quarantine Facilities and Community Isolation Centers

Develop and disseminate clear SOPs for referrals between BEMONC/CEMONC facilities and COVID-19 quarantine facilities, including up-to-date mapping of facilities.

Ensure the quarantine facility is equipped with an appropriate area (and available skilled staff, drugs, and equipment) to manage common obstetric and newborn complications for women and newborns who cannot be transferred to maternal health facilities.

At a minimum (when appropriate), facilities should have available emergency contraception, condoms, and short-acting contraceptive methods.

### Additional COVID-19 Programming Adaptation Considerations

Consider reducing face-to-face antenatal care (ANC) clinic visits to the minimum required four visits. Consider the COVID-19 context and national guidance and prioritize routine visits for women in the third trimester and with high-risk pregnancies. Consider remote counseling and screening where possible.

Ensure pregnant women/adolescent girls and new mothers have access to women-centered, respectful, skilled care. Ensure that they have a designated space that enables privacy and access to essential maternal and newborn services.

Redesign triage protocols and patient flow to separate ANC and postnatal care (PNC) clients from general patients present for emergency/other outpatient care.



### Household Quarantine and Household Isolation

If appropriate, CHAs, LHWs, and TBAs should provide family planning (FP) counseling and/or provide contraceptive commodities (including emergency contraception). These practices ensure the continuation of preventative methods and protection from unwanted pregnancies. Otherwise, CHWs can provide information about where routine services, such as contraceptive provision, are available to women, men, adolescent girls, and adolescent boys.

Establish community feedback mechanisms (including child-friendly feedback mechanisms). Collect the feedback and address concerns with a multi-sectoral response, where needed, link to other response areas to share feedback data for a more holistic response.

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Community leaders can help identify “community ambulances” and drivers to transport women and girls in quarantine to BEMONC/CEMONC facilities for delivery, post-partum complications, newborn complications, etc. This ambulance should also be reserved for gender-based violence survivors to access health facilities and other related referral services. Use text messaging, community radio, existing hotlines, or other communication channels to ensure women and girls and their families receive contact information for these community ambulances.

### Quarantine Facilities and Community Isolation Centers

At a minimum (when appropriate), facilities should have available emergency contraception, condoms, and short-acting methods of contraception.

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Develop and disseminate clear SOPs for referrals between BEMONC/CEMONC facilities and COVID-19 quarantine facilities. This activity includes transportation options for pregnant women to BEMONC/CEMONC for facility-based deliveries.

### Additional COVID-19 Programming Adaptation Considerations

Access to contraceptives is part of the MISP. A range of long-acting reversible and short-acting contraceptive methods, including emergency contraception and post-partum contraception, should be made available. Where feasible, consider remote approaches (phone, text messaging, digital applications) for consultations, screening, and follow-up. If restrictions on commodities need to be made, focus on providing contraceptive coverage continuity and a few months’ supply.

Explore options for community-based service delivery for family planning options and remote counseling in line with MoH protocols and method availability, in case contraceptive supply chains are disrupted. Consider WHO task-shifting guidelines, working with pharmacies, and conducting refresher trainings if needed.



## Mental Health and Psychosocial Support (MHPSS)

### Household Quarantine and Household Isolation

Train social workers or community-appointed MHPSS focal points on stigma and psychological first-aid and para-professional counseling (lay model) to provide psychosocial support to quarantined or isolated household members, focusing on stress management and positive coping strategies. Use text messaging to share coping tips and information for Hotline numbers.

Train community leaders and trusted community spokespersons and advocates to engage positive deviance techniques to reduce community stigma associated with COVID-19.

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Equip social workers with relevant referral information for MHPSS referrals, including Hotline/ Helpline numbers and community-based MHPSS focal points.

### Quarantine Facilities and Community Isolation Centers

Recruit new staff members for a well-being role. Alternatively, identify and build the capacity of a staff well-being focal point to ensure psychosocial support to staff (preferably using remote options but in-person if needed).

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Consider playing messages on radios in quarantine centers to dispel myths and stigmas around COVID-19. Promote positive messages on quarantine facilities, share coping and stress management strategies, and provide referral numbers for protection issues or special needs.

### Additional COVID-19 Programming Adaptation Considerations

Define which activities need to be continued or stopped. Downscale face-to-face activities and prioritize urgent vs. non-urgent service users based on individual risks and needs assessments. Create new services feasible within the context, such as Helplines, outreach, and community-based mental health screening tools.

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Engage community members to develop materials with COVID-19 related MHPSS messages on strategies to maintain well-being, manage anxiety, parenting, and caring for the elderly, disabled persons, and children.



### Household Quarantine and Household Isolation

Ensure everyone, including children, are receiving PSS Kits and MHPSS messages. These kits and messages are context-specific and can include “Stress Busters” and similar relaxation activities appropriate for children and parents/caregivers, basic art supplies (pencils, crayons, modeling clay), paper or notebooks for drawing and writing, children’s books and toys.

### Quarantine Facilities and Community Isolation Centers

Prioritize access to specialized mental health services for persons with pre-existing mental health conditions or those with new acute presentations (in coordination with health teams).

### Additional COVID-19 Programming Adaptation Considerations

Maintain social contact with people who might be isolated using phone, text, and radio.

For all activities, review the appropriateness and cease if needed to ensure alignment with physical distancing and infection control.

## HEALTH RESOURCE LIST:

1. Advice on the use of masks in the context of COVID-19. 2020. Geneva: World Health Organization; 2020. ([https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)), accessed on August 26 2020.
2. Guidelines for Working with Free-Ranging Wild Mammals in the ERA of the COVID-19 Pandemic. 2020. World Organization for Animal Health; 2020. ([https://www.oie.int/fileadmin/Home/eng/Our\\_scientific\\_expertise/docs/pdf/COV-19/A\\_WHSG\\_and\\_OIE\\_COVID-19\\_Guidelines.pdf](https://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/COV-19/A_WHSG_and_OIE_COVID-19_Guidelines.pdf)), accessed on September 9, 2020.
3. Inter-Agency Standing Committee (IASC). Interim Guidance. Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings. Version I. IASC; 2020. ([https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Guidance%20on%20Public%20Health%20Measures%20for%20COVID-19%20in%20Low%20Capacity%20and%20Humanitarian%20Settings\\_0.pdf](https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Guidance%20on%20Public%20Health%20Measures%20for%20COVID-19%20in%20Low%20Capacity%20and%20Humanitarian%20Settings_0.pdf)), accessed on July 6, 2020.
4. Inter-Agency Standing Committee (IASC) Secretariat. Interim Guidance. Scaling-up COVID-19 Outbreak Readiness and Response Operations in Humanitarian Situations, including Camps and Camp-like Settings. Version I.I. IASC; 2020. (<https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Interim%20Guidance%20on%20COVID-19%20for%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20Camps%20and%20Camp%20-%20like%20Settings.pdf>), accessed on July 6, 2020.
5. Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). Programmatic Guidance for Sexual and Reproductive Health in Humanitarian and Fragile Settings during the COVID-19 Pandemic. New York: IAWG; 2020. (<https://cdn.iawg.rygn.io/documents/IAWG-Full-Programmatic-Guidelines.pdf?mtime=20200410142450&focal=none#asset:30551>), accessed on July 6, 2020.
6. Inter-Agency Standing Committee (IASC) Reference Group MHPSS. Operational considerations for multi-sectoral mental health and psychosocial support programs during the COVID-19 pandemic. IASC; 2020. (<https://covid19humanitarian-rwla.temp-dns.com/covid19db/wp-content/uploads/2020/06/Operational-considerations-for-multisectoral-mental-health-and-psychosocial-support-programmes-during-the-COVID-19-pandemic.pdf>), accessed on July 6, 2020.
7. Inter-Agency Standing Committee (IASC) Guidance on Basic Psychosocial Skills - A Guide for COVID-19 Responders. (<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance-basic>), accessed on July 21, 2020.
8. Inter-Agency Standing Committee (IASC) Reference Group for Gender in Humanitarian Action. Gender Alert for COVID-19 Outbreak. IASC; 2020. (<https://interagencystandingcommittee.org/inter-agency-standing-committee/interim-guidance-gender-alert-covid-19-outbreak-developed-iasc>), accessed on July 6, 2020.
9. Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). MISP considerations checklist for implementation during COVID -9. New York: IAWG; 2020 (<https://iawg.net/resources/misp-considerations-checklist-for-implementation-during-covid-19>), accessed on July 16, 2020.
10. USAID Momentum. Job Aids: Recommendations for Maternal and Newborn Care During the COVID-19 Outbreak - USAID Momentum, 2021. Job Aids: Recommendations for Maternal and Newborn Care During the COVID-19 Outbreak - USAID Momentum
11. READY Initiative. COVID-19 Risk Communication and Community Engagement Toolkit for Humanitarian Actors “RCCE Toolkit.” Ready Initiative; 2020. (<https://www.ready-initiative.org/covid-19-risk-communication-and-community-engagement-toolkit-for-humanitarian-actors/>), accessed on July 6, 2020.
12. Red Cross Red Crescent Reference Centre for Psychosocial Support. Remote Psychological First Aid during COVID-19 – May 2020. (<https://pscentre.org/wp-content/uploads/2020/03/Remote-PFA.pdf>), accessed on July 21, 2020.

- 13.** Step-by-Step: Engaging Communities during COVID-19 (<https://www.ready-initiative.org/wp-content/uploads/2020/06/Remote-COVID-CE-step-by-step-June-2020.docx-Google-Docs.pdf>), accessed on October 27, 2020.
- 14.** United Nations Children Fund (UNICEF). Guidance for adaptations to community case management of childhood illnesses in the context of COVID-19 to ensure uninterrupted provision of life-saving services. Geneva: UNICEF; 2020 ([https://resourcecentre.savethechildren.net/node/17358/pdf/unicef\\_-\\_covid-adaptations\\_to\\_ccm.pdf](https://resourcecentre.savethechildren.net/node/17358/pdf/unicef_-_covid-adaptations_to_ccm.pdf)), accessed on July 6, 2020.
- 15.** United Nations Population Fund (UNFPA). COVID-19 Technical Brief for Maternity Services. UNFPA; 2020. ([https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19\\_MNH\\_guidance\\_Published%209th%20April%202020.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_MNH_guidance_Published%209th%20April%202020.pdf)), accessed on July 6, 2020.
- 16.** World Health Organization (WHO). Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. Geneva: WHO; 2020 ([https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications/i/item/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)), accessed on July 6, 2020.
- 17.** World Health Organization (WHO), United Nations Children Fund (UNICEF), International Federation of Red Cross and Red Crescent Societies (IFRC). Geneva: WHO, UNICEF, IFRC; 2020 (<https://www.who.int/publications/i/item/community-based-health-care-including-outreach-and-campaigns-in-the-context-of-the-covid-19-pandemic>), accessed on July 6, 2020.
- 18.** Better Care Network, Save the Children, The Alliance for Child Protection in Humanitarian Action, UNICEF, Inter-Agency Task Force. Guidance for Alternative Care Provision During COVID-19, September 2020 (<https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/alternative-care-and-covid-19/guidance-for-alternative-care-provision-during-covid-19>), accessed on April 27, 2021



### Household Quarantine and Household Isolation

Provide a household IPC kit adapted for the local context and delivered through in-kind distribution. Kits will enable hand-washing with soap (including buckets with taps for areas with no running water), cleaning commonly touched surfaces, and separate cleaning and hygiene products for any isolated individuals within the households.

Ideally, this kit should be sufficient for 14 days. Upon completing the household quarantine or isolation, provide a top-up supply of IPC materials to continue household hygiene practices.

Ensure menstrual hygiene products are available as part of the kit distribution. Take into account the number of adolescent girls and women per household and provide for their potentially restricted access to WASH facilities during quarantine/isolation. For example, provide an extra pair of underwear as the girls and women may not be able to do laundry daily.

### Quarantine Facilities and Community Isolation Centers

Provide sufficient hand-washing stations (preferably pedal-operated taps) and separate toilets and shower facilities for men and women that are also accessible to children. Provide separate toilets and shower facilities for isolated cases and designated toilet and shower facilities for persons with disabilities.

Ensure adequate access to water supply (increased sufficiently to cater for additional hand-washing needs).

Make menstrual hygiene management resources and hygiene kits available per the *Toolkit for Integrating Menstrual Hygiene Management into Humanitarian Response* (see resource list).

### Additional COVID-19 Programming Adaptation Considerations

Engage and work with communities to develop solutions to WASH/IPC in the community.

Assess secondary impacts of COVID-19 on WASH infrastructure and services at community and institution levels (schools, health care facilities, institutional care, etc.).

Ensure continuity of operations for water and sanitation services in highly vulnerable settings (e.g., refugee camps, collective shelters, and other ongoing programs).

Pre-position emergency water supply storage, water treatment plants (equipment and chemical consumable) for supporting community and health services during water supply disruptions or shortages.

In sites with ongoing programming, strive to meet adapted standards for access to water and sanitation services (e.g., the quantity of water, the physical location of infrastructure, the number of users per infrastructure, etc.).



### Household Quarantine and Household Isolation

CHWs and volunteers should educate household members to use dedicated linen and eating utensils for the suspected or confirmed household member, to clean and disinfect surfaces that are frequently touched (e.g., toilet and bathroom surfaces), to place contaminated linen into a laundry bag separate from other household members, and to manage waste at the household level.

CHWs should engage household members on household IPC practices. Women may be more at risk, considering the gender norms of their role as caregivers. Actively listen to community perceptions, misinformation, and concerns about COVID-19 from data collected (via house-to-house visits, hotlines, surveys, etc.), and adapt programming based on results.

Establish a community feedback mechanism and collect feedback. Address the feedback with a multi-sectoral response, where needed. Link to other response areas to share feedback data for a more holistic response.

### Quarantine Facilities and Community Isolation Centers

Train cleaning staff to clean and disinfect regularly touched surfaces at least once daily (e.g., bed frames, bedside tables, bathroom and toilet surfaces). Clean clothes, bed linen, and towels using regular laundry soap and water (ideally at 60-90 degrees Celsius where possible). Waste management includes clearly defined areas to dispose of waste. Waste should not be disposed of in an unmonitored open area.

Engage affected individuals and quarantine facility/CIC staff on IPC measures. Use standard precautions with all quarantined persons on arrival, including child-friendly and pictorial messaging, with posters around the quarantine facility visibly reinforcing these messages.

Monitor IPC protocols regularly to ensure standards are met as per protocol.

Distribute face masks to all individuals in quarantine facilities or CICs. Educate people on correctly using and disposing of masks. If disposable masks are not available, cloth masks may be distributed.

### Additional COVID-19 Programming Adaptation Considerations

In coordination with the local authority, assess the capacity of environmental sanitation/disinfection, solid waste, and medical waste management at the community and institutional level.

Based on the assessment and in line with WHO guidance, address distancing and environmental cleaning/disinfection activities in the community and at the institutional level. It is important for camps with densely populated settings to ensure safe solid waste management, given the possibility of a high volume of infectious waste.

Engage community members, including women, children, and people with disabilities, in developing messaging on hand-washing and personal hygiene practices. Engage household members on what a virus is and how COVID-19 transmission occurs to help make sense of the recommended WASH/IPC practices.

## WASH RESOURCE LIST:

1. International Rescue Committee and Columbia University. A toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response. 2017. (<https://www.rescue.org/sites/default/files/document/2113/themhminemergenciestoolkitfullguide.pdf>), accessed on October 27, 2020.
2. United Nations Children Fund (UNICEF). COVID-19 Preparedness and Emergency Response. WASH and Infection Prevention and Control (IPC) Measures in Households and Public spaces. UNICEF; 2020. (<https://www.unicef.org/media/66371/file/WASH-COVID-19-infection-prevention-and-control-in-households-and-communities-2020.pdf>), accessed on July 6, 2020.
3. United Nations High Commissioner for Refugees (UNHCR). Technical WASH Guidance for COVID-19 Preparedness and Response. UNHCR; 2020 (<https://wash.unhcr.org/download/technical-wash-guidance-for-covid-19-preparedness-and-response-unhcr/>), accessed on July 6, 2020.
4. World Health Organization (WHO). Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). Geneva: WHO; 2020 ([https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))), accessed on July 6, 2020.



## PROTECTION

### Child Protection (CP)

#### Household Quarantine and Household Isolation

Train social/case workers or community-appointed protection advocates or volunteers to detect and screen for CP risks within the household, including the potential risk of family separation (i.e., the child is in an unstable care arrangement, or the caregivers are in the high-risk category). Train social workers or community-appointed protection advocates or volunteers to detect and screen for violence (including sexual violence), exploitation, abuse, or neglect including distress, domestic violence, lack of appropriate care for children with disabilities, lack of education and recreational activities, unequal distribution of food and hygiene supplies, and risk of exploitation due to loss of family income. Child Protection actors to train other sectors on child-friendly psychological first aid, and safe identification and referral of CP concerns. This must be based on updated service mappings and referral pathways.

#### Quarantine Facilities and Community Isolation Centers

Determine SOPs for Child Protection in quarantine facilities. In particular, address the ethical considerations and alternative options to isolating and/or quarantining unaccompanied minors.

Consider appropriate care for children separated from their family, family tracing and reunification, psychosocial support activities, and corresponding measures to mitigate protection risks and provide adequate responses.

Determine SOPs for Child Protection in quarantine facilities. In particular, address the ethical considerations and alternative options to isolating and/or quarantining unaccompanied minors.

Consider appropriate care for children separated from their family, family tracing and reunification, psychosocial support activities, and corresponding measures to mitigate protection risks and provide adequate responses.

Work alongside CP case management actors to prepare for the following CP scenarios (see resource list):

- » An unaccompanied child arrives at the quarantine facility/CICs and requires family tracing and reunification as well as alternative care within and outside of the facilities;
- » A child enters quarantine facilities/CICs with a caregiver who is then transferred to health facilities because they need treatment and leaves the child behind;
- » Caregiver dies;
- » The child needs to be referred to a treatment center/health facility with or without a caregiver;
- » Caregiver wishes to accompany the child to a treatment center/health facility but does not have adequate care arrangements for the remaining children under his/her care;
- » Child and/or caregiver is in distress and requires psychosocial support.



## Additional COVID-19 Programming Adaptation Considerations

Adapt or develop (where it does not exist) a vulnerability and prioritization criteria for CP cases (see resources below for an example). Identify cases where children are at risk of violence, abuse, exploitation, or neglect without supervision to prioritize preparedness planning. Place CP caseworkers at health clinics and community centers.

Prioritize family-based care; however, if interim care is needed, Save the Children has developed guidance on:

- » *COVID-19 Guidance for Interim Care Centers* (see resource list): Interim care is defined as care arranged for a child temporarily for up to 12 weeks. The placement may be formal or informal with relatives, foster carers, or residential care, such as an Interim Care Centre (ICC).
- » *Child Safe Programming and Safeguarding in Interim Care Centers* (see resource list)

Better Care Network, Save the Children, The Alliance for Child Protection in Humanitarian Action, and UNICEF have developed *Guidance for Alternative Care Provision During COVID-19* (see resource list). Further, the Alliance for Child Protection in Humanitarian Action provides a *Guidance Note: Protection of Children During Infectious Disease Outbreaks* (see resource list).



## Household Quarantine and Household Isolation

Social workers or community-appointed protection advocates or volunteers can refer families in quarantine for phone screenings to assess the child's situation as well as the necessity and suitability of care placement. Phone screenings can also increase positive parenting support and connect at-risk parents/caregivers with WhatsApp groups that can reduce stressors.

Social workers or community-appointed protection advocates or volunteers should provide close follow-up of households with children at risk of protection concerns as well as children with disabilities and without appropriate support. Offer support and resources to caretakers so that they can practice IPC measures and physical distancing within the household while caring for children with disabilities.

Actively listen to the perceptions, misinformation, and concerns around COVID-19 of children and their caregiver(s) from data collected (via house-to-house visits, hotlines, surveys, etc.). Adapt programming based on results.

Establish a child-friendly community feedback mechanism. Collect the feedback and address results with a multi-sectoral response, where needed.

## Quarantine Facilities and Community Isolation Centers

Provide child-friendly spaces and activities if a child is quarantined with their caretaker. Create and/or designate areas such as children's wards for unaccompanied children. Provide support and resources for parents/caregivers to support their children's well-being, including opportunities to continue learning and developing.

Ensure additional protective measures for children at risk, such as adolescent girls, unaccompanied and separated children, and children with disabilities who have mobility issues. These measures include difficulty with self-care, which increases their exposure due to dependence and the physical proximity of non-caretakers.

Ensure that there are safe spaces for child/adolescent caregivers who accompany dependent children to a health facility.

## Additional COVID-19 Programming Adaptation Considerations

Learn how communities are connecting remotely or in-person and identify the trusted sources of information. Establish remote communication platforms, such as Hotlines and WhatsApp support groups. Train staff on virtual screening, identifying violence against children, counseling, and awareness-raising. It is important to make considerations for vulnerable populations without access to phones or the Internet.

Ensure children with and without disabilities, including child/adolescent caregivers, receive child-friendly awareness-raising messages on COVID-19, how to protect and care for themselves, and positive coping mechanisms.

At a minimum, ensure all staff working in quarantine facilities and CICs (including social workers and CHWs) have a clear understanding of how their role relates to safeguarding (e.g., reporting lines and mechanisms to respond to allegations/concerns).

All staff should be trained on the *centrality of protection* and understand their role in promoting protection principles. Ensure that all staff members know how to identify and refer protection cases.



## Gender-based Violence (GBV)

### Household Quarantine and Household Isolation

Social workers/community-based women's groups should receive refresher training on gender-based violence messaging, including intimate partner violence (IPV), and be familiar with the referral system. They should provide clear information on the importance of attending the health facility if a woman/adolescent girl has experienced sexual assault.

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Given the heightened vulnerability of female frontline workers and women as social workers, CHWs, CHAs, LHWs, and TBAs, set up measures to prevent and mitigate harassment, abuse, or other forms of GBV towards them. These measures include equipping them with mobile phones with saved emergency contacts, phone credit, flashlights, and whistles. Policies should restrict working after dark, promote working in pairs, require consistent check-ins with the supervisor, and so on.

### Quarantine Facilities and Community Isolation Centers

Adhere to and provide the MISP (which includes clinical management for GBV survivors). At a minimum, PEP kits should be made available at the quarantine facility with a referral pathway to a facility that can provide the full clinical management of rape (CMR) to the survivor.

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All PSEA protocols must be in place, including training and Code of Conduct for responders and complaint mechanisms and services for survivors. Clearly communicate these services during quarantine facility admission and reinforce the messaging during their stay with posters, radio messaging, and text messaging.

### Additional COVID-19 Programming Adaptation Considerations

The protection response must prepare for an increased need for GBV response and support, identify gaps in GBV survivor-service provision, and prepare to provide essential stop-gap measures where feasible.

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Conduct a regularly updated, multi-sectoral gender analysis to identify inequalities, gaps, and capacities. Identify the specific gaps of the crisis on women, girls, men, boys, and LGBTIQ individuals.



### Household Quarantine and Household Isolation

Encourage social workers, CHWs, CHAs, LHWs, and TBAs to use counseling for services such as SRH and nutrition as an entry-point to disseminate information about GBV services. Collect feedback from women and girls about their safety concerns.

Actively engage and listen to community perceptions, misinformation, and concerns during COVID-19 from data collected (via house-to-house visits, hotlines, surveys, etc.), and adapt programming based on results.

Establish a community feedback mechanism. Collect the feedback, and address the feedback with a multi-sectoral response, where needed. Share the feedback with other response areas for a more holistic response.

### Quarantine Facilities and Community Isolation Centers

Factor in gender-based differences in literacy levels and access to information tools such as mobile phones and the Internet to ensure inclusive communication. Transmit the information in the quarantine facilities through multiple media options, including radio and visual guides.

### Additional COVID-19 Programming Adaptation Considerations

Involve women and girls in developing information, education, and communication (IEC) materials on COVID-19. Counsel them on the preferred alternatives to in-person complaints (phone, online, other).

## PROTECTION RESOURCE LIST:

1. Better Care Network, The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, United Nations Children Fund (UNICEF). Protection of children during the COVID-19 pandemic. Children and Alternative Care. Immediate Response Measures. Better Care Network, The Alliance for Child Protection in Humanitarian Action, UNICEF; 2020. ([https://alliancecpha.org/en/system/tdf/library/attachments/covid-19\\_alternative\\_care\\_technical\\_note\\_final.pdf?file=1&type=node&id=37605](https://alliancecpha.org/en/system/tdf/library/attachments/covid-19_alternative_care_technical_note_final.pdf?file=1&type=node&id=37605)), accessed on July 6, 2020.
2. COVID-19 Guidance for Interim Care Centres (<https://resourcecentre.savethechildren.net/library/covid-19-guidance-interim-care-centres>), accessed on October 27, 2020.
3. Child Safe Programming and Safeguarding in Interim Care Centres (<https://resourcecentre.savethechildren.net/node/17324/pdf/SCI-CSG%20%20Interim%20Care%20Centres%20Child%20Protection%20FINAL.pdf>), accessed on October 27, 2020.
4. Guidance for Alternative Care Provision During COVID-19 ([https://resourcecentre.savethechildren.net/node/18217/pdf/guidance\\_for\\_alternative\\_care\\_covid\\_19.pdf](https://resourcecentre.savethechildren.net/node/18217/pdf/guidance_for_alternative_care_covid_19.pdf)), accessed on October 27, 2020.
5. Handicap International – Humanity & Inclusion (HI). COVID-19 in humanitarian contexts: no excuses to leave persons with disabilities behind! Evidence from HI’s operations in humanitarian settings. HI; 2020. (<https://reliefweb.int/report/world/covid-19-humanitarian-contexts-no-excuses-leave-persons-disabilities-behind-evidence>), accessed on July 6, 2020.
6. Inter-Agency Standing Committee (IASC) and Global Protection Cluster. Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response. IASC, Global Protection Cluster; 2020. (<https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf>), accessed on July 6, 2020.
7. International Federation of Red Cross and Red Crescent Societies (IFRC). How to consider protection, gender and inclusion in the response to COVID-19. IFRC;2020 (<https://interagencystandingcommittee.org/system/files/2020-04/Technical-guidance-note-for-PGI-and-health-staff-30March20.pdf>), accessed on July 6, 2020.
8. Prevent Epidemics. Legal and Ethical Considerations for Public Health and Social Measures. Prevent Epidemics; 2020. ([https://cities4health.org/assets/library-assets/phsm\\_legaethical\\_briefingnote.pdf](https://cities4health.org/assets/library-assets/phsm_legaethical_briefingnote.pdf)), accessed on July 6, 2020.
9. The Alliance for Child Protection in Humanitarian Action. Guidance Note: Protection of Children During Infectious Disease Outbreaks. ([https://alliancecpha.org/en/system/tdf/library/attachments/cp\\_during\\_ido\\_guide\\_0.pdf?file=1&type=node&id=30184](https://alliancecpha.org/en/system/tdf/library/attachments/cp_during_ido_guide_0.pdf?file=1&type=node&id=30184)), accessed on October 27, 2020.
10. The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, United Nations Children Fund (UNICEF), World Health Organization (WHO). COVID-19: Protecting Children from Violence, Abuse, and Neglect in the Home. The Alliance for Child Protection in Humanitarian Action, UNICEF, WHO; 2020. ([https://www.alliancecpha.org/en/system/tdf/library/attachments/technical\\_note\\_covid-19\\_and\\_its\\_implications\\_for\\_protecting\\_children\\_from\\_violence\\_in\\_the\\_home\\_v1\\_0.pdf?file=1&type=node&id=38088](https://www.alliancecpha.org/en/system/tdf/library/attachments/technical_note_covid-19_and_its_implications_for_protecting_children_from_violence_in_the_home_v1_0.pdf?file=1&type=node&id=38088)), accessed on July 6, 2020.
11. The Alliance for Child Protection in Humanitarian Action, Technical Note: Adaptation of Child Protection Case Management to the Covid-19 Pandemic. (<https://www.alliancecpha.org/en/child-protection-online-library/technical-note-adaptation-child-protection-case-management-covid-19>), accessed on 07 April, 2021.
12. World Health Organization (WHO). Addressing Violence Against Children, Women, and Older People During the COVID-19 Pandemic: Key Actions. Geneva: WHO; 2020. ([https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence\\_actions-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Violence_actions-2020.1)), accessed on July 6, 2020.
13. The Child Protection Area of Responsibility. Child Protection COVID-19 Resources. (<https://www.cpaor.net/COVID-19>), accessed 07 April, 2021.

### Household Quarantine and Household Isolation

Actively engage and listen to community perceptions, misinformation, and concerns during COVID-19 from data collected (via house-to-house visits, hotlines, surveys, etc.), and adapt programming based on results.

Prioritize direct food distribution of locally-acceptable nutritious food during the quarantine. Limit the number of distributions by making a one-time distribution or a once a week for two weeks distribution.

Provide nutrition recommendations for purchase of nutritious foods when using cash or vouchers as a modality.

Ensure grains and other food supplies are adequately stored to avoid attracting pests or contamination by animals.

Establish a community feedback mechanism. Collect and address the feedback with a multi-sectoral response, where needed. Share the feedback with other response areas for a more holistic response.

### Quarantine Facilities and Community Isolation Centers

Train kitchen staff to adhere to IPC measures and food preparation standards. Prepare and serve three meals a day of locally-acceptable nutritious food.

- » Screen for severely malnourished children.
- » Provide information to lactating women.
- » Implement partial suspension of non-emergency services such as routine or follow-up visits and preventive services such as vaccination, ANC, etc.

Promote Parent-led mid-upper arm circumference (MUAC) - Awareness raising for parents to screen their children and know what to do when children get sick.

### Additional COVID-19 Programming Adaptation Considerations

Identify and map critical and non-critical distributions. Identify beneficiaries that will require modified distribution of items and methods for item distribution.



## Household Quarantine and Household Isolation

Train CHWs, CHAs, LHWs, and TBAs on maternal, infant, and young child nutrition and counseling.

Train CHWs, CHAs, LHWs, and TBAs to provide age-specific education and counseling to pregnant and breastfeeding women and parents/caregivers of children < 2 years on the following:

- » A healthy diet during pregnancy;
- » The importance of early and exclusive breastfeeding (including mothers who are diagnosed with COVID-19);
- » Proper latch and positioning for breastfeeding;
- » Timely introduction of solid foods and complementary feeding.

Training and counseling should dispel myths around and stress the importance of breastfeeding during COVID-19 and feeding during the mother's illness. Additionally, counsel mothers on the need to wear a mask when breastfeeding if the mother has respiratory symptoms or is diagnosed with COVID-19, as well as proper hand-washing practices, including before and after feeding her child. Counsel mothers feeding with breast-milk substitutes to wash any feeding cups, bottles, or teats with soap and water before and after use.

## Quarantine Facilities and Community Isolation Centers

Include nutrition as part of an integrated package of maternal and newborn health services.

Include nutrition information in radio messages in quarantine centers to dispel myths and stigmas around COVID-19. Promote positive messages on quarantine facilities, share coping and stress management tips. Share referral numbers for protection issues or special needs ([refer to Health section](#)).

Identify and/or establish breastfeeding corners within female wards of the quarantine facilities to ensure privacy and comfort during breastfeeding. Create consistent messaging on breastfeeding and IEC materials.

## Additional COVID-19 Programming Adaptation Considerations

In alignment with the International Code of Marketing of Breast-Milk Substitutes (the Code), educate health workers and volunteers on not accepting any donated breast-milk substitutes (including follow-on formulas or “toddler formulas”) and the importance of monitoring for and reporting Code violations.



### Household Quarantine and Household Isolation

CHWs, CHAs, LHWs, and TBAs should distribute MUAC tapes in the community. They should train the caregivers of children aged 6-59 months to undertake MUAC measurements and seek a yellow/red measurement referral (per local guidance). Additionally, train caregivers to use soap after taking MUAC measurements.

Establish a community feedback mechanism. Collect the feedback, and address the feedback with a multi-sectoral response, where needed. Share the feedback with other response areas for a more holistic response.

### Quarantine Facilities and Community Isolation Centers

Monitor acute malnutrition among quarantined children and alert nutrition programs to receive ready-to-use therapeutic food (RUTF) to feed children with moderate and severe acute malnutrition.

### Additional COVID-19 Programming Adaptation Considerations

Develop and implement simplified treatment protocols to minimize the risk of spreading COVID-19 through nutrition services. Provide RUTF for both moderate and severe acute malnutrition and delivery of Community-based Management of Acute Malnutrition (CMAM) through integrated community case management services.

## NUTRITION RESOURCE LIST:

1. Save the Children, United Nations Children Fund (UNICEF), United States Agency for International Development (USAID). Infant and young child feeding recommendations when COVID-19 is suspected or confirmed: Recommended practices booklet. Save the Children, UNICEF, USAID; 2020 (<https://reliefweb.int/report/world/infant-and-young-child-feeding-recommendations-when-covid-19-suspected-or-confirmed>), accessed on July 6, 2020.
2. World Health Organization (WHO). Frequently Asked Questions: Breastfeeding and COVID-19 for health care workers. WHO; 2020. ([https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvrsn=d839e6c0\\_5](https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvrsn=d839e6c0_5)), accessed on July 6, 2020.
3. World Food Programme (WFP). WFP's additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID-19. WFP; 2020. (<https://www.humanitarianresponse.info/en/operations/nigeria/document/wfp%E2%80%99s-additional-recommendations-management-maternal-and-child>), accessed on July 6, 2020.



## Household Quarantine and Household Isolation

Train NGO staff, civil society organizations (CSO) staff, appointed community members, and community-based food cooperatives on food distribution standard operating procedures

Engage local authorities, community leaders, community groups, and nutrition programs to identify the existing local food pipeline and the 14-day food rations' composition for direct distribution to quarantined households. Engage communities in the planning, implementation, and evaluation of the activity.

Create linkages with national RCCE working groups to collect any potential existing data on perceptions, concerns, rumors, etc., related to shifts in the household or community food security and distributions.

Alternatively, collect rapid assessment data on these perceptions and concerns, including food acquisition practices. Assess whether the food acquisition practices increase zoonotic disease risk (e.g., via hunting, slaughter, or food preparation processes).

## Quarantine Facilities and Community Isolation Centers

Contract with local retailers for monthly procurement of staples and dry goods.

Contract smallholder farmers to provide weekly drop-off of fresh produce while maintaining physical distance measures. Pay them through contactless funds transfer (mobile money, online payments, etc.).

## Additional COVID-19 Programming Adaptation Considerations

Monitor food production, supply/intervention market prices, transportation restrictions, and services using primary (remotely gathered) or secondary (WFP/FAO/FEWSNET, etc.) data.

Source food supplies from smallholder farmers. When physically and economically viable, have the farmers make home/community deliveries of fresh foods. Design, deliver and monitor food assistance, emergency agricultural support, and agricultural livelihood-saving interventions with women's engagement. It should not put women and girls at additional risks.



## Household Quarantine and Household Isolation

Review market price and food production monitoring information to determine whether in-kind food distribution, food vouchers, or cash is the most appropriate modality for post-quarantine assistance.

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Provide cash or food voucher transfers to households completing the quarantine period. This action minimizes perceived or real risks of household-level food shortages due to loss of income or inability to stock-pile because of their movement restriction during the household quarantine.

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Distribute cash or voucher transfers where possible to female household members as the cash/voucher recipient after completing a risk assessment and ensuring you are not putting women at greater risk which can be the case in certain contexts. Select contactless transfer mechanisms.

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Establish a community feedback mechanism. Collect the feedback, and address the feedback with a multi-sectoral response, where needed. Share the feedback with other response areas for a more holistic response.

## Quarantine Facilities and Community Isolation Centers

Review market price and food production monitoring information to determine whether in-kind food distribution, food vouchers, or cash is the most appropriate modality for post-quarantine assistance.

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If people have access to markets, provide cash or food voucher transfers to individuals being discharged from the quarantine facility otherwise you may need to continue in-kind food distribution. This action provides a buffer period to procure food and other basic necessities, relieves anxiety, and promotes positive coping mechanisms.

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Engage community leaders and community members, particularly representatives of vulnerable and marginalized groups, to distribute cash or voucher transfers, preferably through contactless transfer, to individuals being discharged from the quarantine facility. This process promotes transparency on the type and number of cash/vouchers being distributed. The process enables community leaders to reassure their communities of this service and help calm fears about food insecurity.

## Additional COVID-19 Programming Adaptation Considerations

Develop contingency plans to change modalities between in-kind food and vouchers/cash if one form is no longer appropriate.

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Improve local storage and preservation of staples and perishable foods at household and community levels to mitigate future shortages.

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Pre-position materials like seeds and fertilizers and utilize electronic cash transfer and voucher mechanisms when appropriate and available.

## FOOD SECURITY RESOURCE LIST:

1. Inter-Agency Standing Committee (IASC), developed by the World Food Programme (WFP). Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the COVID- 19 Outbreak. Version 2. IASC, WFP; 2020. (<https://interagencystandingcommittee.org/other/interim-iasc-recommendations-adjusting-food-distribution-standard-operating-procedures-context-covid>), accessed on July 6, 2020.
2. United Nations (UN). Policy Brief: The Impact of COVID-19 on Food Security and Nutrition. Geneva: UN; 2020. ([https://reliefweb.int/sites/reliefweb.int/files/resources/sg\\_policy\\_brief\\_on\\_covid\\_impact\\_on\\_food\\_security.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/sg_policy_brief_on_covid_impact_on_food_security.pdf)), accessed on July 6, 2020.
3. United States Agency for International Development (USAID). Modality Decision Tool for Humanitarian Assistance. USAID; 2018. (<https://www.usaid.gov/documents/1866/modality-decision-tool-humanitarian-assistance>), accessed on August 3, 2020.
4. World Food Programme (WFP). General Guidelines for Food and Nutrition Assistance in the Context of the COVID-19 Outbreak. WFP; 2020. ([https://reliefweb.int/sites/reliefweb.int/files/resources/general\\_guidelines\\_for\\_food\\_and\\_nutrition\\_assistance\\_in\\_teh\\_context\\_of\\_t.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/general_guidelines_for_food_and_nutrition_assistance_in_teh_context_of_t.pdf)), accessed on July 6, 2020.
5. World Food Programme (WFP), Food and Agriculture Organization of the United Nations (FAO), United Nations Children Fund (UNICEF). Interim Guidance Note. Mitigating the effects of food and nutrition of schoolchildren. WFP, FAO, UNICEF; 2020. (<https://docs.wfp.org/api/documents/WFP-0000114175/download/?ga=2.197767343.1613059591.1586615089-349477419.1586373676>), accessed on July 6, 2020.

# CONCLUSION

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Integrated programming holistically addresses the rights, needs, risks, and vulnerabilities of individuals and communities. By designing an integrated response framework for COVID-19, READY intends to promote an integrated lens for outbreak readiness and response. The framework enables READY to accomplish greater multi-sectoral cohesiveness, implement holistic service models, improve communications and coordination among various actors, maximize limited resources, minimize possible trade-offs, and promote more efficient ways of working. By adopting a socio-ecological model to address two key NPIs of (1) household quarantine and household isolation and (2) quarantine facilities and community isolation centers, READY proposes a way to simultaneously meet the essential needs of individuals and communities while adhering to these NPIs and reducing COVID-19 transmission.



The integration entry points maximize humanitarian agencies' potential to deliver coordinated programming while maintaining standards and quality benchmarks specific to each sector. This guidance note further provides illustrative activities per key sector and technical area to demonstrate how to promote adherence to physical distancing NPIs, highlights cross-cutting themes across the sectors. Additionally, the guidance note provides examples of how various sectors need to adapt overall programming needs for COVID-19 responses.

As the COVID-19 response is ongoing and dynamic, this framework serves as preliminary guidance that will be updated with country-level experiences and practical suggestions to inform emergency readiness and response for future outbreaks.

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