



Guidance Note for Afghanistan's Family Protection Centers, Family Guidance Centers and Women and Girl Safe Spaces operating during the COVID-19 pandemic

Photo: UN Women/ Nangyalai Tanai

Violence against women and girls and COVID-19

Violence against women and girls (VAWG) is rooted in gender inequality, discrimination and harmful cultural and social norms. In Afghanistan, VAWG and gender based violence (GBV) is widespread with reports indicating 56%¹ of women have experienced intimate partner violence. Women and girls in Afghanistan continue to face persistent discrimination, violence, street harassment, forced and child marriage, severe restrictions on working and studying outside the home, and limited access to justice.

Reports indicate that violence against women and girls has further exacerbated in the context of COVID-19.² where movement is restricted, people are confined, poverty and unemployment are increasing, and protection and health systems are weak, women and girls are at greater risk of experiencing violence. Additionally, restriction of movement, lockdowns, and forced quarantine measures inevitably increase the

impunity already harbored by perpetrators, in addition to impeding access to services by VAWG survivors, thus impacting their individual safety plans. Within the Afghanistan's conservative environment whereby women and girls are the most marginalized, the lockdown and curfews due to COVID 19 can increase the risks of violence against women and girls, particularly in the context where women and girls are confined in their homes with abusive partners with service providers getting overwhelmed in the health setting.

VAWG has serious negative consequences for women and girls, including immediate to long-term physical, sexual and psychological impacts, which prevent them from fully participating in society. The impact of violence on women and girls will be amplified in this context, where rate, severity and frequency of violence is increasing.

¹ Central Statistics Organization/Afghanistan, Ministry of Public Health/Afghanistan, and ICF (2017). Afghanistan Demographic and Health Survey 2015.

² <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>

More information can be found in UN Women Afghanistan Gender Alerts on [Ensuring Access to Services for Survivors of Violence Against Women and Girls](#) and on [Maintaining services for survivors of violence against women and girls during COVID-19](#).

For any COVID-19 related questions, partners should contact the National Public Health Authority COVID-19 hotline number.



Considering the impact of the COVID-19 crisis on violence against women and girls, it is critical that Family Guidance Centers (FGCs), Family Protection Centers (FPCs) and Women and Girl Safe Spaces (WGSS) operating be able to continue to safely provide survivors with access to life-saving services, psychosocial support, referrals and relevant information related to their situation.

During COVID-19, FGCs, FPCs and WGSS are perfectly placed to provide safe service points for women and girls and should remain open. FGCs, FPCs and WGSS should not close at the first sign of COVID-19 as they facilitate life-saving interventions. Rather, they should remain open as long as possible and activities should be adjusted to the risk realities of different contexts and used as centers for preparedness actions and information sharing with women and girls. Even at the highest risk level, safe one-to-one service delivery should continue with the proper precautions put into place.

Purpose

The purpose of this guidance note is to provide practical to guide FGCs, FPCs and WGSS, hereafter referred as “Centers”, on how to adapt service provision during the COVID-19 crisis. It provides guidance on how to safely receive and support women and children. This guidance is a living document that will continue to evolve as the COVID-19 situation develops, and as we learn more about COVID-19. It has been developed jointly by UN Women, UNFPA UNICEF, WHO and the Afghanistan Gender-Based Violence Sub-Cluster and was reviewed

by the Ministry of Women’s Affairs and the Ministry of Public Health of Afghanistan.

This guidance note does not replace the already existing Standard Operating Procedure (SOP) or guidelines for providing care and services to survivors and children, or SOPs for management of the Centers. Services should be consistently provided through all three service delivery points as usual.

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Section 1: How to prevent and control infection within Centers

To reduce the risk of transmission, service providers should improve hygiene practices, institute cleaning/disinfecting measures, screening protocols, and adhere with physical distancing principles. More one-on-one interactions are recommended, following all precautionary measures. Following strict hygiene, cleaning and respiratory etiquette reduces the risk of spreading the virus.

Preventative measures

Centers need to undertake the following steps:

- ✓ **Ensure adequate distancing:** Put in place measures to ensure that Centers are not crowded and are able to adhere to distancing guidance (1,5 meter distance at all time). Makes plans and procure materials to adapt the Centers' interior to allow for more private, one-on-one meetings, respecting physical distancing standards, as well as considerations for client confidentiality and safety.
 - Place all chairs, cushions and mats in a way that keeps at least 1.5 meter distance between staff and clients.
 - Mark distance and spaces on the floor using tape to ensure social distancing, to separate visitors waiting to enter the Center or for a consultation.
 - This can also include putting a cap on the number of women and girls accessing the service at one particular time
 - Make space available for individual consultations with distance of at 1,5 meter between staff and clients.
 - Consider installing plastic or glass barriers between staff and clients. Such barriers should be cleaned after each visit.



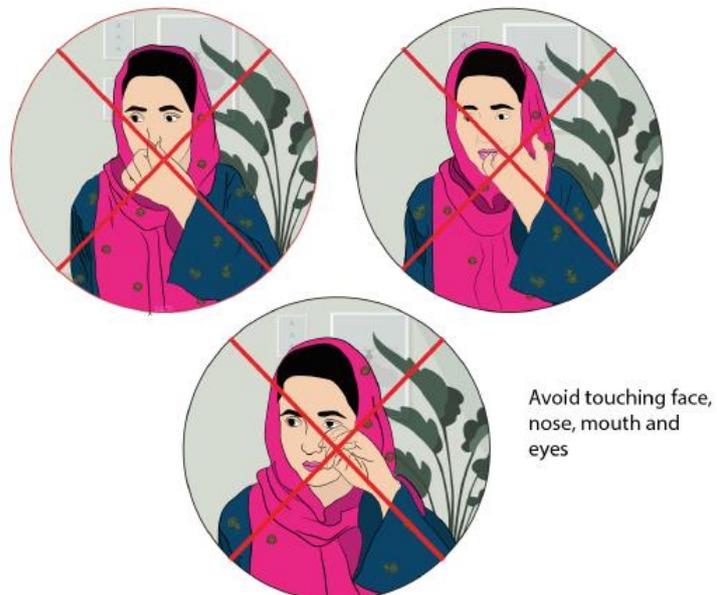
Illustrations: UN Women / Zarina Faizi

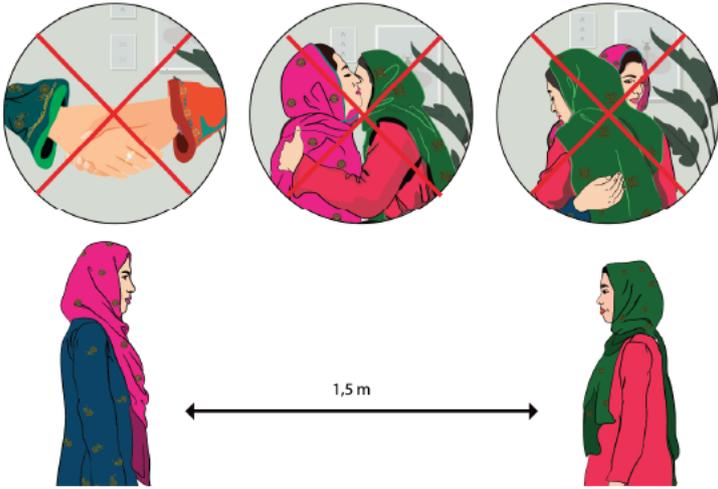
- ✓ **Clean AND disinfect** frequently touched surfaces at least twice a day. This includes tables, doorknobs, stair rails, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks (see section on [Cleaning](#))
- ✓ **Ensure proper hand washing before entering the Center:** Ensure that all clients properly wash their hands using hand sanitizer, before entering the center and touching anything. Hand sanitizer should be placed at the entrance of the Center.
- ✓ **Ensure availability** of alcohol-based hand sanitizer, disposable tissues and no-touch bins/receptacles in every room and common areas and that sinks are well-stocked with soap and paper towels for hand washing.
- ✓ **Masks:** All staff and clients should be wearing masks at all time, either regular face mask or home-made cloth mask ([see section below on Facemasks](#)). Masks should be provided to all clients prior to entering.
- ✓ **Provide visual displays** (IEC materials) of advice on physical distancing, hand hygiene, respiratory etiquette, and general messages on COVID-19 prevention at the entrance and in all rooms of the centers.
- ✓ **Designate a COVID-19 focal point** in charge of monitoring public health information and the situation in each Center.
- ✓ **Remove all unnecessary objects in all rooms.**
- ✓ Women and girls who are not well should be given **information on the nearest COVID-19** authorized health center and the number of the national COVID-19 hotline (166) and information on how to access remote support for issues related to violence (see [Section 7 on Providing safe remote services](#)).



General advices to be provided to staff and clients

- ✓ **Emphasize respiratory etiquette and hand washing to all staff and client:**
 - **Hand washing:** Staff should wash their hands every hour (even more if they need to) – hands should be washed at least 10 times a day. Wash your hands often with soap and water for at least 20 seconds, especially:





Physical Distancing means that all staff and residents should maintain a distance of 1,5 meter from everyone. It also includes refraining from hugging, kissing, or shaking hands between residents and staff.

- **Wear a face mask:** It is advisable that everyone wear a face mask in public spaces. Anyone with a cough or runny nose must wear a face mask or a simple cloth mask.
- **Clean all surfaces and equipment** in your house, morning and evening and after every use.
- To the extent possible, **avoid touching high-touch surfaces** in public places (door handles, handrails). Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- **Wash your hands** after touching surfaces in public places. Consider always carrying a small hand-sanitizer with you.

Staff

- ✓ **Inform and explain** about all preventive measures for COVID-19 to all staff. All staff should be aware and have a good understand of this guidance note. Guards and cleaners should receive specific trainings. Do weekly refresher, use demonstrations to show the preventive measures, and provide updated information as the situation evolves.
- ✓ **Remote work:** As much as possible, office staff should work from home and minimize back and forth to the office to strict essential visits. Staff should be provided with all the equipment to safely work remotely (including laptop and phone credit).
- ✓ **Ensure provision of essential services:** A rotation of the key staff can be established. Access to other services not available can be ensured through a phone booth for client to be able to safely and confidentially call staff providing other type of services, or to call other services as needed (see [referral section](#) below)

- ✓ **Pre-screening and regular monitoring:** When possible, screen staff who will be interacting with clients for signs and symptoms of COVID-19. If no-touch thermometers are accessible, it may be appropriate to use them to actively take each person's temperature, as well as asking whether or not the person is experiencing shortness of breath or has a cough. Ideally, temperature and symptoms checks should happen before the individual enters the facility.
- ✓ **If unwell, stay at home:**
 - **Actively encourage sick employees to stay home**, even for a mild cough or low-grade fever (37.3 C or more). Sick people must not come to work. **Staff with family members who have COVID-19 symptoms should also be encouraged to stay home, isolate themselves and seek medical guidance.**



- **Implement flexible sick-leave policies** and to the extent possible flexible attendance policies (e.g., telework, staggered shifts).

Entering the Centers

- ✓ **Have a poster at the entrance of the Center to demonstrate the protocol to be followed by staff and clients.**
- ✓ **Guards should receive specific training** on protocols to enter the center, in line with public health authorities guidance, with regular refreshers.
- ✓ **Guards should ensure that any individual entering the center follow careful protocol procedures :**
 - **Signs and symptoms screening:** When possible, guards should screen staff and clients for signs

and symptoms of COVID-19 upon every entry before entering the center, asking for symptoms of COVID-19 such as shortness of breath, fever, or cough. If no-touch thermometers are available, it may be appropriate to use them to actively take each person's temperature.

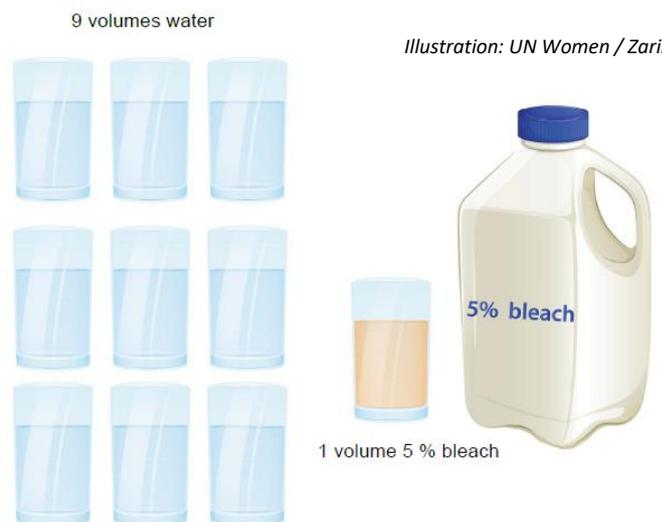
- Staff and clients exhibiting slight symptoms and/or have a temperature over 38 C should not be allowed to enter the center and be advised on where to seek medical attention.
- **Hand washing:** Washing hands with soap, or using hand sanitizer, at the gates is compulsory for all entering the premises, and before touching anything else.
- **Mask wearing:** Wearing a mask is compulsory for all staff and clients. They should be provided with one if they do not have one, or not enter.
- When bringing equipment, medicine or provisions, unpack the items in one place, carefully disposing off all packaging, clean the area, and wash hands with soap and water for 20 seconds again.

Cleaning

- ✓ **Liaise with local government public health authorities** on regular professional disinfection procedures for the centers, if possible and affordable.
- ✓ **Cleaners should receive specific training** on cleaning procedures, in line with health authorities guidance, with regular refreshers.
- ✓ **Ventilation:** All rooms and common areas should be ventilated daily. Keep the center ventilated as much as possible.
- ✓ **Protection for cleaners:** Cleaners should wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consider using long sleeve gowns, goggles or face shield, and boots or closed toe shoes.
- ✓ **Clean AND disinfect** several times per day, and at least twice a day, surfaces and objects that are frequently touched, especially in common areas, using **detergent and disinfectant**. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., tables, desks, phones, doorknobs, light switches, handles, sink handles, countertops,

toilets, toilet handles, recreation equipment, kiosks, and telephones).

- ✓ **Cleaning:** Visibly dirty surfaces should first be cleaned with a detergent (commercially prepared or soap and water), after what a disinfectant should be applied to kill the virus. Cleaning only will not kill the virus.
- ✓ **Disinfecting:** Cleaners may use a diluted concentration of 5% concentrated liquid bleach – only - to disinfect the environment. Use 1 cup of liquid bleach in 9 cups of water. For 2% bleach, use 3 volumes of beach in 7 volumes of water.



- ✓ After the bleach has been allowed to remain in contact with the surface for at least 10 minute, it may be rinsed off with clean water. It is not encouraged to use Dettol as a disinfectant. Solution with at least 70% of alcohol can also be used.
 - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. Soap/detergent and water, can be used to clean if applied more than 20 seconds, then use 70% alcohol based solution to disinfect.
 - When use of bleach is not suitable, e.g. telephone, remote control equipment, door handlings, buttons in the elevator, etc. then **alcohol 70% can be used**.
- ✓ **Shared equipment:** Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).
- ✓ **Bathroom:** All surfaces of shared toilets must be cleaned and disinfected several times a day, particularly toilet seats, sink, tap, buckets, mugs, door knobs.

Contingency planning

- ✓ **Create a COVID-19 taskforce and identify a focal point for each center:** Time should be set aside for a taskforce including all key staff of the Centers to share information and review plans within the Centers as well as with local public health officials to help protect staff and survivors. A COVID-19 focal point should be designated and in charge of monitoring public health information and the situation in each Center. It is the focal point's role to regularly liaise with local health authorities and keep up to date on the latest developments and guidance available. It is critical to ensure informed planning and proper response to the rapidly evolving situation, and adjust in consequence.
- ✓ **It is critical that the Center establishes prior contacts with local authorities and child protection to identify healthcare facilities and alternative care sites to refer clients and inform clients where they can receive care.**
- ✓ **Identify staff who could be at high risk for complications from COVID-19** (those who are older or have underlying health conditions) to ensure their needs are taken into consideration. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, and diabetes.
- ✓ **Prepare plans for sudden changes, including lockdown and quarantine.** Plan for remote work modalities by ensuring to have all the materials necessary and by training all staff to work remotely, considering safety and confidentiality for staff and clients. This includes ensure the safe provision of remote services and safe storage of sensitive information, particularly client data ([see section 7 below on Safe Remote Services](#)).
- ✓ **Plan for staff and volunteer absences**, using a process similar to the one used to cover for staff workers during the holidays.
 - Develop contingency plans for increased absenteeism caused by staff illness or by illness in staff's family members that requires staff to be quarantined; develop flexible attendance and sick-leave policies.
 - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff members, extending hours, or hiring temporary staff. Consider engaging volunteer residents.

- ✓ **Prepare for possible closure** (temporary or long-term) of physical locations. It may be necessary to close spaces where you are providing services. This may be temporary or for an indefinite term. You may need to take steps similar to programme exit in this case. Consider questions such as:
 - Are there any outstanding payments that need to be made for the space?
 - Can items be left there safely, or is it necessary to remove them?
 - Will anyone access the space for any reason during closure?
 - Are there any risks involved to closing the space? How can you mitigate these?
- ✓ **Conduct weekly prevention and mitigation measures audits** in the shelter and provide feedback to staff.

Facemasks³

- ✓ To minimize the risk of contagion, it is mandatory that both staff and clients wear masks in the Centers, using proper precautions highlighted below.
- ✓ Face masks do not ensure full protection against the virus and should always be completed by physical distancing.
- ✓ Mask making and wearing should follow appropriate guidance.
- ✓ If no facemasks are available, the use of simple cloth face coverings can slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.
- ✓ It is advised that cloth face coverings should also be used by staff when outside of the Center in public places.

Referrals

- ✓ Find out which is the nearest health facility/hospital authorized for COVID-19 and contact them to get all information and make arrangement for referral to health facility or quarantine center.
- ✓ **It is critical to update the referral pathway and list of services available** locally or remotely (over the phone) to make sure all services are still open and able to provide services during the COVID-19 situation. If possible, get the phone numbers of the focal persons and have these updated every week.
 - Coordinate with other services providers and organisations to ensure coordinated and safe

³ Centers for Disease Control and Prevention (2020). [Coronavirus Disease 2019 – Cloth Face Covers](#). Accessed on 21 April 2020.

access to shelters, health care and law enforcement authorities.

- ✓ **Provide access to other services via a phone booth:** If you have established a rotation of the key staff providing different services, consider establishing a phone booth for client to be able to safely and confidentially call staff providing other type of

services, or to call other services as needed. This can be as simple as having a phone in a separate room with the updated list of services available over the phone, with the phone numbers to call. Ensure to clean and disinfect the room and phone after each client ([See section 7 on safe remote service delivery](#)).

Section 2: Receiving clients and information to be shared with clients

In the midst of this crisis, survivors need care and support more than ever. The COVID-19 outbreak is likely to worsen tensions in the household and to increase the violence experienced by women and girls. It is critical that service providers are here to listen to their concerns and fears and provide support, as well as information about COVID-19. Centers offer a unique opportunity to reach and provide critical support to women and girls. Centers can provide critical services for survivors of violence. For the moment, no group activities should be organized, and one-on-one interactions following all precautionary measures should be privileged. Centers can be adapted to provide more private space for one-on-one meetings.

It is critical to continue to provide all the services through a Survivor-Centered Approach:

- ✓ Ensure privacy and confidentiality;
- ✓ Treat the survivor with dignity and respect and without discrimination;
- ✓ Provide information, and respect the right of the survivor to make decisions about examination, treatment and legal course of action related to VAWG.

Receiving the client

- ✓ **Make sure the client and staff wash their hands before and after the session/activity.**
- ✓ **Ensure to aerate the room before, during and after each client.**
- ✓ **Sterilize/sanitize the room before and after each client** (chair/desk/door handle/ pen/etc.).
- ✓ **Open the door for the client.**
- ✓ **Avoid handshaking or any other form of physical contact** like greeting and physical contact to show empathy with a distressed survivor.
- ✓ **Ensure to explain to the survivors the measures and the reasons of the safety measures.** Assure the survivors that you are doing this for her safety and health.

Facilitate access for women and girls to knowledge and skills and a range of relevant services

- ✓ **Ensure to listen to the clients as well as give out critical messages about COVID-19. Inform and explain about COVID-19 and its symptoms to all**

clients. Clients might have anxiety and questions related to COVID-19, it is critical to provide reliable information to them.

- Provide updated information on COVID-19, symptoms and preventive measures, from reliable sources, including government, local health authorities and WHO sources ([See section about COVID-19 above for information](#)).
- Use the space to listen to women and girls and to ask questions to better understand what they know about COVID-19, as well as what their concerns and fears are and their suggestions for how the response can be improved.
- Be careful to listen to their fears, questions, suggestions, as well as what will work best for them.
- Provide regular counseling to build confidence and trust.
- If the facility's opening hours and services available have changed, place an information

sheet at the entrance of the center and inform every client about it.

- ✓ **Provide age appropriate information:** Children should receive a child-friendly information:
 - A brief orientation concerning the current pandemic situation. This session should share minimal information that does not aggravate or elicit panic amongst the children. However, the children need to understand why their visitations with their mothers, outdoor activities, as well as school attendance has temporarily stopped.
 - A training on hand washing, respiratory etiquette, physical distancing during this time as well as to identify COVID-related symptoms and notify staff if they are feeling ill (have a cough, fever, and/or experiencing shortness of breath).
 - [Resource to explain COVID-19 to Children](#)
- ✓ **Provide information about services available locally and remotely that respond to her needs:**
 - Inform the client that there might be a delay in certain services/referrals due to the current situation.
 - Re-assure clients that support services will still be available in some capacity, even if the

modality changes, and that they will not be alone.

- Share any relevant information such as changes in services, hotline numbers, and how to reach relevant service providers in case of a change.
- ✓ **Consult with women and girls about risks that might increase/emerge** during the COVID-19 response and accompanying restrictions on movement. [See Section 3 for guidance on providing safety planning.](#)
- ✓ **Make referrals as necessary.** If the services needed by the client are not available face-to-face due to staff availability and restrictions, provide the client access to a safe space and a phone so she can call support services available as needed and in full confidentiality.
- ✓ This can be colleagues who are not on site due to staff restriction or other services available over the phone. Critical services include psychosocial support and safety planning ([See Section 3 below on Safety Planning](#)).
- ✓ Based on their consent, clients can be referred to the psychosocial support services outreach team designated for their area to ensure access to psychosocial support services and referrals.

Section 3 - Safety planning

In crisis situation, safety planning is particularly critical. A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after a survivor leaves. It is important to prioritize early safety planning and regular follow-up with particularly vulnerable clients.

- ✓ Help your clients to prepare for the possibilities. Ensure to have a realistic and applicable safety plan with the client. Help them to feel a sense of control in a chaotic moment. Key issues and measures to explore include:
 - Do they have someplace safe to stay that is not with the abuser?
 - If not, are there any steps they can take to help minimize harm at home? For instance, ways to reach out for help safely within the house, identifying a neighbor they can seek help from,
- planning for an emergency escape, staying in a room where other people are.
- Provide them with phone numbers of caseworkers, hotline, or other support providers that they can keep safely. If they have phones, they may store the number under a code name, or you may print tiny cards that can easily be hidden, and do not reveal numbers are for services related to violence.
- Brainstorm ways that they can safely call for help and access support.
- Explore ways that they can plan with their neighbors to signal that they need help.
- ✓ Include plans for their safety should there be a possible repeat of lockdown in the future.
- ✓ Include plans for safety for survivors who leave for hospital or quarantine center for COVID-19 related testing or treatment.
- ✓ Include plans for safety of survivors should they be moved to a quarantine facility at any stage.

- ✓ Make sure to provide mobile phones to at-risk survivors of violence and share phone numbers of counselors, case managers and helpline that will be available to provide remote support and any local shelter providers.
- ✓ Show them how to erase any trace of phone calls, texts and messages.

Section 4: Breastfeeding guidelines during the COVID-19 pandemic^{4,5}

- ✓ Breastmilk is the best source of nutrition for babies, it improves survival and the health of mothers and provides lifelong health and development advantages to newborns and infants. It is safe, clean and contains antibodies which help protect against many common childhood diseases and helps the child to recover more quickly from illness.
- ✓ Breastfeeding exclusively until the baby is 6 months of age should be encouraged, without giving water, liquids or foods until the baby is 6 months of age. When the baby reaches 6 months age, appropriate, adequate, and safe complementary foods can start, while continuing breastfeeding up to 2 years of age or more. A diverse diet with a colorful mix of fruits and vegetables as well as grains and proteins (beans, nuts, seeds, meat, chicken, fish, eggs) will help keep children's immune system strong. Dark green leafy vegetables and orange/yellow colored fruits and vegetables are especially good for immunity.
- ✓ Use a separate plate/spoon to feed the child for hygienic reasons and to gauge if the child is eating enough.
- ✓ Play and talk to the child while feeding, as it is important for the development of the child.
- ✓ Active COVID-19 has not yet been detected in the breastmilk of any mother with confirmed/suspected COVID-19. Hence, **there is no reason to avoid or stop breastfeeding and mother and baby should not be separated.**
- ✓ **Continue breastfeeding and skin-to-skin contact** even if the mother or the child is suspected or confirmed to have COVID-19, by implementing appropriate hygiene measures. **Increase the frequency of breastfeeding during and after illness.**
 - ✓ The main risk for a baby to catch the virus is from close contact with the infected mother or another infected individual.
 - ✓ Newborns and infants are at low risk of COVID-19 infection and most have experienced only mild or asymptomatic illness.
 - ✓ Preventive measures, including if anyone is suspected to have contracted the virus in the household, are extremely important to protect the baby. This includes **enhanced cleaning and disinfecting of surfaces, hand washing, physical distancing and sneezing or coughing into a tissue.**
 - ✓ It is important to implement the following hygiene recommendations for breastfeeding mothers during the COVID-19 pandemic:
 - Wash hands frequently with soap and water or use alcohol-based hand rub before and after touching and the baby, preparing food and feeding.
 - Clean food preparation areas and utensils with soap and warm water. Rinse after with hot water for 10-15 seconds.
 - Wear mask or face covering while breast feeding and caring for the child to prevent COVID-19 to spread out to the infant, following proper precautions to wear and dispose masks mentioned above in the **Facemask section.** Even if this is not possible, breastfeeding should continue.
 - ✓ If a mother is not able to breastfeed, including because she is ill, expressing milk can be considered, using clean containers and washed hands. Wet-nursing from a mother donor can also be an option.

⁴ WHO (2020). Frequently Asked Questions: Breastfeeding and COVID-19 For health care workers.

⁵ UNICEF (2020). Provincial Nutrition Directorate, Nutrition Technical COVID-19 Guidance Note, Afghanistan.

- Use a clean cup and hands to feed the infant the expressed milk.
- ✓ In case where expressing milk is not possible nor human milk from a mother donor, formula milk can be used as the last resort. It is especially important that babies are being fed according to the instructions on the packaging.
 - Wash hands and use a mask or face covering while preparing the formula and feeding the child.
- Clean and boil all equipment to sanitize.
- Only prepare as much as the baby can eat within 1 hour.
- ✓ Give the baby infant formula using a cup that has been cleaned and boiled. Mother who are ill should be supported with their general health and nutrition, to express milk and to re-lactate when well enough.

Illustrations:
UNICEF Afghanistan



Section 5: What to do if a client shows or discloses symptom of COVID-19

- ✓ Any client who displays symptoms of cough, fever and breathlessness could possibly have COVID-19.
- ✓ Explain to them that their symptoms suggest that they might have COVID-19, and that you will inform the health authorities. Based on the guidance of the health authorities, they might either need to self-isolate at home or be taken to the health facility for testing and appropriate care. In the meantime, give them a face mask to wear immediately, if not already wearing one.
- ✓ Explain that COVID-19 is highly infectious but majority of the infected persons recover without medical intervention. But it is important to be kept safe and in isolation, either at home or at the health facility as per medical advice, until they recover.
- ✓ Let the client ask and clarify any questions they may have.
- ✓ Provide them clear information based on government health advisory only. If you do not know the answer to their question let them know you will find out and let them know.

- ✓ If health authorities advise the client to self-isolate at home, ensure that she has a safe place to stay, and provide her with safety planning advices (see [section 3 on Safety Planning](#)).
- ✓ If the client wish to call a trusted friend or family member, facilitate that.
- ✓ Make sure that the client receive counseling before self-isolation or being sent to a quarantine center or health facility.
- ✓ Provide the client with phone numbers of caseworkers, hotline, or other support providers that they can keep safely. If they have phones, they may store the number under a code name, or you may print tiny cards that can easily be hidden, and do not reveal numbers are for services related to violence. Show them how to erase any trace of phone calls, texts and messages.
- ✓ If possible, and with the consent of the client, follow up with the client or with the health facilities or quarantine centers on her status, without disclosing that she is a VAWG survivor.
- ✓ After the client left, fully sanitize the room and the entire Center. Clean all surfaces as advised above in the [Cleaning section](#), in [section 1](#).

Section 6: What to do if a staff shows or discloses symptom of COVID-19

- ✓ If possible, staff should be screened before entry in the Center for fever and symptoms of COVID-19 (see [section Coming in and Out of the Centers](#)).
- ✓ Staff should be advised that if they develop fever, cough or symptoms of respiratory infection while at work, they should immediately inform their supervisor, put on a face mask if not already wearing one, leave the workplace, self-isolate at home and seek medical attention.
- ✓ Fully clean and disinfect the center as advised in the [Cleaning section](#). It is strongly encouraged to liaise with local government public health authorities for professional disinfection procedures for the whole center.
- ✓ Once the center has been fully disinfected, normal activities can resume.
- ✓ Staff who had close contact with the suspected case should monitor signs and symptoms on a daily basis.

Section 7: Providing safe remote services

The remote provision of services is particularly challenging, in a country where women's access to mobile phones and internet is limited. This is particularly true in period of lockdown, where clients can be confined with their abusers with limited to no opportunities to find privacy away from their abusers to receive or seek support. This is further limiting women and girls' access to critical services.

In addition, increasing reliance on the use of phone, internet, email services raises a number of concerns and dilemmas related to **safety and confidentiality**. When working remotely and contacting or providing support to survivors of violence over the phone, it is of the utmost importance to **ensure the safety of both staff and clients. Not respecting strict measures to ensure confidentiality and safety could put the client at risk.**

- ✓ **All staff should be provided with the equipment to safely work remotely:** mobile phones, mobile phone credit, handsets, laptops. Consider provide additional sim card and/or mobile phone to caseworkers solely for the purpose of providing support.
- ✓ **Develop quick and clear new case management protocols with staff.** If you move to remote support, how will it work?
- ✓ **Conduct rapid training/skills-building for staff on remote service delivery and any new technology to be used for support.** It is critical to consider safety for staff and clients during this training and establish an appropriate plan and training based on the specific needs of each staff.
- ✓ **Consider modalities for remote supervision.**

- This may include remote individual supervision and peer-to-peer or group supervision through online platforms and/or phones. Note that supervision is not the same as support.
 - Supporting the overall wellbeing, health, and stress management of staff is of utmost first priority.
 - ✓ **Consider the safety of making and receiving calls for both staff and clients.** There is a risk that conversations might be overheard and confidentiality breached.
 - ✓ **Mobile phone case management.** Staff may be able to provide support over the phone. In this case, consider the following:
 - **Equipment:** Consider provide additional sim card and/or mobile phone to caseworkers solely for the purpose of providing support.
 - **Electricity sources:** if maintaining charged phones is a challenge, provide battery packs or solar chargers
 - **Data collection and storing:** service providers should avoid storing paper forms at home or in locations that are unsafe. See **section below** on safe storage of sensitive documentation.
 - ✓ **Ensure continued safe storage of sensitive documentation and information on phones, laptops and papers.** With some staff working from home, and in the event that your office shut, consider the safest ways to store documentation without putting anyone at risk. Ensure that you have data protection protocols in place and implemented, with paper and electronic file safety provisions. Key issues and measures to explore include:
 - In the office, documentation should be locked and safely stored to ensure that someone might not gain unauthorized access.
 - Ensure that all the client data are password protected and do not contain personal identifications.
 - If the case workers fill out any forms during remote interview, it is imperative to ensure the safe storage of any document with or without identifiable information of the survivor or the staff.
 - Documents prepared during remote case management should be cared for in the same way as face-to-face case management.
 - In such cases, keep the information in a safe place with a locked drawer.
 - In case any electronic case management system is in place, please follow the agreed-upon data protection measures.
- Step by step guide for the provision of services over the phone.**
- ✓ **Remote services sessions are expected to last between 30 and 45 minutes, depending on the safety of the client and her needs.**
 - ✓ **First step: Verify that the confidentiality, safety and security conditions are well in place, while asking the client's consent to proceed with the service provision.**
 - When calling the client, ensure to not indicate that the call is related to VAWG services, in case someone else picks up the phone.
 - Check that this is the client responding to the phone before going further.
 - Check with the client that she is free to speak safely and if she is comfortable talking right now.
 - Check that she is in a place that can ensure privacy and confidentiality of the conversation.
 - Agree on a safe word or a code that you can use or decide on a specific subject to change if they feel unsafe or listened to (something simple such as discussing the weather, COVID-19 guidance, or any activities they participate in, etc.).
 - **Second Step: Check on the client's health, her knowledge of prevention measures and if she has any COVID-19 symptoms.** Provide her with COVID-19 information and what to do and who to contact in case she experiences some of the symptoms ([Refer to section 5 for guidance](#)).
 - **Remind** the survivor to delete any text messages and call between you and her.
 - Also, **remember:** If the client does not sound comfortable and/or you hear any sound during the interview, please do not continue and give them an option to contact you when they feel more comfortable speaking, through a missed-call, a text message, or any other means that they feel comfortable. Under such circumstances, never push for information. **The safety of the client is of utmost importance. Your role is to empower and enable the person to take decision, or choice of services they may or may not opt for.**
 - ✓ **Third Step:** Once the safety of the survivor is ascertained, the service provision can start. It is important to assure the client confidentiality during all steps.

- In case the survivor cries over the phone: give time and focus on the “healing statements” and validation of feelings. Replace the non-verbal communication techniques with healing statements such as “It must be difficult, “I am sure it wasn’t/isn’t easy to go through all this”, “It is not your fault”, “Thank you for reaching out for help”. However, sometimes silence is good, even if over the phone, when a survivor is crying, give the survivor time to cry. It is vitally important to understand and practice empathetic listening which empowers the survivors, build their trust, and give them the opportunity to release the unreleased pain, trauma or experience as a result of acts, or threat of VAWG.
- Consider support the client to develop ways and plans to mitigate the violence through safety planning (see [section 3 on Safety Planning](#)).
- ✓ **Before ending the call**, assess the survivors’ feelings, sensations and thoughts in order to end the session in a safe and secure manner.
- ✓ **Ensure regular follow up with the client.**

Section 8: Self-care for staff

- ✓ As a service provider addressing violence against women and girls, remember that it is natural to feel sad, stressed, confused or angry during a crisis and as you attend to the needs of survivors during the COVID-19 outbreak.
- ✓ These are stressful times, and the changes and uncertainty add to that stress for staff, their families, clients and communities. Staff will likely need time to slow down, to figure out what the next days and weeks look like and to manage stress alongside continuing work and household work. Help everyone to take a breath and assure them that this is ok.
- ✓ You can adopt some simple techniques to manage your stress levels by developing a daily routine and focusing on basic needs: take adequate rest, eat nutritious meals on a regular schedule, exercise regularly, practice deep breathing, and remain connected with family and well wishers. Talking to people you trust can help.
- ✓ If any of your family members has COVID-19 symptoms or tested positive for COVID-19, practice all measures described above in the guidance note. If you need to take leave to attend to your family members wellbeing, speak with your supervisor and plan a replacement.
- ✓ If you or any of your family members need to speak with a counselor, contact the counselor of the Center or any other on your list of referrals.
- ✓ Put systems in place to ensure that staff are getting the support they need and to prioritize this as the outbreak continues. This could include:
 - Creating space to ask staff about their concerns, their needs, and their ideas for moving forward. Give time to talk freely, whether about work, or the situation more generally. Do this at every stage of the outbreak, whether in-person or continuing remotely.
 - Discussing with staff what more you can do support them personally, as well as professionally, for instance childcare needs. Check in regularly as the situation evolves.
 - Consider staff working in shifts to account for changes in care giving responsibilities
 - Providing space for staff to debrief and receive support for their difficult cases, while maintaining confidentiality and safety.
 - Reiterating the importance of preventive measures to reduce risk.
 - Sharing resources for managing stress and maintaining emotional wellbeing.
 - Ensuring that staff have phone numbers and information about support services that are available to them, including of a counsellor.
 - Checking in regularly by phone or WhatsApp as a form of emotional support and to communicate clearly and address concerns. Creating chat groups or other relevant ways for staff to connect and support each other.

Checklist

Planning and coordination

- A multidisciplinary planning committee or team has been created to specifically address COVID-19 preparedness planning, with a designated COVID-19 focal point in charge of monitoring public health information.
- Coordinate with local public health officials to receive the most up to date information, and have plans in place to refer and support clients. This should include:
 - a list of key contacts in local and provincial departments
 - a list of healthcare facilities and alternative care sites for residents to receive care as appropriate.
- Update the referral pathway and list of services available locally or remotely (over the phone) to make sure all services are still open and able to provide services during the COVID-19 situation.
- Develop contingency plans for remote work modalities, staff absence, lockdown situations and potential closures (see [section 1, subsection on contingency planning](#)).

Prevention and control measures

- Put in place preventive measures in place as per [section 1 and 2](#), including setting up hand-washing stations and/or make hand sanitizer available immediately upon entrance, frequent cleaning of high-touch surfaces, bathrooms, and shared staff equipment (at least once a day, multiple times a day if possible); frequent hand

- washing; maintaining distances; protocols for entering the Centers and receiving new clients.
- Provide access to alcohol-based hand sanitizer, face masks, soap and tissues and no-touch bins/receptacles with disposable liners in every room, particularly at the entrance of the center. Ensure the safe disposal of waste.
- Ensure that protocol are followed for entering the Center, particularly ensuring that every women and girl wash their hands before or upon entering the Center.
- All staff and clients should wear masks (see [section on face masks](#) in [Section 1](#) to make and properly use and dispose of face masks).
- All staff, and particularly cleaning staff and guards, are regularly updated and receive frequent refresher trainings about preventive measures (including demonstration). Staff are reminded not to come to work if feeling ill.
- Inform all clients and staff about COVID-19 and basic prevention and control measures for, COVID-19, including:
 - Signs and symptoms of COVID-19.
 - How to stay safe (proper hand hygiene and proper use of face masks). Training should include demonstrations.
 - Staying home when ill.
- Informational materials (e.g., brochures, posters) on COVID-19 (symptoms and prevention measures) and relevant policies are available. These materials are language and reading-level appropriate, including for children.

References:

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Annex – Information about COVID-19⁶

What is a coronavirus?

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus which causes coronavirus disease is known as COVID-19.

What is COVID-19?

COVID-19 is an infectious disease caused by a newly discovered coronavirus. The outbreak of COVID-19 was first reported in Wuhan, China on December 31, 2019, and has since spread to 170 countries globally.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are:



- Other symptoms that are less common and may affect some patients include **aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes**. These symptoms are usually mild and begin gradually.
- It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill.
- Some people become infected but don't develop any symptoms and don't feel unwell.

People with fever, cough and difficulty breathing should seek medical attention.

Consequences of COVID-19

- Most people (about 80%) recover from the disease without needing special treatment.
- Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.

Vulnerability to COVID-19

- People of all ages and health statuses are susceptible to COVID 19.
- Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.

How does COVID-19 spread?

- People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground.
- People can catch COVID-19 if they breathe in these droplets from a person infected with the virus.
 - This is why it is important to stay at least 1,5 meter away from others.
- These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth.
 - This is why it is important to wash your hands regularly with soap and water or clean with alcohol-based hand rub.
- Many people with COVID-19 experience only mild symptoms. This is particularly true in the early stages of the disease. It is possible to catch COVID-19 from someone who has just a mild cough and does not feel ill. Some reports have indicated that people with no symptoms can transmit the virus.

⁶ WHO, [Q&A on coronaviruses \(COVID-19\)](#). Accessed on 16 April 2020.

What can I do to protect myself and prevent the spread of disease?

You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with soap and water or an alcohol-based hand rub.
 - **Why?** Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands. Soap and water will dissolve the virus just as it dissolves grease on your hands or utensils.
- Maintain at least 1,5 meter distance between yourself and others, particularly with anyone who is coughing or sneezing.
 - **Why?** The virus is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 1,5 meter), through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It is important to keep distance with everyone since recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.⁷
- Avoid touching eyes, nose and mouth.
 - **Why?** Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Make sure you, and the people around you, follow good **respiratory hygiene**. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately and wash your hands.
 - **Why?** Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home or isolated if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
 - **Why?** National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.



⁷ Centers for Disease Control and Prevention (2020). [Coronavirus Disease 2019 – Protect Yourself](#). Accessed on 21 April 2020.