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.*

READY: GLOBAL READINESS FOR MAJOR DISEASE OUTBREAK RESPONSE

Integrated Framework for COVID-19 Response

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READY Initiative

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INTRODUCTION

The COVID-19[1] pandemic continues to impact the world profoundly and has had far-reaching consequences beyond health and disease outcomes in populations. Recognizing this pandemic's complex, multi-faceted nature, READY has developed an integrated response framework to minimize COVID-19 transmission in vulnerable communities. 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.

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 sub-set of common interventions: **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 particular, these households need to be protected from any increased vulnerabilities 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, 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.

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).

The framework builds on a foundation of key principles and entry points for effective multi-sectoral integrated programming to accomplish this goal. These entry points are organized along the 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,

[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.

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, ability, ethics, and OneHealth.

DEFINITIONS & ADDITIONAL BACKGROUND

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, we must continue to maximize our 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).

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.[2] NPIs are also known as community mitigation strategies. With no known vaccine or treatment for COVID-19, the most effective ways to reduce 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 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 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.[3] 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.[4] 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

[2] Centers for Disease Control
[3] International Health Regulations (2005) Third edition. 2016. Geneva: World Health Organization; 2020. (https://www.who.int/ihr/publications/9789241580496/en/ Accessed August 26, 2020)
[4] 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)/ Accessed August 26, 2020)

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.

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.[5] 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 we recognize that this isn't always the case, and some governments and local authorities are enforcing facility-based isolation and quarantine. We recognize the 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.

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 camps. In addition to consultations, READY conducted a scoring exercise to further narrow the type of NPI physical distancing. READY 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-sector 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.

[5] 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 FRAMEWORK for COVID-19 RESPONSE

Figure 1: Integrated Response Framework for COVID-19

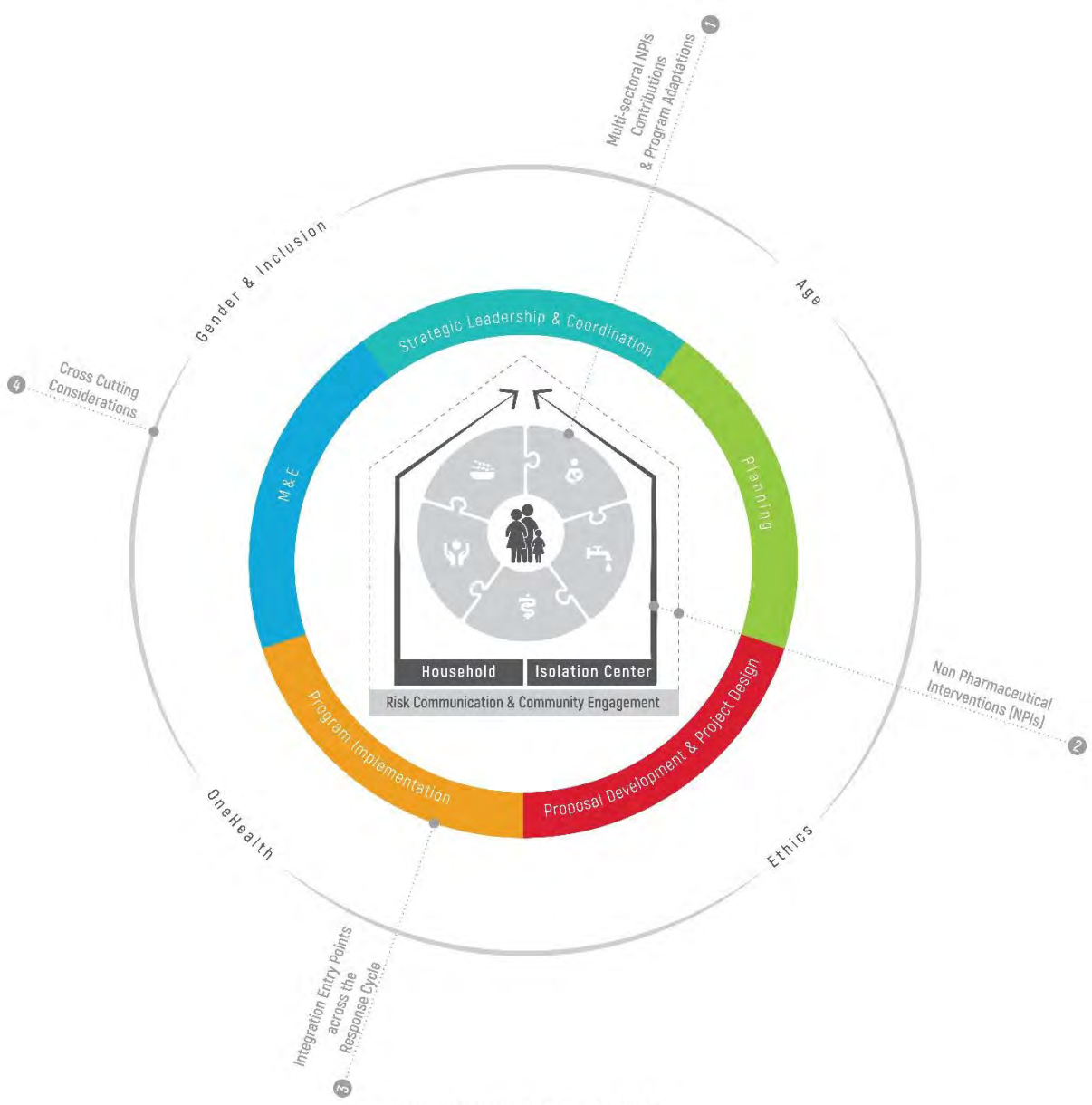

FIG. 1: Integrated Response Framework for COVID-19

*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.

INTEGRATED FRAMEWORK for COVID-19 RESPONSE

The table gives 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.

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
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 RCCE 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.	**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.

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
	2. Commit to multi-sector collaboration by agencies and teams to secure **integrated goal-setting.** Ensure that priority cross-cutting issues (e.g., age, gender, RCCE) are represented at all stages.	**TIP:** Establish national and regional Quarantine Working Groups and enlist one representative from each sector to participate in these working groups. Ensure representation of protection staff, including general protection, child protection (CP), and gender-based violence (GBV). 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 mechanisms) perceptions (including other ideational factors related to quarantine and isolation) and feedback. **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 child protection case management services.	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.[1] **Utilize 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

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
	3. Ensure that everyone is **aware of why the organization, working group, or consortium has chosen an integrated approach.** Understand that they contribute collectively to meeting its objective(s) – for example, via a briefing session, articulating the vision, benefits, and the operational realities to make this happen.	**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 needs 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.	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. MQSUN+/SUN supports countries in rolling out these integrated nutrition programs and can help bring the various actors together for the COVID-19 response.

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
Planning	**4.** Develop integrated assessments for different community groups' needs, perceptions, concerns, and capacities. Community engagement in developing rapid assessment tools and carrying out rapid assessments are invaluable to this process. Multi-sector initial rapid assessments already exist[2], 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.[3]	**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. This assessment includes 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. The assessment includes necessities such as food and water; services such as health and protection; and importantly, the perceptions, knowledge, confusion, attitudes, practices, gender, social, and cultural norms that address behavior change. For example, the assessment should determine 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. Incorporate Child Safeguarding and PSEA questions into assessments to identify key risks and mitigation measures to prioritize. These assessments should also cover perceived risks, threats, and unintended questions of isolation or quarantines on their safety, livelihoods, and well-being. 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. Another example is the risk of stigmatization associated with	United Nations World Food Programme (WFP), United Nations Children Fund (UNICEF), and the United Nations High Commissioner for Refugees (UNCHR) conducted a **joint multi-sectoral rapid needs assessment for COVID-19 in Jordan**.[4] Examples of country-specific multi-sector assessments are available through the REACH Initiative.[5] 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

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
		people returning from quarantine centers and CICs. This stigma creates fear and reluctance to access the centers. **TIP:** Ensure that a protection analysis utilizing both pre-existing data (through a desk review) and incoming information from the rapid assessments is conducted and informs 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.	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 DHIS data; 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, e.g., agricultural outputs, 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.*[6] The framework provides recommended indicators and	

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
		maximizes data analysis use from other humanitarian sectors to produce a reliable Child Protection Analysis.	
	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.	Save the Children's Ethiopia EFSP 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 joint RCCE plan that outlines priority behaviors and available services across all sectors.** This plan can be developed into localized messaging	**TIP:** Refer to COVID-19 RCCE Toolkit[7] for guidance and tools that can be used to plan and integrate RCCE into every stage of the COVID-19 response.	

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
	based on community-level data. Typically, integrated SBC programming involves developing a single coherent strategy and groups behaviors that are: I. practiced by the same audience or people accessing the same services; II. influenced by the same social norms or individual level factors; III. preceded by the same gateway behavior or pertain to co-occurring health or development conditions. 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. As part of the emergency pillar, in collaboration with national RCCE WGs, share what you hear in communities with 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. 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:** 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 (AAP) groups, consider preferred and adapted communication styles to reach self-isolating people.	

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
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.	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, US Center 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.[8]
	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	**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	In Bangladesh, **the Child Protection Sub Sector advocated having Child Protection Volunteers visit the quarantine centers daily** to provide

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
	community while saving time and using funds more efficiently. An inclusive multi-sector 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.	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.	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 an SBC/RCCE specialist to serve as a generalist across all sectors to ensure an integrated community-centered approach at all levels.	**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 Preventing Sexual and Exploitation Abuse (PSEA). Incorporate role-plays of handling disclosure, including signing a code of conduct and understanding reporting mechanisms and whistleblowing policies.	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 PSS activities, helping children maintain contact with family members, identifying and referring child protection cases, and ensuring safe discharge of children.

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
			In Venezuela, a 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 public health measures 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 multi-sectoral community-led response may not always need agencies to address community concerns if a more sustainable approach means that the communities can address issues with their own capacities and resources. 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.[9]	

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
	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 child protection or gender-based violence or how to enroll in mobile money programs to increase access to contactless money transfers. **TIP**: Include child protection 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.	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.

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
	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 RCCE 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.	In Bangladesh, **joint guidelines**[10] were drafted **between the Child Protection Sub Sector and the Health Sector** to identify risks and address various child protection concerns and prepare for various scenarios in which children may be separated from their caregivers. In Liberia, BHA funded a consortium of INGOs to support national and country Health Teams as part of post-Ebola

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
			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 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 Global Humanitarian Response Plan (GHRP) and measure output and impact changes in population well-being at different levels (individual, household, community, institutional). Indicators should be disaggregated for gender, age, and disability when possible. Include indicators that measure changes to 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 (i.e., phones, in-person, complaint box, etc.).	

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses
		TIP: Consult existing guidance such as the Inter-Agency Standing Committee MIRA (Multi-Sector Initial Rapid Assessment) 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:** 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 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. **TIP:** Engage with relevant actors (i.e., Child Protection Sub-Cluster or DPOs) to ensure child-friendly and inclusive feedback mechanisms.	
	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.	

Response Cycle Stages	Integration Entry Points	Integration Tips	Examples from country humanitarian responses

Resources:

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), 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_inital_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/), 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), 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.

INTEGRATION OF MULTI-SECTORAL SERVICES & CROSS-CUTTING THEMES

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. In that case, each sector integrates where relevant, then siloed programming is avoided, thereby 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. They will have to be implemented with the context and severity of the COVID-19 outbreak in mind.

The table below details 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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
Health	**Community Health Programming**		
	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	Determine number, composition (i.e., 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.	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 MOH to develop specific reference

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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.		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). <u>Note on PPE</u> 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

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
			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.
	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: **1)** record temperature (the quarantined/isolated individual could do this with CHW inspection); **2)** monitor symptoms; **3)** assess for co-morbidities or other health-related concerns that need medical attention; **4)** distribute and dispense medical treatment to households for individuals with chronic health conditions as prescribed by a medical provider; distribute contraception; distribute kits (such as dignity kits) as needed; **5)** inform and ensure household level infection, prevention, and control (IPC) measures are in place;	Determine SOPs for: i. movement of staff within the facility ii. WASH protocol, including IPC management within the facility iii. security protocols within the facility (ensuring both male and female staff are present at all times) iv. protection protocol within the facility for childcare arrangements, including protocols for unaccompanied minors v. clear reporting lines, key actions in protection scenarios, and draft scripts for responding to disclosure vi. dietary and kitchen protocols vii. housekeeping protocol viii. daily monitoring of symptoms of admitted persons	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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	6) provide referral information as needed.	ix. 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 x. referral to treatment facilities for case management of positive patients meeting case definition for treatment xi. referral to other programs (nutrition, protection, etc.) xii. principles of RCCE/interpersonal communication to build trust and ensure compliance	
	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 child protection 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.	Train quarantine facility/CIC staff on PPE conservation strategies and ensure appropriate PPE use within the facility, along with physical distancing measures (when possible).	Provision of appropriate PPE and buffer stocks of medications, supplies, tools
	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 child protection.	Determine triage protocol and safe patient flow to: - isolate those exhibiting symptoms to receive priority testing if in a quarantine facility and,	Identify and agree on alternative approaches for providing clinical care and referrals, including consideration for enhanced telecommunications for

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	Ensure that all outreach workers are familiar with the referral system.	- refer the patient to a treatment unit for advanced care if they can no longer be treated in a CIC	all community-based focal points and staff.
	Develop a strategy for RCCE to support a contact tracing initiative. Contact tracing can only succeed if people accept tracing as an effective measure. Identify people that communities trust and enlist these people as message validators. These people may include faith and ethnic group leaders, community leaders, business leaders, leaders within vulnerable populations, teachers, or public officials. Use existing community platforms to ensure non-stigmatizing, gender-, age-, and disability-appropriate RCCE materials are accepted. Understand risk communication principles and apply them – express empathy often, gain and maintain trust, respect confidentiality, and evaluate and improve communication efforts. Provide accurate information and reduce fear and stigma of what household quarantine is and why it is important to families and communities. Determine messages and channels for relaying messages to cases, contacts, and health care providers.	Communities, including children, should be involved in all stages of the process, such as conducting risk assessments, setting up quarantine facilities/CICs, including planning, implementation, maintenance, and operation.	Prepare with community leaders for physical distancing scenarios. Select 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 following guidance on *Resolve to Save Lives* *Contact Tracing Playbook.*
	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 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	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

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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.	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.	too risky, either to themselves or others.
	Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)		
	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	Ensure that referral services are in place for emergency cases and that facilities are linked with Basic Emergency Obstetric and Newborn Care (BEMONC) and	The availability of all critical services and supplies, as defined by the Minimum Initial Services Package (MISP)[6] for SRH, must continue.

[6] This includes intrapartum care for all births, emergency obstetric and newborn care, post-abortion care, safe abortion care to the full extent of the law, contraception, clinical care for rape survivors, and prevention and treatment for HIV and other sexually-transmitted infections. A lead SRH organization should be identified to coordinate implementation of the MISP for SRH and to plan for comprehensive sexual and reproductive health services if not already in place.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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, equip them with appropriate PPE/face coverings per their risk level. Contextualize messaging based on community-level data. Messages should include information about COVID-19 danger signs, as well as information about where people can find routine services such as contraceptives, STI treatment, and ART. The messaging should also include links to other referral services, such as mental health and psychosocial support, gender-based violence services, or social support, when appropriate. When appropriate, train CHAs, LHWs, and TBAs to counsel and gain consent for referrals. They should distribute and provide clients with 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.	Comprehensive Emergency Obstetric and Newborn Care (CEMONC) centers. Ensure that basic 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 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.	Pre-position 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.
	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	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	Consider reducing face-to-face 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

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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. When appropriate, use chlorhexidine for cord care (as per national recommendation). Distribute clean delivery kits and misoprostol for PPH prevention.	manage common obstetric 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.	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 PNC clients from general patients present for emergency/other outpatient care.
	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.	At a minimum (when appropriate), facilities should have available emergency contraception, condoms, and short-acting methods of contraception.	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

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
			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.
	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.	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.	
	Mental Health and Psychosocial Support (MHPSS)		
	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.	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).	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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	Equip social workers with relevant referral information for MHPSS referrals, including Hotline/Helpline numbers and community-based MHPSS focal points.	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.	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.
	Ensure everyone, including children, are receiving Psychosocial Support (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.	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).	Maintain social contact with people who might be isolated using phone/text/radio. For all activities, review the appropriateness and cease if needed to ensure alignment with physical distancing and infection control.

Resource List:

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), accessed on August 26 2020.

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), accessed on September 9, 2020.

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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 1.1. 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.

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.

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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.

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.

Inter-Agency Working Group on Reproductive Health in Crisis (IAWG). MIPS 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.

Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages. 2020. Geneva: World Health Organization; 2020. (https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages), accessed on August 26, 2020.

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.

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.

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.

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), accessed on July 6, 2020.

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), accessed on July 6, 2020.

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), accessed on July 6, 2020.

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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
WASH	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.	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).	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, 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.).
	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	Train cleaning staff to clean and disinfect touched surfaces regularly – bed frames, bedside tables – clean and disinfect bathroom and toilet surfaces at least once daily. Clean clothes; bed linen, and towels	In coordination with the local authority, assess the capacity of environmental sanitation/disinfection, solid waste, and medical waste

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	contaminated linen into a laundry bag separate from other household members, and to manage waste at the household level.	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.	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.
	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.	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.	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.

Resource List:

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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
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. 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. 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), accessed on July 6, 2020.			
Protection	**Child Protection**		
	Train social workers or community-appointed protection advocates or volunteers to detect and screen for child protection 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 distress, substance abuse by caregivers or the child/adolescent, 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.	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 child protection case management actors to prepare for the following child protection 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;	Adapt or develop (where it does not exist) a vulnerability and prioritization criteria for child protection cases. Identify cases where children are at risk of violence, abuse, exploitation, or neglect without supervision to prioritize preparedness planning. Place child protection caseworkers at health clinics and community centers. 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).

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
		- 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.	- *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).
	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.	Provide child-friendly spaces and activities if a child is quarantined with their caretaker. Create and/or designate areas such a 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.	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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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.	Ensure additional protective measures for children at risk, such as adolescent girls 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.	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 social workers, CHWs, and staff working in quarantine facilities and CICs 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		
	Social workers/community-based women's groups should receive refresher training on gender-based violence messaging, including 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.	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 CMR to the survivor.	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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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.	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.	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.
	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.	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.	Involve women and girls in developing IEC materials on COVID-19. Counsel them on the preferred alternatives to in-person complaints (phone, online, other).

Resource List:

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), accessed on July 6, 2020.

COVID-19 Guidance for Interim Care Centres (https://resourcecentre.savethechildren.net/library/covid-19-guidance-interim-care-centres), accessed on October 27, 2020.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
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. Guidance for Alternative Care Provision During COVID-19 (https://resourcecentre.savethechildren.net/node/18217/pdf/guidance_for_alternative_care_covid_19.pdf), accessed on October 27, 2020. 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. 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. 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. Prevent Epidemics. Legal and Ethical Considerations for Public Health and Social Measures. Prevent Epidemics; 2020. (https://cities4health.org/assets/library-assets/phsm_legalethical_briefingnote.pdf), accessed on July 6, 2020. The Alliance for Child Protection in Humanitarian Action (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. 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_implicationhs_for_protecting_children_from_violence_in_the_home_v1_0.pdf?file=1&type=node&id=38088), accessed on July 6, 2020. 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), accessed on July 6, 2020.			
Nutrition	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	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.	Identify and map critical and non-critical distributions. Identify beneficiaries that will require modified distribution of items and methods for item distribution.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	distribution or a once a week for two weeks distribution. Ensure grains and other food supplies are adequately stored to avoid attracting pests or contamination by animals. 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.	• 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, antenatal care, etc. Promote Parent-led MUAC - Awareness raising for parents to screen their children and know what to do when children get sick.	
	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	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 (links 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.	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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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.		
	CHWs, CHAs, LHWs, and TBAs should distribute mid-upper arm circumference (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.	Monitor acute malnutrition among quarantined children and alert nutrition programs to receive RUTF to feed children with moderate and severe acute malnutrition.	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 CMAM through integrated community case management services.

Resource List:

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.

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), accessed on July 6, 2020.

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.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
Food Security	Train NGO staff, civil society organizations (CSO) staff, appointed community members, and community-based food cooperatives on food distribution standard operating procedures.	Contract with local retailers for monthly procurement of staples and dry goods.	Monitor food production, supply/intervention market prices, transportation restrictions, and services using primary (remotely gathered) or secondary (WFP/FAO/FEWSNET, etc.) data.
	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 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).	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.).	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.
	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.	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.	Develop contingency plans to change modalities between in-kind food and vouchers/cash if one form is no longer appropriate.

Sector and Technical Areas	Household Quarantine and Household Isolation	Quarantine Facilities and Community Isolation Centers	Additional COVID-19 Programming Adaptation Considerations
	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.	Provide cash or food voucher transfers to individuals being discharged from the quarantine facility. This action provides a buffer period to procure food and other basic necessities, relieves anxiety, and promotes positive coping mechanisms.	Improve local storage and preservation of staples and perishable foods at household and community levels to mitigate future shortages.
	Distribute cash or voucher transfers where possible to female household members as the cash/voucher recipient. Select contactless transfer mechanisms. 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.	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.	Pre-position materials like seeds and fertilizers and utilize electronic cash transfer and voucher mechanisms when appropriate and available.

Resource List:

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/system/files/2020-03/Final%20Interim%20IASC%20Guidance%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20-%20Food%20Distribution.pdf), accessed on July 6, 2020.

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), accessed on July 6, 2020.

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.

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), accessed on July 6, 2020.

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

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-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. 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.