

## ***Implementing Covid-19 responses in situations of armed conflict and other sensitive and insecure contexts: a checklist***

### **Is SAF<sup>1</sup> useful when applied to Covid-19 responses in armed conflict, and other sensitive and insecure contexts<sup>2</sup>?**

Evidence collected<sup>3</sup> from the field shows that SAF elements are relevant to different extents for Red Cross and Red Crescent National Societies' (NSs) operational responses to the Covid-19 pandemic. In this sense, then, Covid-19 represents a valuable enabler for NSs and the Movement components to further unpack SAF elements and translate them into operational initiatives adapted to the changed environment (including connections to NS preparedness and Development efforts).

Field evidence also confirms that responding to the additional challenges posited by Covid-19 in armed conflict and other sensitive and insecure contexts means corroborating the implementation of Safer Access elements (i.e. adopting the lenses of Acceptance, Access and Safety/Security when delivering services and conducting operations addressing the needs of affected populations in sensitive and insecure contexts).

The Covid-19 pandemic exposes NSs across the world to diverse and unprecedented sets of challenges. In sensitive and insecure contexts, the ongoing consequences of armed conflict/armed violence<sup>4</sup> or protracted crisis which already strain health systems and socio-economic conditions, compound the

---

<sup>1</sup> Safer Access Framework.

<sup>2</sup> Definition of "sensitive and insecure contexts" as per SAF guide: "the term sensitive and insecure contexts, as used in this guide, covers a broad range of situations, from those which involve no violence but which nonetheless present National Societies with perception or acceptance issues to violent demonstrations, riots or spontaneous acts of revolt (also referred to as internal disturbances or internal tensions) and to outright armed conflict, as well as many situations combining characteristics of several different contexts. Security and access issues can also arise following a natural disaster or in situations where banditry, gang violence or other forms of criminality prevail.

<sup>3</sup> Concrete examples can be found [here](https://saferaccess.icrc.org/) ( <https://saferaccess.icrc.org/> )

<sup>4</sup> There are different definitions of violence, depending on whether it is collective, interpersonal or self-directed, armed, chronic, gender based, only to name a few elements. Depending on mandates and contexts, different Movement components refer to different types of violence.



impact of Covid-19 on affected populations. Coping mechanisms are further jeopardised and both communities and National Societies in such contexts face exacerbated vulnerabilities in their every-day lives.

On the other hand, though, being already equipped with SAF knowledge and its operationalisation represents an opportunity for National Societies (and the Movement at large in supporting local efforts<sup>5</sup>) to optimise the response, capitalising on those achievements, processes, and reflexes developed when translating SAF into practice. Equally important is the opportunity to find synergies with other Movement ongoing or new efforts to strengthen NS response capacity to multiple hazards and contexts (especially building on existing information<sup>6</sup>).

### **Why a checklist?**

The following checklist aims at being a pragmatic way to highlight SAF-inspired actions/reflection prompts for National Societies under each SAF elements throughout the Covid-19 response and beyond. This checklist is organised around what is already being done in the field by National Societies themselves and the Movement more broadly and can be adapted on a *pick-and-choose* basis by the different National Societies **in line with their context-related challenges** and **operational realities**. The different items under each element are to be read as **triggers for reflection** and adaptive action and by no means represent an exhaustive list.

### **How to use the checklist (and whom is it for)?**

Operational responses are by definition context-specific, and this means that *each NS knows best where its priorities lie* when designing, planning and implementing their operations in response to the Covid-19 pandemic. Therefore, each NS will select from the checklist which key element(s) to look at and act upon in order to optimise its activities. Once the element(s) is(are) selected, the NS will then choose which task is relevant among those already listed and possibly add more context-specific tasks as well. Equally, the NS will **establish a priority order** of such tasks and per each selected task, the NS may want to detail further actions which need to be taken to accomplish the task, and the related timeframe. Each NS will also consider Covid-specific, context-related challenges affecting the capacity to respond.

---

<sup>5</sup> Examples of support for local, green resilience investment can be found [here](#).

<sup>6</sup> For example, adding SAF lenses whenever possible or if SAF is already applied explore the opportunity to consider additional Preparedness or Development aspects for the NS to address during the response to Covid-19 (e.g. [National Society Preparedness for Effective Response/PER](#)).



Furthermore, this checklist is underpinned by the principle that each of the eight SAF elements is like part of a chain: interlinked and interdependent. Actions taken or not taken in connection with one element may therefore often have an impact on the others. A chain is only as strong as each link in it; should one link be weak or break, it would have a negative effect on the chain as a whole<sup>7</sup>.

This checklist is primarily intended for **NS' Operations Managers**<sup>8</sup> (or equivalent roles depending on the NS' structure and organigram) and their interaction with branches and volunteers when carrying out the different response activities. From this perspective, hence, each manager will know to whom and how to disseminate this checklist's content further within the NS, so that it results useful for the actual operational implementation of the response itself.

TABLE 4: THE EIGHT ELEMENTS					
I		Context and risk assessment	V		Identification
II		Legal and policy base	VI		Internal communication and coordination
III		Acceptance of the organization	VII		External communication and coordination
IV		Acceptance of the individual	VIII		Operational security risk management

<sup>7</sup> A summary table on the 8 elements can be found on page 46 of [this guide](#) and further details are available [here](#) and [here](#).

<sup>8</sup> Operations managers can sit in the Disaster Management Department, in the Operations Department, or in any other department depending on the NS structure. Operations manager is here intended as the person/people in charge of organising and overseeing the implementation of the NS Covid response.

## 1) Context and risk assessment

Under this element **Covid-19 implications are unpacked across different time-span** (short, medium, long) **and geographies** (e.g. urban vs rural). How do such implications affect the operational environment and the NS operational capacity to carry out its mandate/core services? How to ensure business continuity? How may IPC (Infection Prevention Control) measures such as self-isolation and distancing impact armed violence/conflict patterns/dynamics and behaviours of parties to armed conflict (e.g. loss of visibility of specific groups of people, increased risk of violence/social unrest/SGBV, adoption of unhealthy coping mechanisms, increase in arbitrary deprivation of freedom or coercive isolation, etc.)? Furthermore, **evolving requests and roles** are assessed to establish what mitigation mechanisms are already available (e.g. repurposing of staff)/need to be envisaged to ensure adequate expertise and resources to integrate and maintain context and risk assessment ‘processes’ throughout the response. NS activities/processes/structures are therefore **adapted to different phases** of the pandemic. Finally, **additional challenges**<sup>9</sup> (e.g. stigmatization, unrealistic expectations, loss of staff/volunteers, specific Duty of Care, difficulties in surge deployments from Movement partners) and **key specific risks**<sup>10</sup> (e.g. security, resource management, reputational) originating from the pandemic are **taken into consideration and analysed**. Risks linked to the socio-economic impact of Covid-19 related restrictions/ potential increase in violence/compounding of existing conflict dynamics are accounted for (and possibly mitigated) as well.

Status	Task
<input type="checkbox"/>	Identify what are the <b>changes</b> in the operating environment and its <b>associated risks</b> to manage (learn from previous experiences)
<input type="checkbox"/>	Check existing operational <b>SOPs</b> <sup>11</sup> , <b>resources</b> and <b>procedures</b> and assess if they are <u>sufficient</u> to cover the emerging risks identified
<input type="checkbox"/>	Work on the <b>identified gaps</b> and <b>put measures</b> in place to address/fill them
<input type="checkbox"/>	<b>Revise</b> <sup>12</sup> the existing guidelines according to the changed context and <b>disseminate</b> revised guidelines and procedures across the NS
<input type="checkbox"/>	Prioritise <b>Do no harm</b> (continually assess the “temperature” of the communities and include green response considerations <sup>13</sup> )

<sup>9</sup> The list is an example and not to be considered exhaustive.

<sup>10</sup> *Ibidem*

<sup>11</sup> Standard Operating Procedures

<sup>12</sup> In the revision process you may also refer to the Better Programming Initiative ([BPI](#)) for the planning process.

<sup>13</sup> Wider considerations on the importance of green response can be found in this [article](#).



<input type="checkbox"/>	Implement <b>tailored response and recovery measures</b> based on identified risk, communities' shifting needs, available expertise and resources (avoid overstretching)
<input type="checkbox"/>	Define the most <b>reliable and updated sources</b> of information to assess risks and needs
<input type="checkbox"/>	Design appropriate "remote" monitoring and evaluation mechanisms whenever relevant/possible and ensure ongoing <b>monitoring</b>
<input type="checkbox"/>	Regularly review and improve safety and security risk assessment → obtain feedback systematically
<input type="checkbox"/>	Learn from internal and external incidents; from organisational processes/risk assessment and expert reviews, from peer learning/community of practice, from staff consultation/feedback
<input type="checkbox"/>	Identify <u>context-specific Covid-related</u> <b>challenges</b> that may affect your operations and seek possible solutions





## 2) Legal and Policy base

Under this element the NS must ensure that its **auxiliary role to public authorities in the humanitarian field is balanced** against both NS capacities to implement response activities and respect for the Fundamental Principles (FP). The National Society must also ensure that the necessary internal rules, mechanisms and procedures are in place to carry out an effective, safe and principled response to the Covid-19 pandemic; and that its existing statutory, regulatory and policy frameworks are safeguarded and implemented to the fullest extent possible. The NS should for instance ensure that any Covid-19 related constraints do **not** result in **undue restrictions** on its ability to **recruit its membership** and volunteers without any form of discrimination and in all communities. On the other hand, the current circumstances could represent a valuable opportunity for the NS, in particular: (i) to further **position itself** vis-à-vis relevant Government authorities and to strengthen its distinct and privileged status and roles in the domestic legal order; (ii) to reflect on any internal challenges faced during the crisis and in the context of the National Society’s humanitarian response, and (iii) to consider, in this context what revisions might be required to the National Society’s existing statutory/constitutional, regulatory or policy frameworks (in line with the new Guidance document for National Society Statutes and its respective minimum standards).

Status	Task
<input type="checkbox"/>	Check whether the NS’ Covid-19 response plan and the NS’ roles, including those undertaken or planned in support of or in substitution of public authorities, <b>conform to</b> the NS’ duties under the <b>FP’s and the Movement’s</b> regulatory and policy <b>frameworks</b> /that such plans and roles would not be of a nature to place the NS’ image and reputation at risk <sup>14</sup> (address potential inconsistencies/gaps)
<input type="checkbox"/>	Ensure that the <u>public authorities understand</u> their duties and responsibilities towards the National Society under the Statutes of the Movement and relevant Resolutions of the IC (e.g. in the realisation of its mandate in accordance with the FP’s; in providing adequate resourcing; etc.) → decide how to address potential misunderstanding
<input type="checkbox"/>	Create/maintain/expand the National Society’s <b>humanitarian space</b> necessary for implementing Covid-19 response

<sup>14</sup> This includes the balance between auxiliary role -applicable at domestic level- and respect of Fundamental Principles. Refer to the [Rules and Principles for Red Cross Red Crescent Humanitarian Assistance](#).



<input type="checkbox"/>	Develop and identify <b>concrete measures</b> on how the NS will <b>coordinate</b> with both national and local authorities to discuss concerns and propose ways forward (here humanitarian exemptions or access guarantees will be discussed/negotiated)
<input type="checkbox"/>	Partner with ICRC in leveraging States' obligations under <b>IHL<sup>15</sup></b> (where applicable) and disseminate IHL obligations to other stakeholders as relevant
<input type="checkbox"/>	Ensure strict adherence by the National Society to the <b>Fundamental Principles</b> and/or to the Movement's agreed regulatory and policy frameworks (including ensuring that the NS, as well as its staff and volunteers, are committed to serve all quarters of the community without distinction and without stigmatising persons affected by the Covid-19 virus)
<input type="checkbox"/>	Ensure staff and volunteers' <b>rights to receive appropriate support and protections</b> (including <b>insurance coverage</b> and appropriate training)
<input type="checkbox"/>	Put in place and implement appropriate rules and procedures in <b>financial management</b> , including <b>strict screening</b> rules and processes for funding from the corporate sector (avoid inconsistency with the mission and Fundamental Principles of the Movement)
<input type="checkbox"/>	Effectively address and investigate <b>integrity challenges<sup>16</sup></b> and allegations of misconduct (including instances of fraud and corruption related to Covid resourcing and donations)
<input type="checkbox"/>	Regularly assess and improve manager's awareness of their rights and obligations to ensure compliance (including investigating allegations of infringements)
<input type="checkbox"/>	Identify <u>context-specific Covid-related</u> <b>challenges</b> that may affect your operations and seek possible solutions

<sup>15</sup> International Humanitarian Law

<sup>16</sup> This may also mean to ensure that all mandatory courses are completed by relevant personnel.

### 3) Acceptance of the organization

Under this element the NS reflects on its capacities to deliver on potential additional requests (coming from authorities and/or communities) when articulating Covid-19 responses (heightened reputational risks), considering business continuity aspects as well and the sustainability of ongoing programmes which may be temporarily put on hold. Equally, the NS ensures that public **authorities and NS** share a **common understanding** of their respective **mandates** and of the **roles** the NS is technically and organisationally able to take on. The NS also ponders the **collaboration with military/law enforcement/Civil Defense actors** against acceptance and perception risks; and it adapts community engagement to enhance/consolidate/capitalise on Acceptance, ensure Access and mitigate risks. The response to the needs generated by the underlying situation of armed conflict is more comprehensive and sustainable, while the NS supports **community-led dialogue** and initiatives as relevant to foster possible identification of new/innovative solutions.

Status	Task
<input type="checkbox"/>	Ensure that the <b>humanitarian response</b> is <u>effective and timely</u> (select the most relevant services to shape the response plan)
<input type="checkbox"/>	Maintain the <b>do-no-harm</b> approach (particular attention to <u>stigma</u> , exclusion, xenophobia, confidentiality/ <u>data protection</u> , mitigation of negative impacts on the environment)
<input type="checkbox"/>	Implement <b>perception checks</b> on both the activities and the image of the NS
<input type="checkbox"/>	Enhance <b>communication</b> with communities to unpack/mitigate <b>stigma</b>
<input type="checkbox"/>	Increase <b>engagement with</b> different <b>interlocutors</b> and stakeholders (including CivMil relations)
<input type="checkbox"/>	Ensure increased and <b>targeted engagement with security and armed forces</b> / <u>law enforcement actors/NSAG<sup>17</sup></u> to foster understanding of the NS' operational relevance
<input type="checkbox"/>	Use <b>HCiD<sup>18</sup></b> tools and messages as relevant

<sup>17</sup> Non-State Armed Groups

<sup>18</sup> Health Care in Danger



<input type="checkbox"/>	Determine the <b>level of this stigma/violence</b> (low, medium, high) <sup>19</sup> to inform the operational response
<input type="checkbox"/>	Determine which are the <b>pattern of stigma/violence</b> → Analyse apparent underlying issues (fear, lack of space in medical centres leading to frustration, lack of trust in institutions, misunderstanding, rumours, etc.)
<input type="checkbox"/>	<b>Check</b> which organisations (if any) are carrying out <b>activities about stigmatization and related violence</b> <sup>20</sup>
<input type="checkbox"/>	Closely <b>monitor the likelihood of violence</b> against health-care workers, facilities, vehicles or patients in connection with the Covid-19 response and NS' relevant activities
<input type="checkbox"/>	Identify <u>context-specific Covid-related</u> <b>challenges</b> that may affect your operations and seek possible solutions

<sup>19</sup> Who is subject to stigma/violence? What are the types of stigma/violence (e.g. physical/verbal, in person/online, ostracization – i.e. denial of access to services, eviction from accommodations, etc.-)? Who stigmatizes/acts violently?

<sup>20</sup> **If yes**, what are their responses? Would a NS' initiative bring an added-value? Can the NS support existing initiatives instead? Are there audiences/issues that are forgotten? (*possible actions to be implemented under element 7*); **If no**, why no one is doing anything? Can the NS do anything? (*possible actions to be implemented under element 7*).

## 4) Acceptance of the individual

Under this element the NS efforts aim at mitigating stigma (and increasing Acceptance) generated by Covid-19 specific perceptions/fears/prejudice.

Status	Task
<input type="checkbox"/>	Enhance communication with communities is to unpack/mitigate stigma at individual level
<input type="checkbox"/>	Implement <b>HCiD messages and de-escalation techniques</b> as relevant to both foster Acceptance and mitigate risks (ref. also to element 8);
<input type="checkbox"/>	Look out for <b>warning signs</b> <sup>21</sup> in order to defuse violent behaviour and monitor possible triggers/hotspot (crowded spaces -e.g. waiting areas-, absence of personnel to offer guidance, prolonged waiting time, shift rotation and handovers, delivery of “bad news”, increased influx of people)
<input type="checkbox"/>	<b>Encourage</b> NS’ personnel to <u>be alert</u> (recognise warning signs for early resolution); be <u>respectful</u> ; <u>listen actively</u> ; avoid jargon; adopt <u>body language</u> which is as calm and relaxed as possible; to seek help if the situation continues to escalate
<input type="checkbox"/>	Maintain appropriate <b>behaviour</b> (physical distancing) while implementing response activities;
<input type="checkbox"/>	Adopt <u>non-discriminatory communication</u> techniques
<input type="checkbox"/>	Put in place <b>psychosocial support and stress management</b> mechanisms for staff and volunteers → remain attentive to signs of <u>burnout</u> and other stressors; do <u>not</u> encourage <u>overworking</u> and “selfless” behaviour; promote <u>self-care</u> practices, including at work, and create channels of communication to discuss needs and concerns; encourage staff to <u>communicate</u> about their stress, fears, concerns and frustrations
<input type="checkbox"/>	Leverage <b>diversity of deployed teams</b> and volunteers

<sup>21</sup> Patients/family members/communities → tense body language (clenched fists, tightened jaws), agitated speech (demands and complaints), raised voice, restlessness, threatening words and gestures, excessive hand gestures. NS staff and volunteers → excessive fatigue/tiredness, daytime sleepiness, unexplained sadness, anger and frustration, low tolerance levels.



<input type="checkbox"/>	Regularly <b>monitor behaviour</b> <sup>22</sup> of staff and volunteers during activities (appropriateness and stress levels)
<input type="checkbox"/>	Ensure <b>briefing</b> and <b>debriefing</b> as well as <b>coaching</b> of deployed staff and volunteers throughout the response
<input type="checkbox"/>	Closely <b>monitor the likelihood of violence</b> <sup>23</sup> against health-care workers, facilities, vehicles or patients in connection with the Covid-19 response and NS' relevant activities
<input type="checkbox"/>	<b>Help staff to stay vigilant</b> about protocols by making information easily accessible: provide posters, reminders and checklists
<input type="checkbox"/>	Identify <u>context-specific Covid-related</u> <b>challenges</b> that may affect your operations and seek possible solutions

---

<sup>22</sup> The aim of this monitoring is twofold: (i) ensure appropriateness, including through community feedback mechanisms; (ii) capture early warning signs for excessive levels of stress and fatigue.

<sup>23</sup> Indirect forms of violence should not be neglected either (e.g. access to health care is blocked even though no violence is directed against a person/persons). Keep in mind that quarantine and isolation may enhance tensions and separate people from their loved ones. If relevant, be sure to take gender and other factors into account when directing people to isolate. Additionally, the presence of armed forces or security personnel may cause health services to be negatively perceived and generate resistance in the community.





## 5) Identification

Under this element, the NS is committed to implementing **homogeneous and consistent identification practices** country-wide (e.g. for all staff members and volunteers one uniform and/or a consistent practice in displaying the NS' logo). Equally, the NS strives to ensure that its branding or visual identity practices conform to the Movement's agreed rules and regulations, including the 1991 Regulations on the use of the emblem by the National Societies as well as other relevant Movement wide policies regulating the display of the **National Society's logo in partnerships** (e.g. with the corporate sector) or in joint activities conducted with public authorities, such as armed and security forces. The NS should also be attentive to **monitoring instances of misuse of the emblem**, particularly in a context in which medical, healthcare and para-pharmaceutical companies may be prone to displaying the emblem in commercial campaigns or activities.

Status	Task
<input type="checkbox"/>	Ensure that all involved staff and volunteers have the proper identification cards (possibly with a picture) and bibs/uniforms so as to be clearly identifiable
<input type="checkbox"/>	Ensure that the National Society has <b>internal regulations on the emblem in place</b> so as to guide staff, members and volunteers in the <u>display of</u> (i) the emblem and the National Society's <u>logo</u> , as well as (ii) the National Society's <u>means of identification</u> (such as uniforms, bibs or armbands)
<input type="checkbox"/>	Carefully screen <b>partnerships with external actors</b> (in particular the corporate sector) and ensure that the display of the National Society's logo in commercial partnerships strictly conforms with agreed Movement rules
<input type="checkbox"/>	Closely monitor instances of <b>emblem misuse or abuse</b> and ensure that these are <b>promptly addressed</b> , including through the <u>mobilisation of competent public authorities</u>
<input type="checkbox"/>	Ensure that the responsibility to <u>advise</u> on the National Society's <u>branding practices</u> , including in the NS' operational activities (e.g. proper logos on NFIs <sup>24</sup> ), as well as in its partnerships and resource mobilization activities, is <b>duly allocated</b> (e.g. to the National Society's legal adviser)
<input type="checkbox"/>	Identify <u>context-specific Covid-related challenges</u> that may affect your operations and seek possible solutions

<sup>24</sup> Non-Food Items.





## 6) Internal Communication and Coordination

Under this element, the NS focuses in ensuring smooth, timely and effective communication and coordination across its different levels (e.g. HQ, branches, ad-hoc technical/coordination groups, operational teams, etc.). NS' mechanisms prioritise concrete **coordination** which goes beyond mere information sharing and effectively achieves coordinated and collaborative planning, and actions based on comparative advantages/added value.

NS leadership and senior management also discuss key risks and adopt a **pragmatic approach** in deciding who is best placed to support what while respecting Movement Regulatory Frameworks. Equally, the NS endeavours to ease dialogue and efficiency within its structures and with Movement partners as relevant, facilitating prompt/effective communication flow and using SMCC tools as appropriate.

If necessary, the NS also assesses the **difficulties in surge options/international deployment of support** (human/material resources, e.g. specific logistics challenges) and enhances coordination with Movement partners in country.

Status	Task
<input type="checkbox"/>	Check <b>existing internal communications procedures</b> in place and identify <b>gaps</b>
<input type="checkbox"/>	Adapt and disseminate (i.e. socialise across NS different structures) <b>key messages</b> regarding NS identity, mandate, core services and Covid-19 response
<input type="checkbox"/>	Prepare and disseminate (within the NS/Movement) <b>specific reactive lines</b> tackling different scenarios (e.g. personnel contracting the virus, death of personnel, personnel attacked, allegations of corruption, uneven/perceived-unfair distribution of PPE, etc.)
<input type="checkbox"/>	<b>Disseminate</b> health and safety policies and <u>contingency plans</u> among personnel (staff and volunteers)
<input type="checkbox"/>	Ensure <b>two-way, timely communication</b> → Provide information to justify decisions
<input type="checkbox"/>	Ensure <b>NS internal reporting on Covid-19 positive cases</b> amongst staff and volunteers → protocols are in place (whom to report to and what actions to undertake when)
<input type="checkbox"/>	Increase the frequency of coordination meetings at both strategic and operational/technical level as appropriate to the response implementation
<input type="checkbox"/>	Assess potential for IT upgrade (both in hardware/software and working modalities at large)





<input type="checkbox"/>	Adapt the operational response to a <b>layered approach</b> which combines initiatives and <b>prioritises</b>
<input type="checkbox"/>	<u>Avoid competition</u> for resources and maximise synergies/complementarities
<input type="checkbox"/>	Explore <u>alternative</u> ways of support as needed (e.g. virtual/remote peer coaching and technical support; consider movement and impex restrictions as well)
<input type="checkbox"/>	Monitor stress levels of staff and volunteers, and ensure MHPSS <sup>25</sup> support during and after operations
<input type="checkbox"/>	Identify <u>context-specific Covid-related</u> <b>challenges</b> that may affect your operations and seek possible solutions

---

<sup>25</sup> Mental Health and Psycho-Social Support.





## 7) External Communication and Coordination

Under this element, the NS engages with different groups within communities (encompass diversity) to (i) sustain Acceptance of the Individual and of the Organization, and (ii) ensure a relevant response based on communities identifying both their needs and the solutions to address them (there is no one “universal” perspective of the virus and its impacts). Engaging with affected population is pivotal to increase IPC measures’ effectiveness and manage operational security. The NS’ response leverages local leaders and trusted sources of information, while reflecting the diversity within communities.

The NS may select multiple communication channels, terminology and formats to provide **factual and positive messages** which counter negative narratives and avoid reinforcing discrimination. Within this framework, the information provided by the NS is **trusted, timely, relevant, and factual**. The NS may use enhanced environment scanning to (i) detect possible emblem abuses; and (ii) react promptly in case of negative media, **fake-news issues/info overload** and related impact. In designing and implementing its response, the NS also dedicates specific attention to **beliefs, fears and concerns** linked to Covid-19 on top of armed conflict/violence consequences. Public’s perception and acceptance of health-care services and staff is key to ensure adequate responses to the pandemic.

The Movement response is showcased as possible.

Status	Task
<input type="checkbox"/>	Maximise specific <b>engagement with communities</b> : RCCE <sup>26</sup> , operational communication, networking (ensure two-way communication/feedback mechanisms are in place)
<input type="checkbox"/>	Enhance <b>dialogue with authorities and armed actors</b> (where relevant – security/armed forces, NSAG, Civ-Mil Cooperation, etc.)
<input type="checkbox"/>	<b>Key messages</b> and communication channels are adapted → tailor your response (and the channel) to the audience(s)
<input type="checkbox"/>	Promote and <b>disseminate</b> clear, consistent and accurate messages pertaining to Covid-19
<input type="checkbox"/>	Implement <b>inclusive communication</b> (materials/initiatives need to be in the relevant language(s) understood by the community and adapted to different levels of literacy and access to technology)
<input type="checkbox"/>	<b>Track</b> information gaps, perceptions of the response and rumours → <b>address</b> misconceptions before they can spread and cause panic (effective community engagement can assist)

<sup>26</sup> Risk Communication and Community Engagement



<input type="checkbox"/>	Provide information on how <b>regular programme</b> delivery is impacted by Covid-19 safety measures, how the organisation can be contacted (hotline, website) and what services are available
<input type="checkbox"/>	<u>Adapt operational responses to shifting needs</u> (ensure social listening and action upon received feedback)
<input type="checkbox"/>	Provide practical and culturally sensitive advice → apply feedback mechanisms/two-way communication
<input type="checkbox"/>	Maintain confidentiality of personal information ( <b>data protection</b> )
<input type="checkbox"/>	Remember that <u>stigma linked to diagnosis with COVID-19 might require stronger confidentiality</u> → decide if and how the NS can deliver updates on the Covid-19 response while maintaining confidentiality
<input type="checkbox"/>	<u>If relevant</u> , implement external communication actions on the <b>issue of stigma of and/or attacks</b> on health and humanitarian workers <u>adapted</u> to your context → define precisely what you want to achieve with your external communication activities and what is your <b>audience</b> <sup>27</sup> in relation to this objective
<input type="checkbox"/>	<b>Test</b> your communication response → share, measure, analyse and repeat <sup>28</sup>
<input type="checkbox"/>	Suggest and lead <u>joint assessments, trainings and evaluations</u> across organisations/other stakeholders to ensure a more coherent approach. Consider community perspective while advocating for/with them
<input type="checkbox"/>	Identify <u>context-specific Covid-related challenges</u> that may affect your operations and seek possible solutions

<sup>27</sup> Choosing audiences: who can impact your objectives? Who exactly do you want to reach? Do you already know this audience? What are their information habits? Who do they trust? Who influences them? Think complementarity; think about relevant channel for relevant audiences; think about direct channels (social media, media, posters, radio spots, song competition...); about indirect channels (who can pass messages for you, artists, influencers...); about authorities (they can also play a role in clarifying the situation); about other Movement partners.

<sup>28</sup> Keep track of whether and how things have changed over time and use your environment scanning to check what might have motivated any shift you notice → check the success of your activities and modify/repeat.





## 8) Operational Security Risk Management

Under this element **the NS fulfils its obligations related to the Duty of Care and the protection of RCRC frontline workers (i.e. the Safety and Security of staff and volunteers)**. The Duty of Care encompasses Duty of Information (collecting, collating, analysing, sharing, informing, understanding); Duty of Prevention (anticipating, planning, providing guidelines → risk treatment, pre-deployment measures, insuring against risk); Duty of Intervention (responding, supporting, caring, protecting, ensuring compliance); and Duty of Monitoring (reviewing, checking compliance, learning). The NS can implement multiple sets of measures organised around these four axes. RCRC personnel needs to be prepared, equipped and trained, while the NS weights the **risk of contagion against the impact of its activities** to orient decision making (*n.b. reduced exposure is safer than increased protection*). In order to inform and prepare its teams, the NS assesses the consequences of Covid-19 **stigma** which may translate in **security or HCiD-specific incidents; manages existing volunteers** adopting specific Covid-19 vulnerability criteria, and if required it **recruits/manages new volunteers** to implement the Covid-19 response. Within the Duty of Intervention, the NS grounds its operations in **real implementing capacities**, while addressing business continuity challenges through strategies and plans which tackle possible interruptions. Equally, the NS builds its mitigation measures on **community self-protection practices**.

Status	Task
<input type="checkbox"/>	Provide frontline staff/volunteers with adequate <b>insurance coverage</b> → assess insurance policies and providers based on staff consultation, risk assessment, expert advice, peer learning
<input type="checkbox"/>	Provide frontline staff/volunteers with the necessary <b>personal protective equipment (PPE)</b> and material required to do their job safely → sufficient quantities according to <u>type of activity</u> performed, the <u>setting</u> in which it occurs and <u>the person</u> who performs it
<input type="checkbox"/>	Consider the <b>use of PPE a final step<sup>29</sup></b> of control systems → <b>prioritise</b> other risk mitigation measures, i.e. <b>physical distancing and barriers, hand hygiene and sneezing etiquette</b>
<input type="checkbox"/>	Carefully assess <b>movement restrictions/access constraints</b> to mitigate specific risks (e.g. direct attacks, delayed access, <u>additional negotiation processes</u> , additional check-points and <u>notifications</u> ) → monitor country's policies regarding such restrictions and the use of police and/or military to enforce it.

<sup>29</sup> Only where other measures cannot reduce the risk to an acceptable level PPE should be applied. Recommendations about the type of PPE or procedures that must be in place to reduce the risk of infection by COVID-19 while performing field activities take into consideration the type of activity that is performed, the setting in which it occurs and the person who performs it.



<input type="checkbox"/>	If <u>military forces</u> are present where the NS implements response activities, assess the need to disseminate <b>HCiD</b> good practices for protecting <u>health-care workers, facilities and vehicles</u>
<input type="checkbox"/>	Provide relevant initial and/or refresher <b>training</b> (e.g. general and Covid-specific security/safety SOPs, operational communication, radio equipment, procedure to wear and use PPE <sup>30</sup> etc.)
<input type="checkbox"/>	Ensure <b>personnel is aware</b> of risks and how to protect themselves and others
<input type="checkbox"/>	Regularly <u>update briefing information</u> for NS' teams based on feedback from risks assessments, post-deployment de-briefing, expert advice, staff and peer consultation
<input type="checkbox"/>	Review and improve the <u>effectiveness of risk treatment measures</u> and pre-deployment measures through lessons learning, feedback, and post-deployment debriefings
<input type="checkbox"/>	<b>Adapt/develop SOPs</b> for both <u>access to NS sites and implementation of operational response</u> according to Covid-19 IPC
<input type="checkbox"/>	Promote <b>MHPSS</b> initiatives (e.g. peer support groups and debriefings, stress management techniques, professional support when necessary/if available, appropriate rotation of shifts/possibility to rest)
<input type="checkbox"/>	Apply <u>de-escalation</u> techniques (HCiD) when relevant ( <i>ref. elements 3 and 4</i> )
<input type="checkbox"/>	Design/use a ' <b>security system</b> ' (organisation, processes, information flow and tools) <u>proportionately</u> adapted to manage Covid-19 responses
<input type="checkbox"/>	Regularly <b>test</b> (and <b>adapt</b> ) Covid-19 <u>crisis response management structure</u> through systematic feedback, lessons learned from experiences, staff consultation, peer learning, de-briefings and ongoing risk treatment/assessment

<sup>30</sup> Before deploying, the NS' staff must receive comprehensive training on when/what PPE is necessary and how it is **worn correctly and used safely** → ensure protocols on how to dress properly, for how long it can be worn before it is replaced, how to safely undress without contaminating self, others or facilities and how to deal with used and suspect contaminated PPE, limitations of PPE, and proper care/maintenance. In addition, frequent hand and respiratory hygiene should always be performed. PPE should be discarded in an appropriate waste container after use, and hand hygiene should be performed before putting on and after taking off PPE. General reminders: (i) PPE must be put on correctly before entering an area with affected population or when working in a risk environment; (ii) PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., fastening gown, adjusting respirator/facemask) during interaction with affected population or when working in environments with risk; (iii) PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step procedure should be applied during training and following work in affected communities or in risk environments; (iv) the PPE should be put on and taken off in separate rooms.

<input type="checkbox"/>	<b>Report</b> (and set up a system to <b>document</b> <sup>31</sup> ) as possible any <b>violent incidents</b> , blocked access to care, discrimination and/or stigmatization happening in areas where the NS' teams are working.
<input type="checkbox"/>	Regularly improve <b>information management</b> (e.g. quality/quantity of reporting for internal/external incidents) → <b>share learnings</b> from incident reporting across departments and within management as relevant
<input type="checkbox"/>	Regularly <u>review and update</u> safety and security risk management processes and roles according to learnings and risk assessment's outcomes (including the coverage of needs related to critical incidents)
<input type="checkbox"/>	<b>Harmonize security rules, contingency planning</b> and <b>SOPs</b> to be consistent with <u>additional requirements</u> for health facilities/services which are at the same time on the frontline of conflict/armed violence and treating Covid-19 patients
<input type="checkbox"/>	Ensure, as relevant, that contingency planning covers availability and use of <u>essential resources</u> ; Covid-19 <u>isolation measures</u> and staff rotation; what to do if there is a security threat or incident and the protocol for managing it
<input type="checkbox"/>	Adopt, as relevant, <u>security measures</u> such as: <u>controlling entrances and exits</u> of NS facilities; <b>managing tensions</b> and overcrowding in triage and waiting areas; entering into <b>dialogue</b> with agitated/ <u>aggressive patients and/or family members</u> ; setting up a <b>focal point to respond to questions</b> from the press and the community in a culturally sensitive manner
<input type="checkbox"/>	Regularly re-assess key competencies related to the Duty of Care and adapt them to changing risks → <b>Staff safety is a primary pillar of the Duty of Care</b>
<input type="checkbox"/>	Manage risks and operational security taking cultural factors into consideration. <u>Do not discriminate</u> based on gender, age, disability, race, legal status or ethnicity, among other factors
<input type="checkbox"/>	Capitalise on <b>Movement partners'</b> support when/as relevant
<input type="checkbox"/>	Identify <u>context-specific Covid-related challenges</u> that may affect your operations and seek possible solutions

<sup>31</sup> This will make it easier to make informed changes to security measures.



**Main references for relevant guidance documents** (different reference documents are organized on the platforms below)

- [Principles and Rules for Red Cross Red Crescent Humanitarian Assistance](#)
- [Compendium of all Covid-19 resources](#)
- [SAF Website](#)
- [Movement Statutes](#)
- [SMCC](#) (Strengthening Movement Cooperation and Coordination)
- [Options for Ensuring Coverage for Uninsured RCRC volunteers impacted by Covid-19](#)
- [PER \(National Society Preparedness for Effective Response\)](#)
- [HCiD \(Health Care in danger\)](#)
- [BPI](#) (Better Programming Initiative)
- [NS Development](#)

