

# Note for the Family Links Network: Restoring Family Links during COVID19

The Coronavirus/COVID19 pandemic and its consequences are negatively impacting family links as preventive measures are increasingly being implemented globally including restrictions on movement, closing national borders, and putting in place quarantine and confinement policies to limit the spread of the virus. As ensuring strong connections between families remains crucial to the wellbeing of many as fear and anxiety grow over the likely impact of the disease, **Restoring and Maintaining Family Links services are essential for those who become separated from their loved ones and must be a key part of the response of National Societies and the ICRC.**

Considering the above, the ICRC strongly recommends **not to suspend, but rather maintain and adjust RFL services** to ensure a coordinated response within the Movement and other relevant actors, in line with international and national measures.

This note will present several scenarios (e.g. access/no access) and provide an explanation on how current and any further restrictions may/**will increase the needs for RFL services while reducing our ability as a global Network to provide those services**, should our current capacity not be maintained. The following will describe:

- potential alternatives to be put in place which support the current response, rather than diverting resources and suspending services;
- security implications and perception of a disrupted RFL service (e.g. if people are upset about ICRC/NS suspending RFL service in times of dire needs);
- the importance of providing information to people on why RCRC Movement has lower capacities to provide face-to-face services;
- important health safety for the RFL practitioners and beneficiaries.

## 1. Key messages to States and other stakeholders on protection of family links in times of COVID19

States and other relevant stakeholders are called to take measures to **preserve family unity** and, as long as not in contradiction with the health safety of the family members, ensure that family separation is prevented. However, in the case that physical separation is required / needed from a public health perspective (quarantine in force, lock down, etc.), all efforts must be made to ensure that separation of family members is managed in an orderly manner and for the strictly necessary amount of time, finding all possible means to allow for the separated family members to stay in touch during isolation / separation (e.g. regular phone calls).

States and other relevant stakeholders are called to take all possible measures to protect people from going missing due to COVID19 pandemics, including by:

- systematically registering persons admitted into medical/health or quarantine facilities;
- keeping family members informed of the person's admission as soon as possible;
- providing, without delay, persons in quarantine a means to communicate and maintain family contact.

States and other relevant stakeholders are called upon to **recognize the humanitarian mandate of the RCRC Movement** components and, therefore, **provide access to affected populations** to carry out their humanitarian work. The Family Links Network, comprised of RCRC National Societies, IFRC and the ICRC, will continue offering their services to authorities to ensure family links are maintained and restored.

States are entitled to take measures to ascertain and manage risks to public health, including risks that could arise in connection with non-nationals arriving at their borders. Such measures must comply with international law and be non-discriminatory as well as necessary, proportionate and reasonable to the aim of protecting public health. Therefore, **decisions to close borders should not be indiscriminately applied** and must be in line with international law. The compliance of emergency border management measures with international law and their humanitarian impact should furthermore be closely and regularly monitored with a view to adapting decisions taken, ensuring

their legality under International Human Rights Law (IHRL), International Refugee Law (IRL) and International Humanitarian Law (IHL) and minimizing their humanitarian impact.

Imposing a blanket border closure to preclude the admission of individuals in need of international protection, without measures to protect against refolement, would be discriminatory and incompatible with States' obligations under IRL and IHRL: even in such exceptional circumstances, **the right to seek asylum** must be preserved and **the principle of non-refoulment**, which also applies at rejection at borders, must be respected.

Because the principle of non-refoulment is a matter of life and death, denial of access to a territory without safeguards to protect the respect of this principle cannot be justified on the grounds of a health risk. In case such risks are identified for an individual or a group of refugees or asylum-seekers, other measures to prevent the spread of the virus could be taken (e.g. testing and/or quarantine), which would enable authorities to manage the arrival of asylum-seekers in a safe manner, while respecting their international obligations.

States and relevant stakeholders are called to **consider humanitarian exceptions to travel restrictions (including border crossings) during this period of border closures, to allow access to life-saving or otherwise critical medical care, or for family reunifications, when a person is highly dependent** (person necessitating help to conduct daily activities (e.g. children, persons with handicap, vulnerable elderly, etc.)).

## 2. Health safety for RFL practitioners and beneficiaries: Measures to prevent the spreading of the virus

Recommendations provided by the World Health Organisation (WHO) (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>) are to be observed in all circumstances, particularly should there be a need for **face-to face-contact**: wash your hands frequently; maintain social distancing and avoid touching the eyes, nose and mouth; and practice respiratory hygiene.

**Please ensure National societies and/or ICRC Health teams provide you and your staff with measures to be taken for you and the beneficiaries on a regular basis.**

By default, each RFL activity will have to be reviewed in light of the following recommendations, aimed at preventing the spread of COVID19:

- **avoid gathering people** unless you can ensure the respect for recommended distance between persons.
- **limit face-to-face contact as much as possible and privilege alternative ways of communicating (phone, video call, e-mail, etc.), when possible and feasible.** When face-to-face contact cannot be avoided, and whenever possible and feasible, it is highly recommended to give individual appointments to beneficiaries to limit, as much as possible, any gathering of people. In addition, the personnel exposed to face-to-face contact with beneficiaries should respect the recommended distance at all times and wear a mask (FFp2 or any other recommended ones).
- **Paper, phone and other portable devices** (e.g. smartphones, iPads/tablets, laptops, headsets, etc.), as any other surface, can be a vector of contamination, hence the following are recommended:
  - o **RCMs (or any other paper document) cannot be disinfected.** They should therefore be treated according to the following precautionary measures: wear gloves while handling RCMs / any other paper document which will be transmitted to another person. If the person transmitting and/or receiving the RCM/any other paper document do not wear gloves, do wash your hands/use sanitizer before and after having handled the RCM/any other paper document. Nonetheless, **there is no risk having the paper kept, filed or archived.** Therefore, an RCM/any other paper document that can temporarily held, can be kept in the office without specific sanitary measures. Please ensure that the backlog is maintained in an organized way to ensure a proper follow-up once the distribution can be resumed.
  - o **Phone devices should be disinfected.** Therefore, in addition to using gloves or washing hands /using sanitizer before and after touching/using the handset, it is recommended to **disinfect the handset and speakers** after each phone call.

Develop (or use existing general) material, including visuals, with key messages on prevention the spread of Coronavirus/COVID19 **with your health staff** and translate it into beneficiaries' relevant languages. Ensure wide dissemination of those materials by appropriate and authorized means of communication.

### 3. RFL activities carried out by the FLN in relation to coronavirus/ COVID19 pandemics

As mentioned, RFL - being an essential RCRC Movement service - has to be included in the response of National Societies and the ICRC. Therefore, it is recommended **to revise and adapt the way RFL services are provided in order to ensure the continuity and, at least, a minimum response to the needs of affected people**. National Societies and ICRC delegations are encouraged to analyze the potential impact on the increased needs for protection of family links.

In this regard, please consider the following guidance and recommendations:

#### 3.1. In contexts without restriction of movement imposed

RFL services will continue but shall be adapted according to WHO and RCRC Movement recommendations about social-distancing and personal protection measures to prevent the spread of the virus. **Nonetheless, it is highly recommended to be prepared in case movement restrictions are imposed**. National Societies and ICRC are kindly invited to start drafting contingency plans for RFL in their operational response (see below recommendations).

#### 3.2. Situations where partial/complete restrictions on movements have been imposed RFL services should be maintained but adjusted accordingly.

More specifically, please consider the following recommendations:

1. ensure that **RFL personnel can be reached by phone or mail and that contact numbers are communicated to beneficiaries**. Whenever possible or feasible, set up an RFL hotline or use an existing one to provide RFL services by phone.
2. **Priority should be given to populations for whom the RCRC Movement has a particular access and can be of added value in relation to Restoring and Maintaining Family Links** (e.g. places of quarantine, hospitals, detention places, camps, shelters, migratory routes, etc. and specifically vulnerable people such as unaccompanied children, elderly, migrants, IDPs, sick/infected and wounded, etc.).
3. All RCRC personnel in contact with the affected population or population at risk of being affected should be able to **promote and offer RFL services** (i.e. provide the contact details of the RFL staff; take a Salamat, etc.). Therefore, RFL staff should ensure that "non-RFL" colleagues are trained accordingly.
4. Ensure **RFL staff receive the necessary and adequate information and support**, including psychological and psychosocial support, to carry out their work.
5. **RFL services provided** to populations affected by Coronavirus/COVID19 should be **mentioned in all reports** (NS/ IFRC/ICRC).
6. Should **offices be closed to the public**, ensure there is information placed on the front door giving instruction on how to contact RFL services (phone numbers, hotlines, email address), as well as by other means of communication (website, radio, etc.).
7. **Collection and distribution of RCMs**  
Where no collection or distribution of RCMs is possible:
  - 7.1. Set up a system to collect **Salamats over the phone** and share with the relevant office via SFE for distribution.
  - 7.2. As for any other RFL services, ensure a workflow and proper follow up of the cases are in place.
  - 7.3. For already collected RCMs, transmit the message to the addressee by phone whenever possible and feasible, otherwise keep the RCM in the office in an organized manner until distribution can be resumed. If the RCM has to be distributed in another country/site, scan it, and send the scanned RCM via SFE to the NS/ICRC in charge of the distribution.
  - 7.4. For the distribution to the addressee, prioritize the transmission over the phone or email (scanned copies) whenever possible and when feasible.

7.5. If the movements are allowed in the “receiving” site, the RCM (or printouts of the scanned RCMs) should be distributed taking the above-mentioned measures into consideration ([refer to section “Health safety for the RFL practitioners and beneficiaries: Measures to prevent the spreading of the virus”](#)).

7.6. No reply to the distributed RCM or new RCM shall temporarily be collected, but replaced with a “Salamat” message.

#### 8. **Phone calls**

In places where the same phone handset is used by several or many beneficiaries and/or results in gathering of several or many individuals, alternative means of maintaining family links should be provided, unless efficient preventive measures can be ensured (e.g. minimum distancing between persons, personal protection equipment for the RFL staff involved, no physical contact with the handset and the beneficiaries, disinfection of the handset and speakers, etc. ([please refer to section “Health safety for the RFL practitioners and beneficiaries: Measures to prevent the spreading of the virus”](#))). This means that the phone services traditionally offered in camps and/or temporary settings (e.g. RFL antennas along the migratory routes, etc.) will have to be replaced by alternative means of maintaining family links. In case RFL practitioners have laptops or tablets available, and have been so far been providing such services, Skype Calls with family members could be considered while always ensuring that no physical contact is made by the beneficiary with the device, that the device can be disinfected, and that safe social distancing is maintained.

In case services cannot be guaranteed and have to be temporary suspended, ensure the population is informed of the restriction and the reason thereof and provided them with relevant information on alternative ways to contact the RFL services (phone numbers, hotlines, email address).

#### 9. **Family Reunification (FR) and transfer of protected persons under RCRC Movement’s auspice**

States and relevant stakeholders are called to **consider humanitarian exceptions for border closure to allow a family to be reunited when a person is highly dependent** (person necessitating help to conduct daily activities (e.g. children, persons with handicap, vulnerable elderly)). However, in the case where a humanitarian exception is not possible, and unless you receive the **authorities’ greenlight** within country or cross-border to proceed with a planned Family Reunification or transfer of a protected person, the activities should be temporarily suspended. In case of the latter, ensure the person to be reunified or transferred can have access to adequate accommodation/shelter and receive appropriate care (including assistance where necessary) waiting for the reunification or transfer.

Shall you have the green light from both the concerned authorities and NS or ICRC Management to proceed, perform the FR/transfer according to preventive health measures both for beneficiaries and RFL personnel.

#### 10. **Provision of ICRC Emergency Travel Document**

ICRC will continue offering its humanitarian service according to criteria for issuance whenever possible and feasible.

#### 11. **Meeting with authorities, families, and organizations** (e.g. Accompaniment program; Accompaniment in Specific Moments – during collection of BRS, exhumation, handover of human remains, for example; Ongoing Assessments - Family Needs Assessment and RFL needs and capacities assessment).

Face to face meetings and gatherings of people are to be reconsidered in line with the health measure guidelines, and other alternative means of communications (e.g. phones, video calls and conferences, etc.) should be preferred.

In case of assessments, please consider if the sample and the methodology can be adapted to avoid face-to-face contact (e.g., survey, phone calls, video calls, etc.). If not, consider postponing the activities until the situation allows.

#### 12. **Collection of Tracing cases and allegations of arrest/detention**

12.1. Face-to-face collections are to be reduced to a minimum.

12.2. When collecting by other means (e.g. phone) ensure the collection of minimum data about the enquirer and the missing person as well as data to recontact the enquirer for a face-to-face meeting when the circumstances will allow. Beneficiaries who contact RFL services will be informed of the limited capacity of the RCRC Movement to carry out activities and will be informed when work will be resumed to its full capacity, once known.

12.3. **Trace the Face:** collection of minimum data of the enquirer to be uploaded to the back office. When the situation allows, the enquirer will be met for the complete collection of the case and picture.

12.4. **The Kiosks are to be removed from public spaces** until further notice as they are considered to be a vector for infection.

### 13. Online Tracing

Requests for activation from countries with movement restrictions imposed will be prioritized. If you consider activating the online tracing page, please send a request to [rfl\\_emergency@icrc.org](mailto:rfl_emergency@icrc.org) mentioning in the title “COVID19: request for activation of the Online Tracing”

## 4. Children, elderlies, and other specifically vulnerable persons

As in any other emergency and crisis, children, the elderly and other vulnerable persons (sick/infected, wounded, migrants, IDPs, etc.) have higher needs for protection of their family links.

It is recommended to pay particular attention to children/other vulnerable persons under the care of infected persons, those who have become orphaned as a result of COVID19, and those particularly at risk of infection (the elderly, detainees, migrants in camps, etc.). The loss of contact might also happen when: a parent/caregiver is put in quarantine and is separated from their children; community level quarantine measures are imposed while family members are apart; children are sent away by parents to stay with other family in non-affected areas; or in case of loss of parents/caregivers due to disease.

Based on the possible causes of separation, it is recommended that delegations and National Societies design strategies to prevent family separation or, in case separation is required from a public health perspective (quarantine in force, lock down, etc.), ensure that the authorities manage any separations of family members in an orderly manner and for the strictly necessary amount of time (see other recommendation for RFL activities in section 1. Key Messages to States and other Stakeholders).

It is recommended that National Societies and delegations ensure that specific protection needs of unaccompanied and separated minors as well as other vulnerable persons are considered and all possible measures taken to ensure family links are maintained between children/vulnerable persons and family members who are physically separated.

When a caregiver is admitted (hospitals, quarantine facilities, etc.), collect information about appropriate caregiving arrangements for children and other vulnerable person while the caregiver is under treatment (ideally as close as possible to the place where his/her caregiver is being treated), and about remaining family members to provide permanent care in the event that the caregiver dies.

In case a child is at risk of losing his/her parent(s) or caregivers to the disease, or if the child is already an orphan, all measures should be taken to locate a relative and if not possible to identify alternative care options (ideally family-based), ensuring children who are separated from their remaining relatives have regular opportunities to communicate with them and that the principle of “do no harm” and the best interest of the concerned child is taken into account.

For the elderly or persons isolated receiving assistance or support, the visiting staff should ensure that they are in contact with their family member and in case of need provide RFL services (phone call, Salamat).

See other useful documents on Child Protection in FLExtranet chapter 4.1.:

- COVID19- ICRC Child Protection - risk of family separation (ICRC CIV UNIT, child protection, 2020)
- COVID19 - The Alliance - Technical Note on child Protection [Technical note: protection of children during the coronavirus pandemic \(The alliance for child protection in humanitarian action 2020\)](#)

## 5. RFL in detention

Key message to detaining authorities: avoid disruption of family links and provide as far as possible the means to restore and maintain family links while taking all possible measures to prevent the spreading of the virus. Delivery and collection of letters (refer to Section 3.2, point 7 in this document for details), telephone calls (refer to Section 3.2 point 8 in this document for details) and any other methods of interaction with the outside world should be preferred and facilitated by the authorities.

The change of any methods of interaction and the reason behind this should be clearly communicated to the people visiting as well as to the detainees.

The ICRC and National Societies should continue to offer its services to detainees and support authorities in their efforts to provide RFL and MFL services, by for instance, supporting the authorities, whenever possible and feasible, to pass Salamat between detainees and their families, provide SIM cards, etc.

In case of a suspension of Family Visits by detaining authorities, ensure they consider alternatives way of maintaining family contact (e.g. increased access to phone, Video Tele Conference – VTC, etc.) and that the detainees and their families are informed accordingly and timely.

Where Family Visits entail the bringing of items critical to the detainee's life (food, medication, clothing, etc.) arrangements for allowing these deliveries to continue and for the goods to be given to the detainee should be put in place, in line with the general health and sanitary measures to be taken to prevent the spread of virus.

## 6. Management of the dead

Untrained National Society personnel should not be deployed to carry out work in relation to the management of human remains. In the event of domestic systems becoming overwhelmed, and if National Societies are to be engaged, they need to be provided with necessary advice and training. Their physical and mental health must be duly considered, and appropriate training must be provided.

Technical recommendations for health-care and death-care workers will be produced by the ICRC Forensic Unit and shared accordingly.

## 7. Data protection and confidentiality

**Data protection and confidentiality principles still apply.** Therefore, secure means to exchange personal data such as personal e-mails of beneficiaries and direct phone calls are to be used to contact the beneficiaries.

We recall that **no personal data should be shared via any messaging apps.** If you must use a messaging app to communicate with beneficiaries/enquirers, use Signal Private Messenger (considered by ICRC Data protection Office as the most secured messaging app). Nonetheless, this tool should be used for collection of minimum data and not to document sensitive cases such as Tracing Requests or Allegations of Arrest/Detention.

**Social media can be used only for the promotion of RFL services** but not to share personal data.

Within the Family Links Network (FLN), **Secured File Exchange (SFE) remains the only, secure channel to exchange personal data and confidential information.**

## 8. Dissemination/information on Provision of RFL Services

**Inform your RFL personnel about the risks and measures to be observed at all times** to prevent the spread of the virus as well as the adjustment of the RFL services provided (e.g. set up a regular information session, revise the workflow regularly and share it with relevant personnel).

**Ensure the population is informed about the measures taken, the RFL activities available and how to contact the RFL services** by adapted and appropriate means of communication (e.g. radio, posters, videos / graphics without language that can be understood by those who cannot read, etc.). The dissemination/information material should be translated into relevant languages. In addition, update the FLExtranet country page as well as the Family Links Website contact details accordingly (please refer to CTA message to Family Links Network sent on 20.03.2020 for further details).



**Contact beneficiaries for whom RFL services are pending** (distribution of RCM, Family Reunification (FR), Family Visit (FV), etc.) to inform them of the temporary limited capacity of the Movement to carry out its RFL activities. Keep records of beneficiaries who cannot be contacted so to prioritize their contact when the situation will allow.

**Ensure any RFL response is fully coordinated within the RCRC Movement** and the components are kept mutually updated of developments.

**Inform and coordinate with relevant stakeholders** (authorities/organizations, etc.) about changing and current RFL needs and any adjustments in RFL service provision.

## 9. Other Useful links

**UNWHO:** <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> and <https://www.youtube.com/watch?v=1APwq1df6Mw>

**ICRC:** <https://intranet.ext.icrc.org/safety-security/covid-19/index.html>

**IFRC:** <https://go.ifrc.org/emergencies/3972#details>

**UNWFP:** <http://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/42b8837bb25049b9b1f69a9555d55808>