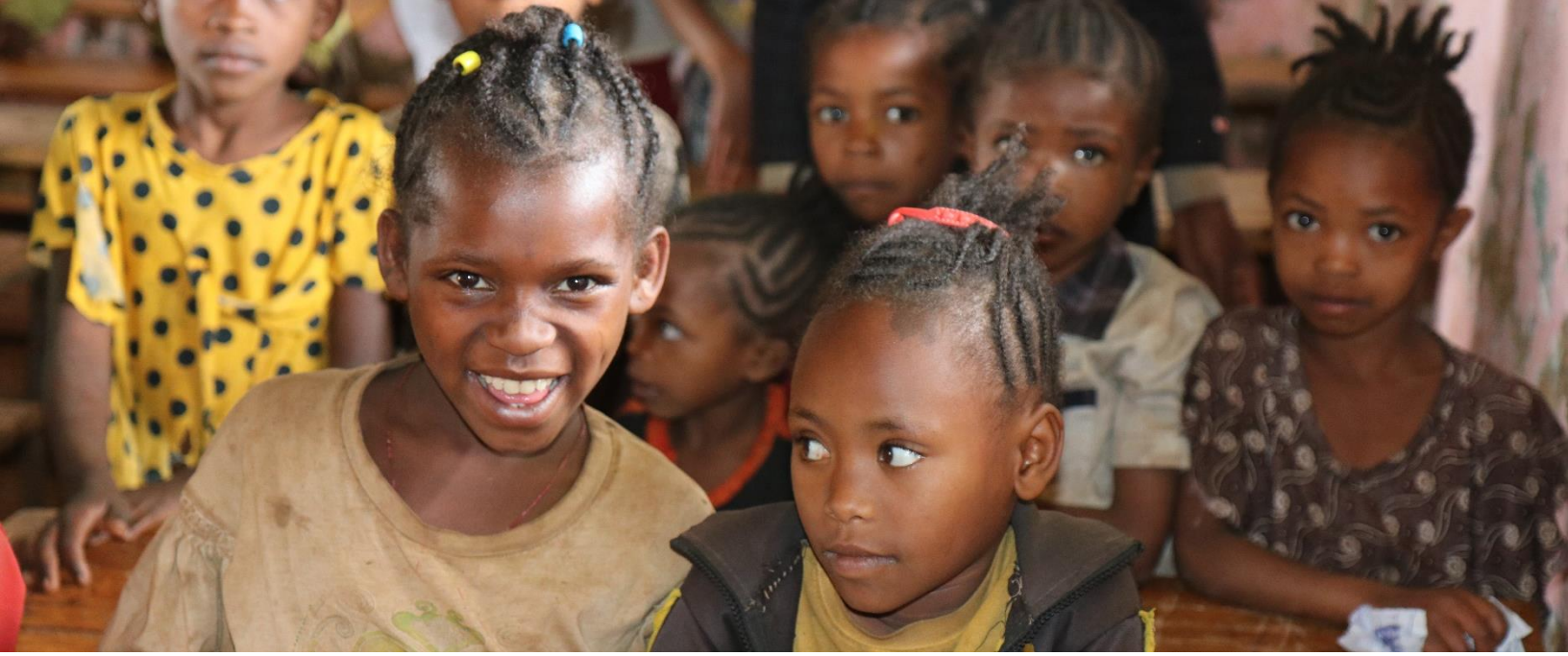

COVID-19 Response: Key Protection Concerns from the National Protection Cluster

Introduction

Pandemics are devastating in any context. However, the danger posed by disease outbreaks (such as COVID-19) is magnified for the 8.4 million people (including 1.7 million internally displaced persons (IDPs)) already in need of humanitarian assistance in Ethiopia.

The response to COVID-19 will not only stretch the capacity of health services, but may result in the redirection of humanitarian assistance from other critical needs, such as protection. As it is, only 10.5% of the Humanitarian Response Plan for 2020 (HRP), and 0% of the requirement for protection, are funded (as of February 2020).[1] Therefore, the Protection Cluster is advocating for the continuity of essential protection services while ensuring that the inter-sectoral humanitarian response takes into account the different needs of women, girls, boys, and men, especially persons with disabilities, older persons and those who have long-term chronic illness, to be more effective and accountable to all affected populations.

Key Messages

1. If not contained, COVID-19 will result in a range of protection issues which will impact different groups, those with specific needs are likely to be the most affected by it and therefore will need to be

[1] OCHA, "Ethiopia: Overview of Funding towards Humanitarian Response Plan, as of 25 February 2020)."

prioritized in preparedness and response plans. **Mitigating these risks in response activities through protection mainstreaming is the responsibility of ALL clusters and agencies.**

2. "Social distancing" or any other COVID-19 preventive measures should not be used as a justification for limiting access to humanitarian interventions or basic social services.
3. **Criticality of protection:** As outlined in the HRP 2020, conflict and climate-affected populations in Ethiopia face severe risks to their safety and dignity. Access to rights and protection services must continue to be prioritized in the response.

Key Protection Concerns

Historical evidence (including the Ebola outbreak in East Africa) suggests that the COVID-19 situation will directly or indirectly adversely impact the protection situation of affected populations, particularly for IDPs, returnees, and other potentially vulnerable population groups such as older persons, persons with disabilities, persons with long-term chronic illnesses, women and girls, and vulnerable children.

Existing vulnerabilities are likely to be exacerbated, while new ones may be developed (not least driven by the social-economic consequences of COVID-19) and these need to be carefully monitored by humanitarian agencies and prioritized in preparedness and responded to on a short, medium- and long-term basis. A brief overview of ***some*** of these risks are as follows:

- Increased socioeconomic vulnerability due to loss of livelihoods, resulting in higher reliance on negative coping mechanisms such as early marriage, child labour and survival sex;
- Increased social tensions and stigma of persons perceived to be affiliated with the disease, resulting in discrimination in the provision of services;
- Potential growth of inter-ethnic distrust and political violence over the response;
- Increased levels of stress and anxiety as a result of the disease, including for children;
- Increased risk of eviction linked to socioeconomic vulnerability resulting from the loss of livelihoods or linked to discrimination against persons who have contracted the virus;
- Increase in people without adequate documentation due to people postponing birth and other civil registrations during regional quarantines.
- Increased challenges for persons with disabilities, older persons and those with chronic illness in accessing basic-critical health care services due due to lack of accessibility to the physical environment (i.e. mobility constraints), lack of accessible information as well as increased discriminatory behaviours, neglect, and exclusion;
- Heightened exposure for women and girls as the most-likely first-line health workers, health facility service staff (e.g. cleaners, laundry)[2] and as primary care providers in the home; Meanwhile, longer-term impacts such as school drop-out and negative coping mechanisms such as survival sex and child labour, (stemming from loss of income and food insecurity), also disproportionately affect women and girls;
- Increased risk of child exposure to neglect, exploitation and abuse: Children may experience loss of parental care when their caregivers die, are hospitalized, fall ill, or are quarantined; Children who are themselves hospitalized or quarantined may also be deprived of parental care;

[2] Globally, 70% of workers in the health sectors are women or health facility service-staff (e.g. cleaners, laundry etc.).

Traditional cares support systems (extended family, community members) that would usually step in may be disrupted.

IDPs who have been forced to flee their homes to due violence and human rights violations will also be at higher risk of immediate and longer-term effects of the pandemic as their social support networks are often fragmented and coping mechanisms already stretched. IDPs living in informal settlements/site have a higher risk of exposure due to multiple factors, including:

- Overcrowding, especially in collective sites where large numbers of households share one living and sleeping area;
- Poor nutritional status due to delayed food/cash distributions or sale of food for other goods;
- Shared WASH/cooking facilities, and insufficient water and hygiene items for regular handwashing and maintenance of a clean living space.

Protection Principles to Mainstream in the Response

Do note: *the Ethiopia Protection Cluster will be producing technical mainstreaming guidance related to COVID-19 directed at each cluster.*

Prioritize safety & dignity; Do not cause harm	Provide non-discriminatory, inclusive access to assistance and services	Accountability	Community participation and empowerment

Recommendations for Response:

Prioritize safety & dignity; do not cause harm

- Where quarantine and isolation measures are deemed necessary, any negative impact on the enjoyment of human rights should be minimized. All persons placed in quarantine, whatever their health status, should have **access to all basic necessities**, including adequate food and nutrition, water and sanitation, and health and psychosocial care.
- Quarantine facilities should also consider the accommodations needed to be **accessible and barrier free** (including washrooms) for persons with disabilities, as well as others who have mobility difficulties due to other underline physical conditions.
- Blanket quarantines do carry potential risks:
    - The virus may spread more easily in crowded areas;
    - The threat of being placed under quarantine may also discourage people from seeking medical attention.
- **Avoid causing social stigma and exacerbating social tensions:** In an outbreak, people may be labeled, stereotyped, discriminated against, treated separately, and experience loss of status because of a perceived link with a disease.
    - Stigma can undermine social cohesion and drive people to hide the illness to avoid discrimination, or prevent people from seeking health care immediately.

  - All messaging must use respectful language which avoids assigning blame for transmissions.[3]

- **Family unity:** All actors working on COVID response shall strive to maintain family unity and avoid the separation of children at all cost.
  - Standard procedures for documenting and referring children's cases between child protection and health services should be developed to ensure children receive safe, appropriate, family-based care support if separated. At the same time, safe and regular communication mechanisms should be established between children and family / caregivers who are temporarily separated.
  - Alternative care should be provide for children that have been separated as a result of COVID 19 – institutional care should be avoided and priority should be placed for family unity and reunification.

- **Best interest of the child:** If a child is being impacted directly or indirectly from the COVID (e.g. separation from caregiver because of COVID infection), all support to the child should be provided in consultation with child protection actors / social service workforce and in the best interest of the child.

- **Continuum of care:** To the best extent possible, ensure continuum of care and access to services including case management and psychosocial support for persons in need of protection support. Particular attention should be paid to persons, persons with disabilities (especially for those with seeing and hearing difficulties as well as with mental illness and learning difficulties) and children at risk (including unaccompanied and separated children) to ensure their needs are met.
  - Identify strategies for providing psychosocial support to people in need and who have been affected by COVID, including to those under quarantine.

- **Forced evictions and displacements** may exacerbate vulnerabilities and disease transmission during this time: Federal Government and/or Regional States should take appropriate measures to secure tenure during the COVID-19 crisis - *See mapping from HLP AoR*[4]

- **Response to GBV**: First responders must be trained on how to handle disclosures of GBV. Health workers and hygiene promoters who are part of an outbreak response must have basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate and non-judgmental manner and know to whom they can make referrals for further care or bring in to treatment centres to provide care.
  - To avoid doing further harm, survivors of GBV must be referred to specialized actors, as per their needs.

- Health care workers must be able to provide life-saving services for GBV survivors in both non-COVID 19 affected areas and affected areas, even where most health care workers have been pulled into the COVID-19 response and many health services/facilities have been abandoned. The

[3] **Don't** refer to "cases" or "victims" – **Do** talk about "people affected"; **Don't** talk about people "transmitting" or "infecting" others as it assigns blame – **Do** talk about people "acquiring" or "contracting" the virus; **Don't** share rumours – **Do** speak positively about the effectiveness of prevention measures.

[4] https://www.google.com/maps/d/u/0/edit?mid=1onYZXkgd2xTEle4QxX6Kapr07RnyX4uR&ll=39.1528903300772%2C0&z=2

GBV AoR will support in updating and disseminating updated referral pathways for clinical care for survivors.

Provide non-discriminatory, inclusive access to assistance and services

- Treatment should be available to all without discrimination, and measures should be taken to ensure that no one is denied treatment for the lack of means, or because of their status.
- Ensure that women are able to get information about how to prevent and respond to the epidemic in ways they can understand. Women play a major role as conduits of information in their communities but they have typically less access to information than men. Thus, reaching women and girls and educating them on the disease is crucial to tackling the spread.
- Persons with disabilities and older persons will need reasonable accommodation and necessary support and health care, and to take necessary steps in taking care of their need and protecting themselves from the outbreak.

Identify the most vulnerable and address their specific needs

- Disaggregate data related to the outbreak by sex, age, and disability in order to understand the gender, age and other differences in exposure and treatment.
- Conduct gender and protection-analyses to identify inequalities, gaps, and capacities that should subsequently inform the response plan and implementation.

Accountability:

- Establish appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints, including in isolation centres where possible.

Community participation and empowerment is essential:

- Hygiene promotion, and other containment measures are critical but can only work if the community is fully engaged. This requires maintaining trust and involving communities –especially women, youth, older persons, and persons with disabilities - in communications and decision making about the response ***and*** recovery planning.
    - Messaging about COVID-19 should be translated into the languages spoken in targeted areas. Communication materials and outreach messaging should also ensure the use of different mediums; should be developed in child and disability-friendly (including hearing, seeing, mental illness and learning difficulties) ways, in order to be easily accessible and understood by all.
    - Awareness raising activities (whether on COVID-19 or other key topics) organized by humanitarian actors should avoid using public gathering for dissemination, to avoid any risk harm (further transmission of the virus among the targeted communities).

- Displaced, returned, and conflict affected people and communities should be included in local (zonal and woreda)-level coordination structures designed to support preparedness and response to the outbreak to ensure that their specific needs are addressed in relevant planning.
- In addition to health and hygiene promotion messaging, specific communication messaging should be developed on specific protection risks and mitigation measures, including related to gender based violence or separation of children and older persons.
    - Response measures must understand and take into account existing community beliefs and social practices in order to avoid mistrust when implementing containment measures.
    - Communities should be engaged to address rumours and misinformation to avoid further deterioration of trust and avoidance of mitigation measures.

Resources

Guideline	Link
Global Protection Cluster Guidance	https://www.globalprotectioncluster.org/covid-19/
Global CP AoR, Child Protection resource menu for Covid 19	https://www.dropbox.com/s/7xp0bmgxl1v4rcn/1.%20COVID19%20CP%20AoR%20Resource%20Menu_Working%20Doc%20March2020.docx?dl=0
The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of children during the coronavirus pandemic	https://alliancecpha.org/en/system/tdf/library/attachments/the_alliance_covid_19_brief_version_1.pdf?file=1&type=node&id=37184
Global GBV AoR website with evidence and guidance on COVID-19	https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121