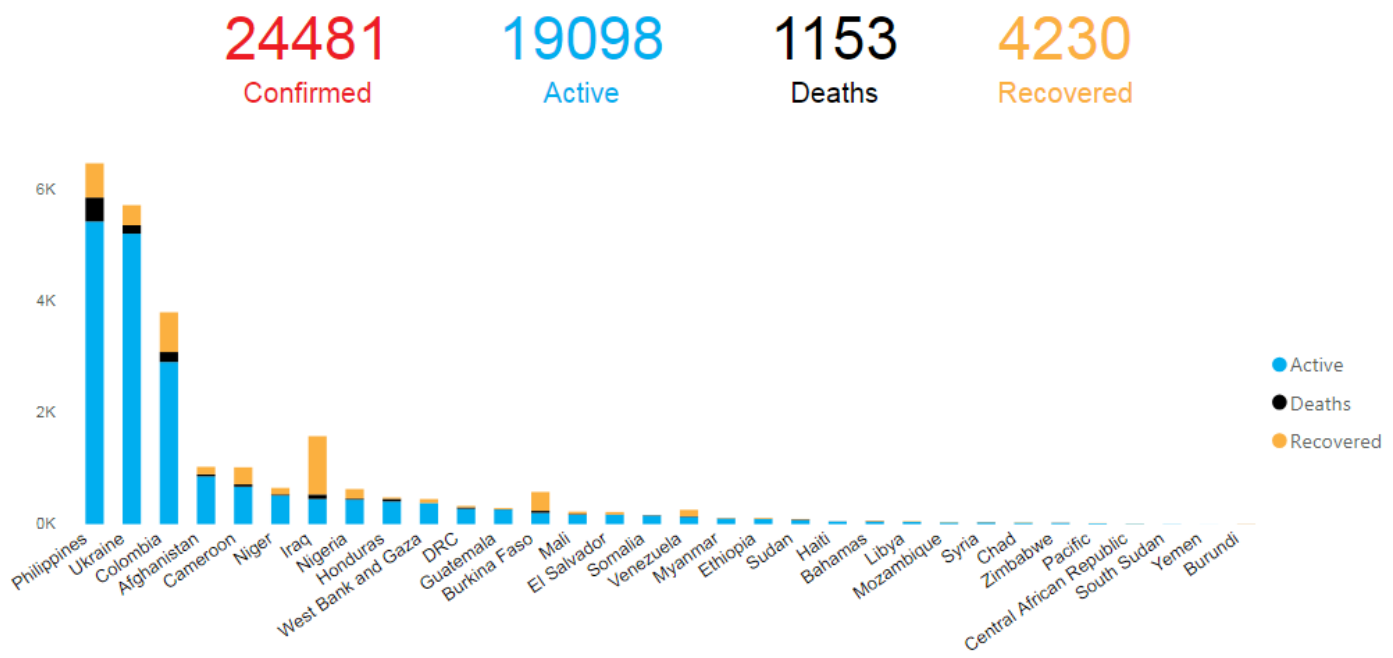
Global Protection Cluster

COVID-19 Protection Risks & Responses Situation Report No.3 as of 21 April 2020

DIMINISHING PROTECTION SPACE

This Situation Report covers operational updates in countries where the Protection Cluster/Sector is active



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Context update

COVID-19 is now reported in 213 countries, areas or territories around the globe (UN OCHA), and the WHO continues to rate the global risk as 'Very High'. In our areas of operation, we have seen an increase of more than 11,000 cases across the 32 countries. Most operations suspect underreporting due to all, or a combination of, weak reporting systems, deliberate control of figures, lack of testing facilities, as well as testing costs, and growing stigma associated with COVID-19 among some communities.

Across the world the protection space continues to reduce whilst risks are rising. Persons of concern are facing barriers in accessing services, while humanitarian actors encounter obstacles in delivering them.

National Protection Clusters are working to support a safe, dignified and inclusive response to the immediate health needs resulting from the pandemic, whilst also ensuring continuity of vital services for pre-pandemic needs, and addressing the related protection and socio-economic consequences that will impact vulnerable populations. The cluster will focus on supporting local and community-based actors where possible.

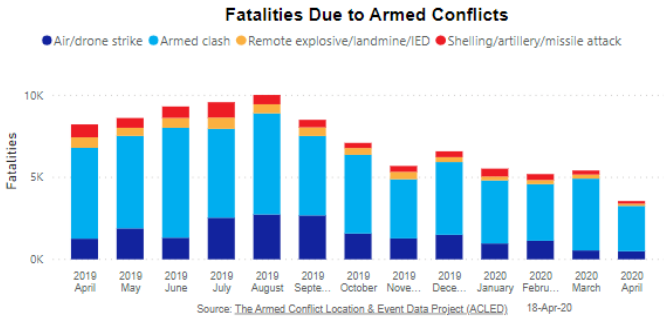
In support of the Global Humanitarian Response Plan (GHRP) for COVID-19, The Global Protection Cluster (GPC) is defining a set of minimum packages of support that will be taken by all 32 National Protection Clusters. The GPC has also defined, in support of the Inter Agency Standing Committee (IASC), support activities to be offered to all 66 operations in the GHRP.

Emerging Protection Trends

IN FOCUS: GENDER-BASED VIOLENCE

One in three women have been subjected to gender-based violence worldwide. With the threat of COVID-19 and its consequences, including restricted mobility, confinement, reduced community interaction and the closures of services, including support for those at risk or survivors of GBV, there is an increase in the risk of their exposure to GBV. The number of domestic violence cases has been on the increase in Iraq, and there has been a reported increase of femicide across Latin America, where domestic violence shelters have reached capacity or have refused entry to women who cannot provide proof that they have tested negative for COVID-19.

Conflict and COVID-19: Despite a reduction, conflicts continue across the globe, with a spike in armed clashes in March. Field clusters are reporting that armed groups are taking advantage of COVID-19 and scaling up attacks, forcing people to flee and critically reducing humanitarian access.



- In **West Africa's Sahel** region, armed conflict and attacks on civilians have displaced nearly 3 million people, nearly one million of whom since January 2019, and more than 5 million people are now facing food shortages.
- In the **Central African Republic**, armed groups are reported to be forcing displaced people to return to their places of origins in some localities, blaming them for the potential spread of COVID-19 and further escalating tensions.
- In **DRC, the** security situation in parts of North Kivu and Ituri provinces has been deteriorating, notably in Djugu and Mahagi territories, following armed groups' incursions and an ongoing military operation. This has been hampering activities to reduce the spread of COVID-19 and Ebola (two Ebola deaths reported over the last week). In Ituri Province, as prices for basic products continue to rise, the provincial government has begun advising merchants to keep products affordable to prevent social unrest. The government announced free electricity and water in April and May for everyone in Kinshasa. However, the government has not yet set up a system of special subsistence allowances.
- In **Libya,** the Al Khadra General Hospital of Tripoli was hit by heavy shelling (one health worker injured and damages to the structure). The hospital with its 400 beds was one of the health facilities identified to receive COVID-19 patients. On the same day, the water valves of the man-made River Project were cut off in the southern region of Shwerif leaving the population of greater Tripoli and central region without water
- In **Mozambique,** the cluster is reporting increased intensity, coordination and sophistication of violence, and increased recruitment of young adults in an area where we now have active local transmission of COVID-19 and minimal humanitarian access

Freedom of movement: Restrictions on freedom of movement is another key challenge. Forced return and movement of people is reported in several operations while at the same time, limitations on or discriminatory freedom of movement remain a major concern for people living in internal displacement camps and sites.

- In **Haiti,** concern is growing around the daily return of hundreds of Haitians from the Dominican Republic. Although authorities are setting up protocols of sanitary control at the four main border crossing points, there are about 141 unofficial border crossing points that do not have monitoring activities of migrants.
- In **El Salvador,** people are being returned and put in containment centres where there is a varying standard of health and protection standards, with an absence of complaints mechanisms.
- Attacks on IDP sites have been reported in **Nigeria** and **Burundi** as well as heightened tensions and attacks on IDP returnees in **Afghanistan, Yemen** and **Cameroo**n.
- In **Iraq**, the socioeconomic toll caused by the curfew is having a heavy impact on displaced families, particularly those in camps, as most of them are engaged in daily wage labour activities.
- In **Myanmar**, Rohingya IDPs living in camps in Rakhine face even further diminished access to healthcare.

Social exclusion, discrimination and lack of access: Limited and discriminatory access to services, including health, is reported across several operations, as well as stigmatization of people and communities accused of carrying the virus. Psychological distress, arbitrary and/or limited access to protection services and/or humanitarian assistance are other trends.

- In **Iraq** and **Libya** many displaced people are unable to access basic services, due to lack of documentation.
- In **Burkina Faso** there is a heightened risk of discrimination against IDPs.
- Lack of confidentiality is reported in **Burundi**, where photographs of some persons of concern participating in a COVID-19 screening were published on social media, leading to further stigmatization.

Increased evictions: There has also been an increase in evictions or threats of evictions reported in some countries, due to limited financial means to pay rent and the economic needs of landlords. Female single parents reported challenges as they can no longer be assisted by their relatives.

Children at risk COVID-19 can quickly change the living environment of children. Measures such as the closure of schools, restrictions on population movements and social gatherings, disrupt the rhythms and social support for children and can put them at risk. The risks of family separations can increase (sick parents, quarantine, or displacement), as well as the risks of death of sick parents, even stigmatization and exploitation of children who survive them. Negative coping mechanisms such as early marriage are also a risk when families face socioeconomic hardship.

- In **Syria** there are a high number of unaccompanied children, who have been separated from or have lost relatives throughout the conflict. These children are at high risk, having reduced access to water and hygiene facilities. They are also at risk of psychosocial distress due to the isolation, illness, fear of the disease and separation from their families.
- In **Mozambique** child recruitment by armed groups has recently seen a major increase and a family tracing/ alternative care task force has been set up to address this although due to lack of access to affected communities, little practical steps can currently be taken to address the issue on a field level.

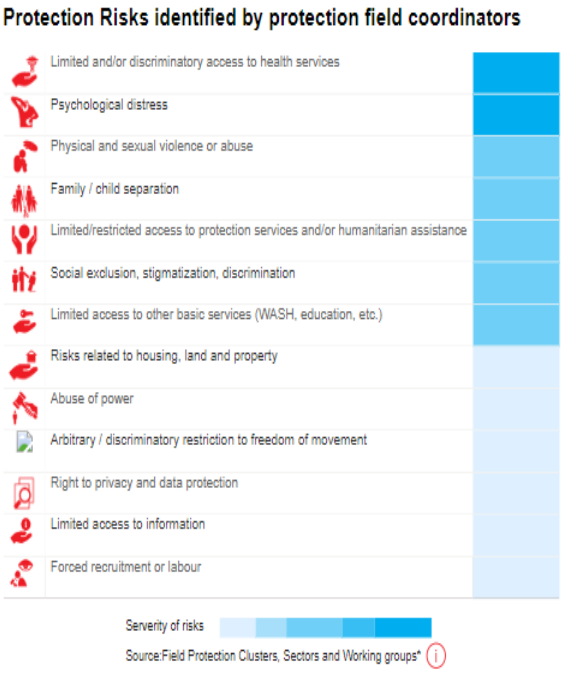
Abuse of power: Due to the COVID-19 crisis, individual and community protection capacities may be disrupted. There have been outcries of police brutality measures used to enforce lock down.

- In **Haiti,** some judges and General Attorneys were denounced by national NGOs for releasing prisoners who did not respond to Government criteria to reduce prison overcrowding; in particular, cases of corruption leading to the liberation of prisoners with criminal charges, while the Government criteria targeted prisoners with minor charges.
- In **Central African Republic** there have been reports of police harassment and extortion as they seek to enforce a country wide 6pm curfew.

IN FOCUS: LAKE CHAD BASIN

On 23rd March, a deadly attack was reported in Lake Chad Region, where armed groups have taken advantage of the COVID-19 pandemic to intensify their offensive through the use of IEDS, airstrikes and ambush tactics. The President of Chad declared Lake Chad an active combat zone shortly following the incident and a larger-scale counter offensive was launched by the Chadian military.

The subsequent fighting that has followed led to the displacement of 25,000 people from Boma to Diamerom. In the context of COVID-19, the protection cluster has been advocating for the ramping up and strengthening of community-based protection services, directly targeting IDPs. This will of course have an emphasis on remote management. In addition, there is an urgent need for the relocation of the IDPs from Diameron, which is close to a heavily militarized zone, to more secure locations. This is a key protection priority that will require inter-agency engagement. Although the military operation ended on 8th April, there have been no official reports on the number of casualties. Currently the security situation remains fragile with a continuing risk posed by armed groups.



Operational Challenges and Support

The overall operational context is challenging. Restrictions on movements and access to communities is very limited causing the temporary suspension of many operations. Protection actors are adapting their delivery modalities to remote delivery, online or through community-based organizations and community leaders. Field Clusters are now revising plans to align country plans with the Global Humanitarian Response Plan.

Operational coordination at sub national level is most affected due to communications difficulties and administrative barriers to movements. Confinement is also taking its toll on humanitarian and protection staff, and in several operations foreign aid workers are perceived as virus transmitters.

Several countries have established COVID-19 task forces, groups or committees for the coordination of the response to the emergency, in support of Government-led responses or plans. In most cases these are represented by UN Agencies and INGOs, but often not by clusters / sectors.

In parallel, HCTs and inter-cluster or inter-sector coordination groups have been working on humanitarian preparedness and response planning. Most operations have completed or are working to complete specific COVID-19 multi-sectoral plans, as annex or addendum to 2020 HRPs. These plans are focusing on identifying original HRP interventions that are deemed priority or in need of expansion to respond to COVID-19 impacts (but still largely underfunded), as well as new interventions and financial requirements identified.

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How are National Protection Clusters Responding

1. In most countries Governments have established COVID-19 Task forces which teams are engaging with through the cluster.
2. Advocating with authorities and communities to ensure protection principles are respected in the COVID-19 response.
3. Consolidating contact information with community networks, leaders, representatives and grass root organizations.
4. Sharing information with communities on COVID-19 precautions and advocating against stigmatization and discrimination.
5. Adapting systems to monitor protection risks and responses.
6. Adapting protection call centers and referral pathways.
7. Providing guidance and capacity building to local authorities and communities on: addressing stigmatization and discrimination, management of isolation centers, death management, addressing gender-based violence, mental health and psycho-social support, addressing children protection and care givers matters and considering the needs of older people and people with reduced mobility.
8. Exploring cash for protection modalities and associated risks.
9. Operations remain challenged to find at scale solutions to follow up on individual protection cases and managing them.

Protection clusters are actively supporting national and interagency plans and structures. Response planning in countries remains a matter to be clarified as four types of planning processes are co-existing without clarity on how they interrelate: Contingency Plans, Emergency response Plans, the Country Chapter of the Global Humanitarian Response Plans of COVID-19 and revision of Humanitarian Response Plans. Upholding centrality of protection in these processes is yet to be proven.

Key advocacy messages

- National and local measures to prevent the spread of COVID-19 should uphold human rights, and be strictly necessary, proportionate, limited in time, and neither arbitrary nor discriminatory in nature or in its application.
- National and local measures to prevent the spread of COVID-19 should not be used to arbitrarily limit or deny access to life-saving humanitarian assistance and protection.
- Civilian populations should be provided with non-discriminatory exceptions to movement restrictions to access life-saving medical care, humanitarian assistance and protection.
- Humanitarian actors should be provided with exceptions to movement restrictions to ensure provision of life saving assistance whether related to COVID-19 or any other humanitarian needs.
- All people, including vulnerable population groups, have the right to access public health information and health services, including lifesaving testing and treatment, without discrimination whether based on age, gender and other diversity elements.
- COVID-19 preparedness and response plans must give special considerations to the protection of most vulnerable categories of the target populations, including children on the move, children working and/or living in the streets, children with disabilities, etc.
- Official government messages and communications on the COVID-19 pandemic should be accessible to all people, including those in camps and camp-like settings, hard-to-reach areas and dispersed in rural, urban and semi urban areas. Critical information must furthermore be 2 available in all relevant languages and shared through all forms of communication (e.g. social media, radio, television, posters).
- Health providers should not deny help to people who lack identity documents. Any existing civil documentation requirements to access medical services, particularly testing and treatment of COVID-19, should be suspended in anticipation of, and during the outbreak.
- Family separation should be minimized at all times. When health care protocols result in isolation of care givers, measures need to be put in place to care for children, older persons, people with disability or any other dependent, and enable contact between families facilitate family reunification as soon as possible.
- Camps, camp-like settings, transit centres and other types of community hosting areas are at particular risk of contamination and should thus be prioritized in terms of monitoring and measures that can prevent exposure to and the spread of COVID-19.
- People living in detention or closed facilities should have access to appropriate prevention and response measures, and receive continuous care to prevent abuse and neglect.
- Public messaging must be evidence-based, respectful and free of bias, avoid stigmatizing and targeting deliberately and arbitrarily specific populations groups for example as responsible for the outbreak or rise in COVID-19 transmission.
- Vulnerable and crisis-affected population groups and people should be included in coordination mechanisms and structures for prevention, preparedness and response related to the COVID-19 pandemic so that their specific needs are recognized, understood and addressed.
- First responders must be trained on how to handle disclosure of violence and rights violations, particularly gender-based violence, and how to prevent sexual exploitation and abuse, in line with international standards.
- It is essential to monitor and address the secondary impacts of the pandemic and the measures to contain them as these will-have far reaching consequences on the economic, social and political stability of countries, during and after the health emergency

Gender Based Violence AoR
Global Protection Cluster

Mine Action AoR
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Child Protection AoR
Global Protection Cluster

Housing land and Property AoR
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