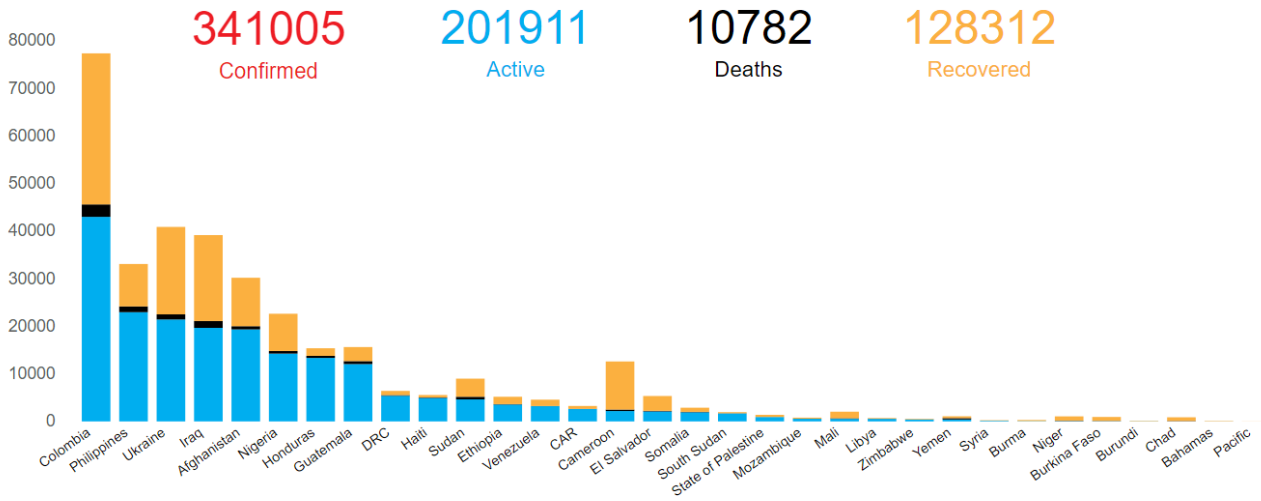
THE COPING CRISIS:

The rise of adverse survival strategies

This Situation Report covers operational updates in the 32 countries where the Protection Cluster is active



Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University

Context update

Active COVID-19 (C19) cases are reported in 31 of 32 countries where Protection Clusters coordinate protection response. The true number of cases is likely higher than the official one due to weak reporting systems, deliberate control of figures, lack of testing facilities, the cost of testing, and COVID-related stigma. The complex, changing circumstances of the C19 pandemic pose ongoing challenges to assuring protection and assistance for affected communities.

In 2020, COVID-19 is a crisis within crises, with major needs driven by conflict, violence, climate change. Now there are stark warnings that the secondary impacts of C19 could double the number of people facing hunger globally and substantially increase poverty. These crises combined are leaving many people with only bad options: adverse survival strategies.

The Global Protection Cluster (GPC) is concerned by increasing reports of communities adopting adverse coping strategies as the socio-economic impact of C19 hits hard. In this reporting period, almost all operations indicated a combination of economic decline, lockdown measures, and loss of livelihoods or income from remittances as exhausting individual and family resources, exacerbating immediate assistance needs, and creating conditions for exploitation and abuse to thrive. Transactional sex, early marriage, child recruitment and trafficking in persons were reported across operations. Governments are increasingly under pressure to ease lockdown, particularly to enable people to work, despite no signal that C19 transmission rates are falling or contained.

The Protection Cluster reports of deteriorating protection conditions come at the same time as the IMF's World Economic Outlook (June 2020) announces that the C19 pandemic is having a more negative impact on economic activity in the first half of 2020 than anticipated, and the recovery is projected to be more gradual than previously forecast. A shift in the overall C19 response, from a focus on immediate health needs, to wider socio-economic survival, is now critical to halt adoption of adverse coping strategies, and the related violations these can entail. More than ever, protection action – alongside livelihood and other humanitarian, peace and development aid – is needed to reduce risks and prevent suffering.

Key Facts & Figures

Latin America and **the Caribbean** is the new global epicentre of the pandemic.

Colombia reports 290 positive cases and 9 deaths among 23 internally displaced indigenous peoples who lack access to basic health services and food while confined.[1]

The economic impact of C19 in **El Salvador**, **Guatemala** and **Honduras** is exacerbating poverty levels of IDP families. Increasing transmission of C19 is reported along the borders of **Colombia** and **Venezuela**. C19 is compounding displaced Venezuelan's access to food and protection.

Somalia trained 260 IDP leaders who informed more than 242,000 people about C19 prevention and recommended actions for symptomatic patients. Risk of transmission is highest in Somalia's 2,000 highly congested IDP sites. 232,000 persons were newly displaced in May.[2]

In **Niger**, C19 prevention messaging is disrupted by misinformation spread by armed groups. New displacements are triggering tensions between IDP and host communities, as the displaced are perceived to spread the virus.

Cases in **Cameroon** increased 43% with more than 1,500 confirmed in the past week.[3]

The first cases of C19 were reported in informal settlements in **Mali**.

Protection monitoring in 119 isolated and conflict-affected localities in **Ukraine** show that C19 movement restrictions have severely affected IDPs who relied on public transportation to reach nearby towns where basic services were still provided.[4]

C19 cases are rising in **Ethiopia**, despite the Government C19 mitigation measures, particularly at points of entry, with confirmation of community transmission rather than imported cases as reported previously. The implementation of regional IDP returns and relocation processes have prompted protection concerns and C19 infection risks during mass movements to new sites.

C19 cases are increasing in **South Sudan** while intercommunal violence, cattle raids, counter raids, and revenge killings flair across the country. C19 movement restrictions are hampering the humanitarian response. In some areas, humanitarians are not able to reach the affected communities. In Jonglei State humanitarian workers have been evacuated since the rise of violence.

Results from remote protection monitoring by the Protection Cluster in **Iraq** show that 72% of IDPs report a significant increase in protection concerns since the pandemic began. The most common risks include psychological trauma (49%), loss of employment or livelihoods (89%), lack of access to humanitarian services (58%), lack of access to government services (52%), and difficulty paying rent (44%). The most common coping mechanisms include reducing food consumption (75%), spending savings (70%), and taking on debt (61%).

Nigeria reached a total of 15,181 C19 cases but focus group discussions with IDPs in Borno State indicate the majority do not believe in the existence of C19.

There are 757 active C19 cases in **Mozambique** with local transmission occurring in several Provinces. Fighting continues in Cabo Delgado and is believed to have tripled in intensity since the C19 pandemic began.[5] Cabo Delgado has one of the highest rates of C19 in the country, and continued displacement from the fighting threatens the spread of the virus to other regions.

C19 cases have yet to be detected in IDPs sites in **Central African Republic** despite positive cases now reported in cities where IDP sites are located. This includes in Bria, home to the largest IDP site in CAR (50,000 IDPs). There is concern the spread of C19 could be used as a pretext by armed groups to force IDPs to return to areas of origin under uncertain security conditions.

[1] UNHCR, COVID19 Global Protection Brief No.9
[2] UNHCR Somalia Operation Update, 31 May 2020, available at: http://reporting.unhcr.org/sites/default/files/UNHCR%20Somalia%20Operational%20Update%20-%20May%202020.pdf
[3] UNHCR, COVID19 Global Protection Brief No.9
[4] UNHCR, COVID19 Global Protection Brief No.9
[5] https://acleddata.com/2020/04/30/cdt-spotlight-escalation-in-mozambique/

Emerging Protection Trends

AT A GLANCE | C19 IMPACT AS REPORTED BY 21 PROTECTION CLUSTERS

Within IDP camps, self-isolation and **social distancing measures** are proving nearly **impossible to implement.**

19 of 21 field clusters report **psychological distress** among affected populations. 11 clusters report distress as having a **high impact.**

19 of 21 of field protection clusters report an increase in **Gender Based Violence**; 12 report this as having severe impact on affected populations.

Lockdown measures are easing in **11 operations,** with increasing reports lockdown measures & economic downturn are increasing adverse coping mechanisms.

Active conflict and/or **political instability** is occurring in over 80% of operations in this reporting period, with 11 countries reporting attacks on humanitarians.

Food security concerns are reported in Burundi, Guatemala, Somalia, and Yemen, partially caused by new disasters – **tropical storms, flooding** and **locust plagues.**

19 of 21 Protection Clusters report obstacles to the delivery of critical protection and humanitarian services.

Funding shortfalls for critical protection work reported in **all** operations with the overall C19 protection response just 9% funded.

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In focus: Increasing violence and food insecurity in the Sahel

Burkina Faso, **Mali**, and **Niger**, countries in Africa's troubled Sahel region, are characterised by protracted conflict, violent extremism, high levels of resource competition, and chronic food insecurity. They experience what the World Bank describes as a 'conflict trap'[6] – where resource scarcity and conflict are so interwoven it is difficult to establish which came first, and resolving one is dependent on the other.

Affected communities in this region have been highly dependent on humanitarian assistance for years. The arrival of COVID-19, as well as the unprecedented spread of desert locusts, which are ravaging crops across the Sahel and threatening months of food insecurity, are pushing communities further into chaos.

C19 has had a high impact on basic services – including health, water sanitation and protection. In central and northern **Mali,** these challenges are further exacerbated by attacks on the livelihoods of civilian populations. Armed groups carry out attacks disrupting daily survival, including burning huts, granaries and crops, as well as looting or slaughtering cattle, and theft of food, money and valuables. Protection monitoring indicates that attacks on property, goods and livelihoods are almost always the highest category of protection incidents reported each month. In 2020, 442 violations have already been recorded between January - May.

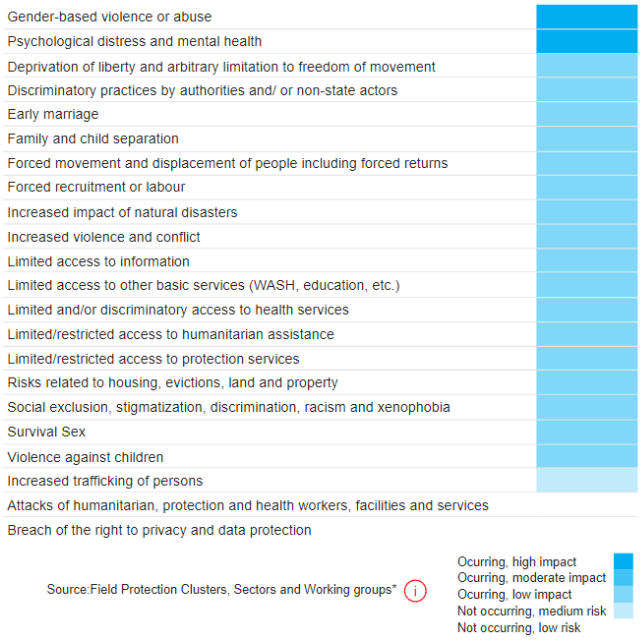
Such attacks weaken civilian access to livelihoods and food security and strengthen armed group control of affected territories. These attacks, alongside continual attacks on roads, including IEDs, in combination with C19 containment measures, have heavily restricted the transport of food across the country, and have limited people's ability to travel to, and trade at, markets. The Food Security Cluster in Mali noted accessibility challenges contributed to the decline in food availability as well as to price increases in 40% of secondary markets located in affected rural areas.

[6] http://documents1.worldbank.org/curated/en/908361468779415791/310436360_200500070100031/additional/multi0page.pdf

As the lean season begins (June - September), populations in Mali, Burkina Faso and Niger will struggle to acquire limited quantities of the most basic food. With limited food, the adoption of adverse coping strategies is forecast. Already, in part due to the closure of schools, child labour and early marriage have increased, as well as recruitment of children into armed groups. Communities are forming 'self-defence' groups to protect properties and remaining crops, while others are turning to risky migration strategies despite the official closure of land borders. Though these activities cannot be directly attributed to C19 containment measures, the combination of years of insecurity and underinvestment, alongside the C19 shock, are highlighting the urgent, existing and emerging protection challenges that require expedient attention.

The Protection Cluster in Mali has drafted a joint advocacy note with the Food Security and Nutrition Clusters, emphasizing the need for a stronger, combined protection response.

Protection Risks identified by protection field coordinators

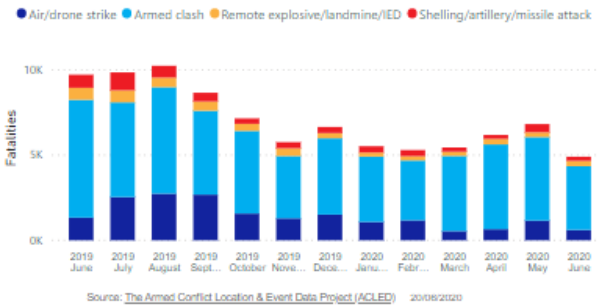


The GPC has surveyed protection clusters to monitor the latest protection trends and incidents which is represented in the table above. The following information presents highlights of the survey findings from 21 protection clusters.

Conflict, political instability and C19

80% of operations report (17 out of 21) escalating conflict and/or political instability since the outbreak of C19, and data evidences a significant spike of armed conflict in May. This is undermining efforts to curb the spread of C19, triggering new displacements, reducing safe access to vital health and sanitation services and impeding life-saving protection and humanitarian services.

Fatalities Due to Armed Conflicts



- In **Libya**, ongoing conflict resulted in new displacement. 20 registered attacks on health facilities were recorded in the first quarter of the year.[7]
- 5,650 homes were damaged in attacks on residential areas in **Yemen**; a 17% increase compared with the same period in 2019. Families were displaced and lost livelihoods in the attacks.
- While armed conflict reduced in Kachin and northern Shan states in **Myanmar**, injuries from landmines and forced recruitment continue. Armed conflict is escalating in Central Rakhine and Chin states, resulting in killing and maiming of children, and new displacement of 12,000 civilians who are extremely food insecure. A combination of explosive remnants and C19 containment measures are impeding these IDPs access to humanitarian assistance.
- Armed groups in north-west and south-west **Cameroon** continue to inflict violence on unarmed civilians including women, children and the elderly. This is further compounded by inadequate resources to effectively support those in need of assistance.

[7] https://reliefweb.int/report/libya/second-hospital-attack-four-days-puts-libya-s-covid-19-response-further-risk-warns-irc

*There are 25 active sector or cluster in Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, DRC, Ethiopia, Iraq, Libya, Mali, Mozambique, Myanmar, Niger, Nigeria, oPt, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen, Zimbabwe there are 7 Protection Working Groups supported by the GPC in Bahamas, Haiti, El Salvador, Guatemala, Honduras, Pacific and Philippines.

- Mounting political instability in **Sudan** resulted in demonstrations in the capital Khartoum, while inter-communal and tribal clashes in Darfur led to further displacement in Jabal Moon, West Darfur. Clashes in Kalama IDP camp resulted in the deaths of 2 people.
- Violent demonstrations flared in the **Syrian** governorates of As-Suwayda, Daraa and Idlib as economic crisis deepened. This coincides with an alarming spike in food insecurity.
- In **Mozambique**, violence is escalating in the north leading to new waves of displacement. Humanitarian access to sites of displacement is limited due to shifting frontlines of the violence. Attacks have been aimed schools, hospitals, and humanitarian infrastructure and staff.
- Social and political discontent in **Mali** led to widespread public unrest and calls for resignation of the President. Armed groups are exploiting the C19 situation to gain territory and control of resources. The Protection Cluster raised concerns of increased forced recruitment, violence and risk of kidnapping. Increasing allegations of violations committed by the Malian security and defence forces on civilian population have been reported by the protection monitoring system in April and May. There is no evidence that this is linked to C19.
- Armed group attacks and extensive military operations in Lake Province, **Chad**, continue. Cross border movements of military in the **Lake Chad Basin** increased risks of C19 community transmission. Reports of human rights violations committed by military and law enforcement personnel including sexual and gender-based violence against women and girls, arbitrary detention particularly of men and boys, physical and psychological violence and grave violations against children in situations of armed conflict.
- In **Ukraine**, escalating hostilities and shelling are leading to an increased number of casualties, including child causalities as a result of damage to schools.
- Gang violence in increasing in **Haiti**. Many gangs are politically affiliated and are intimidating civilian populations in the lead up to the election.

Social exclusion, stigma, discrimination, racism & xenophobia

18 operations report social exclusion, stigma, discrimination, racism & xenophobia as occurring; **50%** of those say cases are directly impacted by C19.

- Over the past 2 weeks in **Libya**, a study of refugees and migrants found 26% of surveyed respondents cited discrimination as a primary barrier to access health services.
- In **Chad**, there is some stigmatization of persons or (ethnic) groups believed to be infected by C19. People engaging in cross border movements along formal and informal entry points in the Lake Chad Basin, either driven by food insecurity or fleeing armed conflict, are at particular risk of stigmatization by local communities, as are those who come out of quarantine near border registration points.
- Exclusion of the Rohingya community continued in central Rakhine, **Myanmar**. Rohingyas lack of documentation restricts them from buying SIM cards, preventing them from accessing relevant and key information through SMS on C19 mitigation measures. Advocacy on this remains a challenge.
- The establishment of camps to isolate people returning to **Afghanistan** continued, which is not supported by humanitarians and is not in line with current Government of Afghanistan recommendations or global best practice. Stigmatization of people infected with C19 has led to doctors being violently targeted and unwilling to perform tests.
- Stigmatization of C19 infected persons in **Haiti**, is reducing willingness to be tested and prompting a resurgence of traditional medicines.
- Returnees in **Zimbabwe** face stigmatization at border towns.

Gender-based violence (GBV)

19 operations report **GBV** as occurring; over 60**%** say it is occurring with high impact due to C19. **14** operations report that **sale or exchange of sex as a coping mechanism** is occurring**.**

- **Zimbabwe** reports a 73% increase in calls to GBV hotlines since lockdown began. Transactional sex and early marriage are occurring in mining areas and border areas.
- A sharp increase in domestic violence is reported in **Iraq**, including rape, sexual harassment of minors and suicide related to spousal abuse. According to a GBV rapid assessment, 40% of health service providers indicated an increase in the number of women survivors of violence seeking help.
- **Colombia** has reported a 153% increase in calls to the national helpline for domestic violence between 25 March - 11 June 2020; believed to be directly linked to isolation measures.
- A lack of shelters for GBV victims in **Haiti** continues to cause concern, particularly in areas controlled by gangs where victims are afraid to seek external assistance / require safe spaces.
- In **Ethiopia**, One Stop Centres (OSC) in Gambella reported increasing GBV cases; while the OSC in Jijiga was closed due to C19. Staff at the OSC in Tigray fear movement restrictions are impacting access to services for survivors.

Protection monitoring analysis in Oromia region indicates an increase in transactional sex.

Children at risk

C19 is exacerbating children's exposure to protection risks including forced labour, early marriage and recruitment into armed groups

17 operations report **child protection risks** as having been worsened by C19. Violence against children is reported in all 17 operations, early marriage in 12 operations, along with cases of child and family separation in 16 operations.

- In **Niger**, children in humanitarian situations, *talibé* children,[8] and children in minority groups are at high risk of exploitation, recruitment, stigma and violence. In late May, 7,400 *talibé* children were forcibly returned from **Nigeria** to Niger due to C19.
- Recruitment of children and young people into armed groups is increasing in **Mali** (though no direct evidence that this is linked to C19). Child labour has increased due to school closures; protection partners are stepping up the response.
- An increase in child labour and forced begging has been identified through protection monitoring in W.Guji/Gedeo in **Ethiopia** due to school closures and likely as a coping mechanism for families' increased economic hardship.
- In **Mozambique**, forced recruitment and kidnapping of young men, women and children by armed groups is reported.
- **Niger**, which has the highest prevalence rate of child marriage in the world (UNICEF), reports increasing child marriages.
- Child marriages are on the rise in Amhara and Somali regions, **Ethiopia**, and in Tombouctou, **Mali**. In May alone, 15 child marriages were recorded in Tombouctou.
- In **Colombia**, Calicio, a protection partner, reports child recruitment into armed groups is up 113% in comparison to the same period (Jan-June) in 2019.

Freedom of movement:

15 operations report **restrictions on freedom of movement** and in some cases **unsafe or forced movement**; over **50%** say it is occurring with high impact due to C19.

- In Somali region, **Ethiopia**, new checkpoints to restrict movement are limiting access to labour opportunities. Some households are now unable to meet basic needs and unable to access health facilities.
- The closure of the Entry Exit Check Points (EECPs) separating non-government-controlled areas and government-controlled areas as a C19 prevention measure in **Ukraine** has affected the freedom of movement of hundreds of thousands of people. Many remain trapped on both sides of the contact line. Most of those people who have justified reasons and all the necessary supporting documents for crossing, cannot pass home, to their families, work, etc. Despite efforts of several human rights organizations to help people to enjoy freedom of movement very few people manage to cross. The Headquarters of the Joint Forces Operation reported that from 10 June two out of five EECPs would reopen. However, as of 15 June, freedom of movement across the contact line remains unresolved.
- Mexico is transporting returned expelled persons from the USA to their southern border, where many cross irregularly into **Guatemala** to make their way to their home countries, despite the C19 travel restrictions. There is a strong probability that many of these 3,000 forced returnees are persons that had to flee their communities as a result of the chronic violence and persecution in their countries of origin.
- In northern **Myanmar** there is increased movement out of congested camps to areas of return that are unsafe, have not been assessed and have high risk of explosives contamination. These movements are a negative strategy based on fear of contracting C19 in camps.

Limited or lack of access

All protection clusters report access as an issue. Containment measures, arbitrary restrictions on movement, and lack of available information means not everyone is accessing life-saving services equally.

- **In Haiti,** increase in maternal mortality has been reported because pregnant women have been reluctant to go to health facilities because of C19.
- Partial lockdowns across **Afghanistan** are limiting movements of humanitarians. The Protection Cluster are undertaking advocacy at the highest level to maintain freedom of movement for humanitarian organizations, with some exemption letters issued to partners requiring them. Overall, there is reduced partner presence on the ground, with essential staff teams working on a rotational basis.
- Protection service providers in **Zimbabwe** face movement challenges despite official recognition of GBV and CP services as essential services. Limited availability of PPE reduces delivery of essential protection services, though new livelihoods projects are supporting local

[8] Children who attend Koranic schools.

production of cloth masks, sanitizer, soap and disinfectant.

- The humanitarian community in **Libya** continues to advocate with national and local authorities to ensure unconditional, unimpeded and sustained humanitarian access to all affected civilians who remain in conflict zones and areas of displacement. Currently, only requests for movement of humanitarian supplies from Tripoli to the South and from Misrata to Tripoli have been officially approved by authorities.

Persons with disabilities

Almost all operations listed persons with disabilities as at a heightened vulnerability during the pandemic.

- In **Iraq**, the protection sector reported that persons living with disabilities report trauma, stress, and anxiety followed by lack of access to health care and other services.
- Protection partner Humanity & Inclusion in **Haiti,** report surveyed persons with disabilities are not receiving accessible information (11%), the information is not adapted to their needs (14%), or that they do not know where to find the information (8%).
- In **Ethiopia**, due to existing stigma against persons with disabilities, this group is likely to face additional challenges accessing health services or tailored assistance for their needs. Humanity & Inclusion found 9.9% of adults with disabilities and 16.6% of children with disabilities reported not having access to public information on C19; 20% of adults and 19.7% of children reported that the information provided on C19 was difficult to understand as the messages included too many words, while 6.5% of adults and 8.1% of children reported that the format was inaccessible

Older Persons

Older persons have faced higher infection and mortality rates, while at the same time been subjected to ageism in public discourse, age discrimination in health care and triage decisions, neglect and domestic abuse at home, the effect of isolation on the physical and mental health of older adults, limited access to essential services, and greater exposure and poor treatment in care institutions

- In the **Democratic Republic of Congo** (DRC), HelpAge has received 33 calls related to abuse of older people since the outbreak of C19 (neglect 55%, physical 20% and financial 25%). This compares to 41 calls for the whole of 2019.

Trafficking in Persons

14 operations report increase in **trafficking in persons**.

C19 lockdown measures are posing challenges to comprehensively responding to trafficking cases, including delays in police investigations and court proceedings, restrictions on movements of victims and witnesses, including those in shelters, and an inability of responders to conduct case follow-up.

- In North-East **Nigeria**, arrested traffickers with their entire files in place awaiting trial have been released on bail due to court closures. This poses significant risk of re-offending. In Maiduguri, child victims of trafficking residing in a shelter were released to their family, despite the family's complicity in their original trafficking, as by law government shelters cannot house victims longer than 6 weeks. Humanitarians inability to move freely in the lockdown prevented necessary checks before family reunification

In focus: Child Protection and food security – an integrated approach

Children are not the face of the COVID-19 pandemic but they risk being among its biggest victims. An estimated 42-66 million children could fall into extreme poverty as a result of the crisis this year, adding to the estimated 386 million children already in extreme poverty in 2019.[9] Rising malnutrition is expected as 368.5 million children across 143 countries who normally rely on school meals for a reliable source of daily nutrition must now look to other sources.[10]

Even before the C19 pandemic, food insecurity and hunger was increasing globally[11]. The socio-economic decline and looming food crisis will not only affect children's nutritional status, but could carry consequences beyond food insecurity, such as increased violence and neglect. Reduced household income will force poor families to cut back on essential health and food expenditures and increase their likelihood of adopting negative/harmful coping strategies, including early marriage[12], child labour and

[9] United Nations, Policy Brief: Impact of COVID-19 on Children April 2020
[10] WFP, 2020
[11] *Global Report on Food Crises, 2018*
[12] https://plan-international.org/food-crisis-increases-child-marriage-risk.

withdrawing children from school. These strategies impair the children's ability to realize their potential, enjoy their rights and to break out of a cycle of vulnerability. The impact of C19 threatens the significant progress and achievements made towards meeting several Sustainable Development Goals.

One way to mitigate this outcome is to capture the different dimensions of the pandemic, including those that affect the food security of children. In a joint endeavour involving the GPC, Global Food Security Cluster, UNICEF, Plan International, Save the Children and War Child, the Child Protection AOR and WFP are leading an integrated approach to put more resourcing, analysis and solutions for an integrated approach across protection and food security.

The Child Protection and Food Security Reference Groupworks into building a solid foundation for knowledge management of best practices, along with generating evidence needed to capture specific linkages between child protection and food security that will build the platform for better collective outcomes. This will inform the development of protection responses to child protection and food insecurity, in areas where these are interlinked, either through complementary programmes or, where possible, through joint initiatives. Currently, the Reference Group is carrying out activities in CAR, DRC, Mali and South Sudan and expects expand to other countries during this year.

This initiative is an example of the added value of collaboration between food security and protection actors to better understand the factors that contribute to food security. For more information contacts Boris Aristin Gonzalez (baristingonzalez@unicef.org) and Veerle Triquet (veerle.triquet@wfp.org)

Operational Challenges and Support

Obstacles to humanitarian access, in particular changing conflict dynamics, and de-prioritisation of protection activities and access for monitoring continue to impede the delivery of critical life-saving protection services. **Afghanistan, Iraq, Ethiopia, Yemen, Syria** and **Libya** are cases in point. The increase in stigmatization, alongside rumours and disbelief in the virus increase the complexity for humanitarians in responding. Despite the challenges, clusters are finding innovate ways to overcome access challenges, switching to mobile, SMS communications, and empowering local leaders to create protection societies within their communities.

Over the last few weeks, the operational environment in response to C19 has shifted, along with the needs. Many operations are now reporting the rise in needs as a result of C19s impact on economic and social factors, moreover than health. This requires a step change in terms of interventions. From the protection cluster, monitoring and analysis is critical to ensure that negative coping mechanisms to the economic shock are identified and mitigated in order protect vulnerable communities now and in the future.

Meeting an operational minimum package

Based on consultations with the National Protection Clusters, the GPC has synthesized ongoing and planned activities into a minimum package of support. Below outlines progress against the 5 core areas of operation.

Effective and safe, dignified and inclusive access to healthcare: guidance and advocacy including on quarantine centres and shielding measures, trainings and operational support

A considerable amount of work has gone into ensuring that some of the most vulnerable are able to access healthcare through trainings with protection and non-protection actors, working on guidance and SOPs for screening and quarantine centres. Support to strengthen protection of those placed in quarantine centres has been provided in several operations including **Ethiopia, Somalia, South Sudan, Myanmar, Zimbabwe,** along with guidance for prisons in **Haiti**.

However, there remains a long way to go. In **El Salvador** and **Honduras**, the cluster still lacks access to quarantine sites. In **Ethiopia** and **South Sudan**, a lack of funding has led to a reduced protection staff and as a consequence, protection has not been as well mainstreamed into the health response. In **Nigeria**, **Niger** and **South Sudan** misinformation is spreading creating disbelief and stigma around the virus making it difficult to identify and reach the vulnerable who may be in need of access to healthcare.

Protection monitoring and protection analysis: harmonized protection needs assessments and monitoring, regular situation reports, monthly protection briefs and analysis

Data collection has been particularly difficult during C19, however, monitoring systems have been established in Iraq, Mali, Burkina Faso CAR, Chad, DRC, Iraq, Libya, Mali , Niger, Nigeria, Somalia, Ukraine, Mozambique Myanmar and Venezuela. Dashboards have been developed for Burkina Faso, Mali, Nigeria, Ukraine, and Mozambique.

The National Clusters are benefiting from its NGOs members' well-established community networks and mature partnerships with local actors and leaders to continue data collection.

Protection advocacy: advocacy messages and campaigns

Given the strong focus on the public health response, protection clusters have been mainstreaming protection into the health response, along with mitigating protection risks. In **Haiti** for example, a separate C19 protection strategy is being implemented with revisions of information on a monthly basis.

In **Mali**, sustained joint advocacy has seen success in increasing the role of protection of civilians in the MINUSMA mandate renewal. In **Zimbabwe**, the cluster pushed for inclusion of community-based organizations among essential service providers, critical to ensure continuity of community surveillance and referrals in remote and hard to reach areas. In **Ukraine** an advocacy paper was developed in order to assist older persons. However, given limited resourcing, much of the advocacy is currently focused at HCT level, with limited opportunity to engage duty bearers on wider protection issues.

Protection awareness raising activities and campaigns: rights awareness and information dissemination, culturally adapted and through appropriate channels

Many clusters are managing to conduct virtual trainings with community members, protection and non-protection actors. Specialist support for returnees and migrants, who are arriving in high volumes across Latin America is being developed in **El Salvador** where a hotline has been created along with issuing a digital card specifically for protection services that may be required by IDPs and returnees. In **Ethiopia**, modalities have been modified (from large group sessions) to adopt megaphones on trucks, public notice boards, radio shows and other methods.

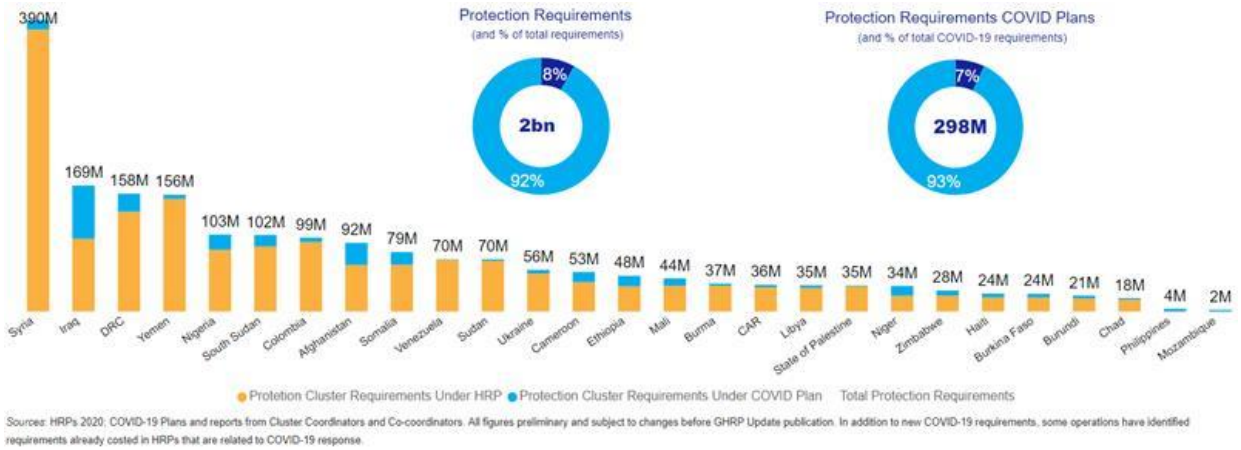
However, connectivity remains a huge challenge for the effectiveness of awareness raising on protection issues in the C19 environment. In conflict zones like **Libya**, **Yemen**, **Chad,** and **Niger** connectivity issues are severely hampering the ability to ensure vulnerable communities are informed. In areas affected by conflict in central Rakhine, **Myanmar**, there has been an internet ban for several months now.

Protection service delivery: alternative modalities for case management, adapted referral pathways, community-driven protection, Individual Protection Assistance (IPA), including cash for protection, MHP Humanitarian Response

In order to manage difficulties with getting protection services to people, and people to protection services, protection clusters have adopted ways of working with the community, alongside static and mobile services. In the **Ukraine**, electric bikes have been given to key government workers to access remote communities. In **Zimbabwe** alternative transport methods have been used to get vulnerable people to life-saving services. In **Guatemala**, the protection cluster have been using couriers to ensure people still have access to cash-based interventions.

Given the need to maintain referral pathways and case management, virtual training of community volunteers and hotline staff is taking place in **Syria** for GBV and child protection. In **Zimbabwe** and **Mozambique** there have been distributions of sim cards and airtime to help community mobilisers to ensure access and referral to vital protection services.

Humanitarian Response Plans and COVID-19 Plans



Sources: HRPs 2020; COVID-19 Plans and reports from Cluster Coordinators and Co-coordinators. All figures preliminary and subject to changes before GHRP Update publication. In addition to new COVID-19 requirements, some operations have identified requirements already costed in HRPs that are related to COVID-19 response.

We are heading into a funding crisis for protection clusters. In addition to protection requirements being systematically under-represented in humanitarian response, we are experiencing significant under-funding in 2020. The GPC considers that: (1) protection should constitute at least 15-20% of total humanitarian requirements (today only Colombia, Iraq, Libya, Ukraine would pass at about 15%), and (2) it should be funded at least at 50% (overall, only 10% of the total 1.7B requirements of field protection clusters for non-COVID response has been funded, and a similar 9% of the almost 300M additional asks for C19 response).

This virus has proven that no-one is safe until everyone is safe. Investing, both financially and diplomatically in protection is cost-effective, complementary and essential to the response to C19. Ensuring an end to this pandemic, without a reduction in regional stability, will only be achievable by addressing old and new protection concerns alongside the response.

For more information or queries, please contact the GPC COVID-19 Advocacy lead, Dorothy Sang dorothy.sang@oxfam.org.

SOURCES

- Global Protection Cluster monthly KOBO Survey of country-level Protection Clusters
- GPC Ops Cell Fortnightly regional calls with Protection Cluster Coordinators & Co-Coordinators
- Protection monitoring reports and joint papers
- Inputs and updates from the GPC Strategic Advisory Group, GPC Areas of Responsibility (AoRs), and GPC Task Teams
- Publicly available situation overview sources from GPC members
- Financial Tracking Service (OCHA)

The Global Protection Cluster is a network of NGOs, international organizations and UN agencies, engaged in protection work in humanitarian crises including armed conflict, climate change related and natural disaster. The GPC ensures well-coordinated, effective and principled protection preparedness and responses, and that protection is at the core of all humanitarian action and recognized as essential in any nexus with development and peace. The GPC unites members, partners and communities working on the full gamut of protection activities, including in four specialized Areas of Responsibility: Child Protection, Gender-Based Violence (GBV), Housing, Land and Property and Mine Action. The GPC contributes to and benefits from the broader IASC system.

Child Protection AoR
Global Protection Cluster

Gender Based Violence AoR
Global Protection Cluster

Global Protection Cluster

Housing land and Property AoR
Global Protection Cluster

Mine Action AoR
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