



PROTECTION AND COVID-19 KEY MESSAGES

●●●● BACKGROUND

An estimated 3.4 million people in eastern Ukraine require protection assistance and for the displaced and conflict-affected population, a third of whom are older people, the Covid-19 pandemic presents an additional threat on top of the ongoing humanitarian situation that they have been facing, including daily exposure to violence such as shelling, small arms fire, mines and unexploded remnants of war.

Since the first case of Covid-19 was confirmed in Ukraine on March 3, 2020, the number of cases continue to rise. The government has implemented restrictions to try and stem the spread of the virus, with public transport restricted or cut off, checkpoints between government-controlled and non-government controlled areas of Ukraine closed and non-essential stores and enterprises unable to open. The pandemic and quarantine measures have resulted in heightened protection risks, which have been further exacerbated by an increase in ceasefire violations and increase in civilian casualties.

●●●● KEY PROTECTION CONCERNS



Access to Health Care – Conflict-affected people, in particular those living along the contact line and in NGCA, often face barriers to access healthcare, including distance, cost of travel, availability and cost of medication and availability of medical staff and ambulances. In isolated settlements along the contact line, older people, who account for 41 per cent of the population in these settlements, face additional protection concerns due to their isolation. Their lack of mobility and access to services and livelihoods increases their difficulties in accessing healthcare and medicines. With 97% of older people having a least one chronic disease, this is a major protection issue. Lack of access to testing, medical supplies such as masks and disinfectants, and to medical facilities exacerbate existing healthcare concerns. Lack of access to clean water also impacts hygiene and sanitation, which in turn can influence infection rates.



Freedom of Movement – entry/exit checkpoints separating GCA and NGCA have been closed since March 22, 2020, resulting in people being stranded on either side of the contact line and being unable to cross, leading to possible family separation, as well as inability of those living in NGCA to travel to GCA to access medicines, pensions and social payments, withdraw cash and visit families. In addition, many settlements along the contact line have no access to public transport, cutting them off from access to food markets, health care and essential government services.



Access to food and livelihoods – COVID-19 travel restrictions and quarantine measures further exacerbate the fragile socio-economic state of communities along the contact line. Communities report that food prices are rising, and many have lost their jobs due to the closure of shops and enterprises. Restrictions of movement between settlements make it challenging for small private entrepreneurs to supply food stores in villages.



Increased risk of trafficking and exploitation – Pre-existing difficult economic conditions in conflict-affected areas have been exacerbated, with many people, particularly those who are self-employed or working in the informal labour market losing their jobs, making them particularly vulnerable to exploitation and labour trafficking. People previously less at risk of trafficking may become victims as a result of losing jobs due to the pandemic while vulnerabilities of persons already at risk of trafficking may be further increased.



Child Protection – Confinement to homes and additional restrictions on movement increase risks of children being exposed to violence in the home and limit their ability to seek help. At the same time, access to education has been disrupted, with over 60% of children living near the contact line not having access to computers or internet.



Heightened risk of GBV – Disease outbreaks affect women and men differently, and epidemics make existing inequalities for women and girls worse. Women and girls may be at heightened risk of intimate partner and other forms of domestic violence as a result of increased economic insecurity and tensions in the household, while limited access to justice near the contact line hampers GBV response. At the same time, the services they require are reduced as resources are diverted to respond to the overall health crisis.



Psychosocial distress – Protection Cluster partners are reporting an increased demand for psychosocial support from the conflict-affected population, as a result of increased anxiety related to economic insecurity, restricted access to services, fear of infection and increased isolation due to quarantine restrictions. These communities already had a high level of psycho-social distress, and may therefore be less resilient in coping with the additional stress of the pandemic.



People with specific needs – Women, older persons, survivors of gender-based violence (GBV), children, youth, person with disabilities and LGBTI persons are often socio-economically marginalised and have specific vulnerabilities that need to be addressed. For example, people with disabilities may be at higher risk of contracting COVID-19 due to barriers in accessing preventive information and hygiene, and reliance on physical contact with support persons. In addition, people living in collective centers often have specific needs, and may be at heightened risk of infection due to poor sanitary conditions and inability to self-isolate due to cramped living conditions.

RECOMMENDATIONS

- The humanitarian response has changed since the outbreak of COVID-19 to mitigate and prevent the spread of the virus. All actors should observe the 'do no harm' principle when undertaking humanitarian programming; failure to observe basic protective measures may lead to an inadvertent spread of the virus.
- While the COVID-19 pandemic poses key protection challenges, civilians in eastern Ukraine continue to face direct physical threats to their security as a result of daily shelling, small arms fire, a mine and UXO contamination. For many, this remains the primary threat to their safety, particularly in light of increased cease-fire violations. The Secretary-General has called for a global cease-fire during the pandemic. Parties to the conflict should continue to exercise restraint in the use of force and abide by international humanitarian and human rights norms and principles.
- The international community should increase its support to the government of Ukrainian as well as humanitarian and development actors in order to mitigate the consequences of the current crisis on the civilian populations living in conflict-affected areas.
- Women, older persons, survivors of gender-based violence (GBV), children, youth, person with disabilities and LGBTI persons are often socio-economically marginalised and have specific vulnerabilities that need to be addressed. Humanitarian and development actors need to ensure that they are appropriately included in Covid-19 humanitarian response.
- While continuing to support new urgent measures directly related to fighting the pandemic, donors need to ensure that programs aimed at providing essential assistance, and addressing protection needs of civilians along the contact line are prioritised and resourced. Funding of activities that strengthen protection measures will be essential to addressing more acute protection gap.
- Humanitarian and development actors should work together to ensure that response programmes to the Covid-19 pandemic complement each other so that resources are maximised and complementarities in programming achieved.
- Protection principles such as 'do no harm', accountability to the affected population, transparency, and the provision of assistance with safety and dignity must remain at the centre of humanitarian response.