Pacific Humanitarian Protection Cluster Support Team

GBV Sub-Cluster Pacific

Pacific Humanitarian Protection Cluster

The COVID-19 Outbreak Protection Brief

Effective humanitarian response cannot be achieved without understanding and responding to the specific needs, priorities, and capacities of diverse women, girls, men and boys and at-risk groups including persons with disability, gender and sexual minorities, people living in poverty. The pre-existing and intersecting inequalities can exacerbate in a crisis situation in the context of COVID-19 epidemic, and response agencies need to ensure protection to improve safety, well-being and dignity for affected populations. It is also crucial to recognize the capacity of affected population in understanding the information and carrying out their role to respond to and effectively participate through the various measures in place to combat the outbreak.

Key Protection Principles

- Do not cause further harm or create new risk of harm;
- Non-discriminatory access to assistance and services;
- Identify the most vulnerable and their specific needs;
- Safe and dignified access to basic services;
- Community participation and empowerment;

Human rights-based approach to health

Health strategies must address not only the medical dimensions of the epidemic but also the human rights consequences of measure taken as part of the health response.

- It is critical to ensure the **availability, accessibility, acceptability, and good quality** of health care facilities, goods and services to affected populations.
- 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.
- Restrictive public health measures should be implemented on the principle of proportionality. They must be necessary to protect the public interest, appropriate to achieve their protective function and the least intrusive.
- 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.
- Blanket quarantines are extreme measures, and they could potentially carry risks. They might affect healthy people, and there is a risk that the virus will spread more quickly and easily where large numbers of people are concentrated in crowded areas. The threat of being placed under quarantine may also discourage people from seeking medical attention.

Potential Protection Concerns

In the most serious scenario of widespread community transmission of COVID-19 in Pacific countries, there will be a range of protection issues, not least driven by the social-economic consequences of COVID-19, which will impact different groups. Existing vulnerabilities are likely to be exacerbated, and these need to be carefully monitored and prioritized in preparedness and responded to on a short, medium- and long-term basis. The following are some examples of how existing vulnerabilities may be exacerbated.

Women

- Predominantly, women are caregivers, and they have an increased burden of care for sick;
- Greater risk of exposure to COVID-19, when they are caregivers or frontline health staff;
- Loss or reduction of income, as austerity measures may be put in place. Quarantines could significantly limit women's livelihood activities, increase poverty rates and food insecurity. Women and women headed households generally have less financial capacity to manage and stock essential food and household items.
- Women may experience increased risk of gender-based violence. Intimate partner violence may increase due to heightened tension in the household with food insecurity and quarantine measures. The Pacific has some of highest rates of GBV, which are likely to be exacerbated.
- Economic impact may place women and girls at greater risk of sexual exploitation.
- Reduced availability of sexual and reproductive services, as resources will be diverted to COVID 19 response and quarantine measures.

People with chronic health conditions

- COVID-19 may strain other medical services, and the reduced availability of medical resources can worsen different types of health conditions, such as high blood pressure, heart conditions, asthma, anxiety and other health and mental disorders.
- Quarantine and isolation may exacerbate inequities in terms of access to long-term health care and medical and non-medical resources.

Persons with disabilities and the elderly

- On average 15 % of given population has disability and they are among the most marginalized people in crisis-affected communities and are disproportionately affected.
- Persons with disabilities with mobility issues, those who have difficulty in seeing and hearing, may have difficulty accessing services due to lack accessibility to the physical environment, lack of accessible information and communication and services that will ensure that they reach, enter, circulate and use health services.
- Persons with disabilities 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.
- Health and medical services may not meet disability-specific requirements, such as provision of wheelchairs and assistive devices. Hence, the need to put in place measures like home visitation or mobile clinics for those that do not have the necessary assistive devices, support services and transportation to enable them access necessary health services. In choosing locations for these mobile clinics ensure that everyone receives the information and are able to access the clinic on an equal basis.
- Recognize the diversity of impairments among persons with disabilities and its severity which will impacts their ability to respond and effectively participate.

Children, Adolescents and Young People

- Children may lose 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; Traditional care support systems that would step in in the absence of parental care (extended family, community members) may be disrupted. These situations may lead children's increased exposure to neglect.
- Children may feel fearful as their families get sick and hospitalized. They may also feel insecure due to disruption to their familiar world, including the people, places and routines, such as restriction on mobility and closure of schools and churches.
- Children may experience increased exposure to violence, including sexual violence, physical and emotional abuse as a result of caregivers and/or other adult members becoming increasingly distressed and using dysfunctional coping mechanisms (alcohol, substance misuse, etc.) to deal with the challenging environment.
- Children may experience stigmatization and social exclusion due to them or a family member having contracted the disease.

- Increased engagement in risky sexual behavior in young people;
- Exposure to increased risk of gender-based violence for adolescent girls as social protection structures breakdown.

People with diverse gender and sexual identities

- May face increased discrimination in accessing health services
- Reduced access to information and communications

Recommendations

Mainstreaming, Leadership and Participation

- Conduct multi-sector impact assessments ensuring the centrality of protection.
- Develop a Protection Strategy to ensure that the dignity and rights of the most vulnerable are upheld at a time when they are most likely to be marginalized.
- Promote leadership of all Government Ministries, and in particular the Ministries of Women and Ministries of Health on the centrality of protection in preparedness and response including mobilization of community networks for risk communication.
- Ensure localized responses which support the inclusion of participation and views in decision-making about preparedness and response to COVID-19 by different groups. This will include engaging women's networks and organizations, organizations representing LGBTQI persons and disabled persons organizations.

Information and Services

- Disseminate information in multiple accessible formats (oral, print, sign language, easy-to-read/plain language, etc.); information should be relayed in readily understandable form and adapted for language minorities and persons with specific needs, including children, the blind, the hearing -impaired and those with limited or no ability to read; those in rural and remote areas, people in detention, prison wardens and other prison personnel.
- Use schools for awareness raising would get young people's agency to raise awareness amongst the youth and families.
- Address incidents of racism and xenophobia through information campaign.
- Disaggregate data related to the outbreak by sex, age and disability in order to understand the gendered differences in exposure and treatment.
- Ensure continuity of essential services including sexual reproductive health, GBV response and child protection services;
- Deliver dedicated training to relevant staff and volunteers on GBV&CP case management and alternative care arrangement in emergency, parental support.
- Strengthen or establish referral/coordination mechanisms between health and social welfare and ensure frontline staff are aware of these procedures for GBV and CP cases.
- Plan and make available safe and appropriate psychosocial support and psychological first aid services with a particular focus to vulnerable populations and with regard to the IASC MHPSS guidelines on COVID19;
- Explore and/or establish partnerships with relevant actors to support delivery of non-face-to-face MHPSS services (Ministry of Information/Telecommunication, Digicel, Vodafone, etc.)
- Work closely with the education sector to integrate psychosocial support and messaging within remote education programmes.
- Plan for the long-term access to medical regimens for those with chronic conditions and disabilities to enable continuity of care during extended crises.

Duty of Care

- Promote the safety, self-care and psychosocial wellbeing of the frontline teams to safely perform their tasks.
- Advocate and ensure that social workers, psychosocial workers, community volunteers and other protection personnel conducting outreach/door-to-door activities are equipped with the necessary protective equipment (i.e. personal protective equipment and hand-sanitizer)