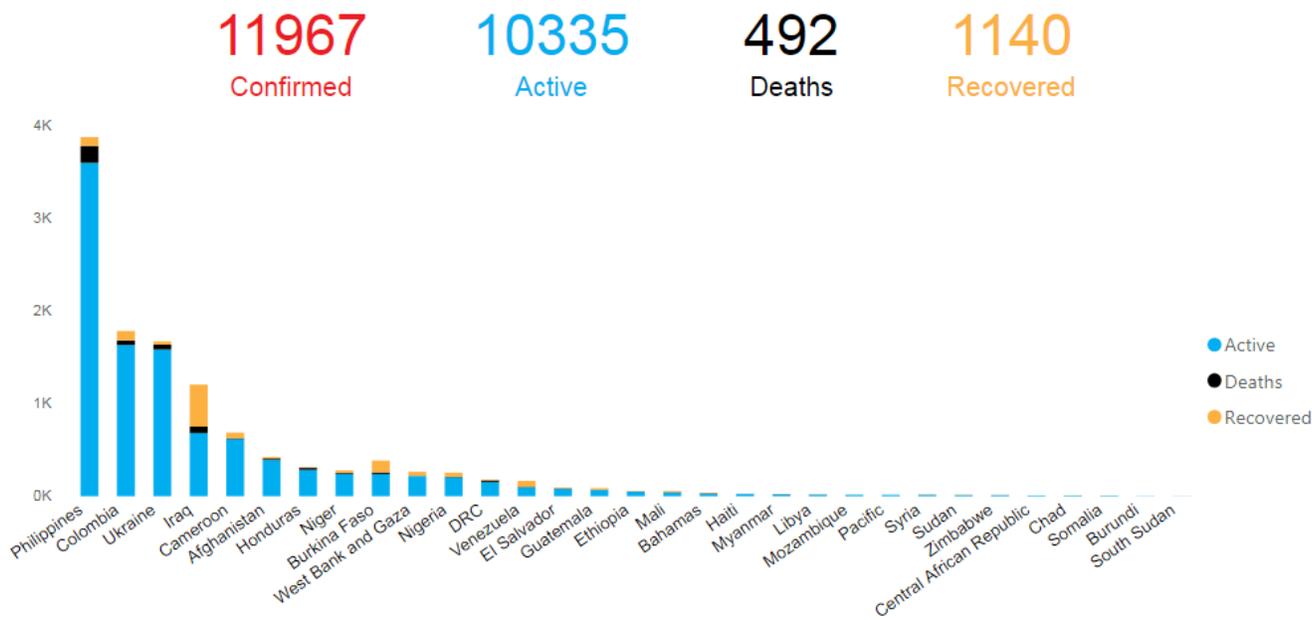


DIMINISHING PROTECTION SPACE

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



I- Emerging Trends: Protection risks

Protection space is being reduced. Protection risks are on the rise. Persons of concern face barriers in accessing services. Humanitarian actors face obstacles in delivering services. Together, these are worrying trends.

Over 7000 new cases of COVID-19 were recorded in our operations bringing the total number to 11967 and 492 deaths. Most operations suspect underreporting due to: (i) weak reporting systems, (ii) governments deliberate control of figures, (iii) lack of testing facilities as well as testing costs, and (iv) growing stigma associated with COVID-19 in some communities.

The interplay between conflict and COVID-19, remains a major area of concern. Protection space is diminishing. In several operations, such as Yemen, Libya, Colombia, Burkina Faso, Niger, Nigeria and Lake Chad Basin, armed groups are taking advantage of COVID-19 and scaling up attacks, forcing people to flee and critically reducing humanitarian access. Several operations are reporting fear that temporary measures to respond

to the virus are being, or could be, used to restrict humanitarian access and reduce basic “droit de regard”. 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. Attacks on sites have been reported in Nigeria and Burundi as well as heightened tensions and attacks on IDP returnees in Afghanistan, Yemen and Cameroon.

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. In Nigeria, IDP locations and camps have been attacked, due allegedly, to COVID-19 rumors. Lack of confidentiality is reported in Burundi, where photographs of some persons of concern participating in a COVID-19 screening were published in social media, leading to further stigmatization. The cluster in Ethiopia reported that due to closure of regional boundaries, IDPs risk exclusion from health services. Older people and persons with disability are reported to be at major risk of discrimination, experiencing the impact of rapidly reducing services to support them. Death management is reported in some operations to be a source of inter-communal tensions.

Physical and sexual violence: There continues to be a heightened risk of sexual and gender-based violence (SGBV). Many operations reported that women and children continue to face risks of physical and domestic violence due to lockdowns and curfews. The number of domestic violence cases has been on the increase in Iraq. In Haiti, there has been attempted lynching of individuals who were suspected of being tested for COVID-19. Other operations including Burkina Faso, Niger and Colombia also reported an increased risk of GBV. Boys, girls, young women and men are reported as being more exposed to violence, sale, trafficking, sexual abuse and exploitation during the COVID-19 pandemic. Confinement measures and the disrupted provision of often limited child protection services exacerbate the vulnerability of children living in psychiatric and social care institutions, orphanages and other closed facilities.

Impact on service delivery: Curfews, lockdowns and other measures are substantially reducing service delivery in most operations. While efforts are being made to adapt programmes to the new reality, major obstacles are still evident in terms of monitoring, case management, alternative care and referral pathways. Applying basic COVID-19 precautions in internal displacement camps and sites is proving very challenging due to overcrowding, makeshift shelters, lack of adequate health, water, sanitation and difficulty in implementing physical distancing. Moreover, management of isolation and shielding centers, in line with the health and shelter guidelines, is proving to be a major challenge in many operations. One challenge is how to avoid stigmatization and discrimination affecting those being tested or admitted to the centers. The risk of children being separated from their parents in relation to isolation processes was noted in Cameroon, Burundi, and Iraq.

Protection Risks identified by protection field coordinators



II- Operational Response

The protection clusters and actors continue to work on three fronts: i/ Addressing ongoing protection needs resulting from conflicts and disasters; ii/adapting their response modality and service delivery in light of the COVID19 measures and iii/monitoring and addressing protection risks resulting from COVID-19 and related measures.

The overall operational context is challenging. Restrictions on movements and access to communities is becoming very limited causing about 75% of operations to be temporarily suspended. Protection actors are adapting their delivery modalities to remote delivery, online or through community-based organizations and community leaders. However, adaptation options are not always obvious. 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 being perceived as transmitters of the virus.

How are the National Protection Clusters responding?

National Protection Clusters are focusing on the following:

1. Advocating with authorities and communities to ensure protection principles are respected in the COVID-19 response.
2. Consolidating contact information with community networks, leaders, representatives and grass root organizations.



3. Sharing information with communities on COVID-19 precautions and advocating against stigmatization and discrimination.
4. Adapting systems to monitor protection risks and responses.
5. Adapting protection call centers and referral pathways.
6. 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.
7. Exploring cash for protection modalities and associated risks.
8. 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.

How is the Global Protection Cluster supporting operations?

The GPC is focusing on sharing practices, tools and programmes across operations and supporting national Protection Clusters to ensure their response is predictable and reliable.

- Stepped up communications with field operations: joint weekly operational exchange for national clusters, per region.
- Accelerated field-to-field communications including dedicated channels of communication for field coordinators and co-coordinators, a revitalisation of the protection community of practice, as well as running a help desk and actively sharing tools and examples through an online repository.
- Optimised use of the Strategic Advisory Group, benefiting from the diverse membership and their respective expert areas of response, and actively supporting all inter-cluster and inter-agency efforts.
- Guided national clusters through an operational advisory note to aid and bring predictability to the field response.
- Initiated a live protection trends dashboard, which aims to inform partners and to effectively illustrate the spread of COVID-19 in our operations, as well as operational obstacles and protection risks.

For more information or queries, please contact the GPC COVID-19 lead, Deputy Global Coordinator, Sofia Khetib-Grundy khetibgr@unhcr.org.

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 (AoRs): Child Protection, Gender-Based Violence (GBV), Housing, Land and Property and Mine Action. The GPC contributes to and benefits from the broader IASC system.

