COVID-19 : A HUMAN RIGHTS CRISIS?
This Situation Report covers operational updates in countries where the Protection Cluster is active

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 13,000 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. In the past week, a truck bomb in Afrin, Syria, killed up to 60 people. We also saw the tragic death of a WHO driver caught in cross-fire in Myanmar, along with the death of a front-line health worker in Nigeria, who contracted COVID-19 whilst carrying out humanitarian work.

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 focuses on supporting local and community-based actors where possible.
Emerging Protection Trends

IN FOCUS: CLIMATE CHANGE AND DISASTERS

Nearly 2,000 disasters triggered 24.9 million new displacements across 140 countries and territories in 2019 (IDMC GRID 2020). This is the highest figure recorded since 2013 and three times the amount of displacements caused by conflict and violence in the past year. The World Food Programme gave a stark warning this week that an additional 130 million people could be pushed into crisis levels of hunger due to because of the socio-economic impact of COVID-19, running alongside 135 million who already facing crisis levels of hunger due to droughts, flooding and violence limiting their access to food.

Climate related disasters are hitting many parts of the world with increasing ferocity. Last year saw two of the biggest cyclones on record, devastate Mozambique just 6 weeks apart. Since the beginning of 2020, parts of the Horn of Africa have seen crops destroyed by millions of locusts, depleting national food reserves. The Sahel is approaching the lean season, where persistent droughts and flooding require families to migrate in search of food – an impossibility in COVID-19 lockdown regulations. Furthermore, many parts of South-East Asia are approaching hurricane season, where their homes are at risk of being ravaged by high winds and flood water.

The usual response to displacement of potentially thousands of persons affected by droughts or floods is relocating them in temporary shelters, community centres or schools. But this is clearly not an appropriate measure in the COVID-19 pandemic where social distancing and lockowns are at the forefront of the response. Therefore, it is vital to strengthen community engagement and mechanisms for disseminating information of how communities can safely access assistance, provide early warnings with vital messaging to the affected population will be an essential part of the COVID-19 response in order to get ahead of any of the curve. The GPC will be working to ensure that mechanisms are in place to reach some of the most vulnerable groups and to avoid compounding protection risks.

Conflict and COVID-19: 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 Colombia, there have be reports of mass displacements as fighting escalates in the midst of the national measures of compulsory isolation, armed actions have been reported that deepen the pressure of non-state armed actors on communities, generating massive and individual displacement, deepening restrictions on mobility and confinement, forced recruitment, accidents caused by anti-personnel mines, threats to the population and increased risks of GBV for women and children, especially inside homes.
- Continued attacks on hospital facilities in Libya are hampering the response and people’s ability to access vital health assistance.
- In South Sudan, there has been an increase on violent local level attacks and increased cattle raiding reported.
- The Philippines has seen intercommunal fighting since Covid-19 outbreak displace 26,300 individuals (5,300 families) have been newly across Mindanao.
- An intensification of fighting in Chad has led to displacement of more 25,000, who remain displaced in government declared warzones.

GBV: 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.

- In Haiti, it is reported that GBV violence is particularly high in communities living under the control of gangs in Port au Prince and other big cities in Haiti. Access to these communities is difficult for humanitarian workers. Tensions arising from the Covid-19 epidemic might increase the isolation of victims of GBV in these communities.
• GBV has been highlighted as a protection risk in Mozambique, particularly around exploitation of women and girls by men in power.
• The number of reported domestic violence cases has been on the increase in Iraq.
• 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.

**Socio-economic downturn heightening risks:** Measures to prevent and combat COVID-19 such as restrictions on national and international movements, curfews, limitation of social gatherings inevitably have a strong social and economic impact leaving vulnerable communities at a heightened risk of exploitation, such as trafficking, child-labour and early marriage.

**Freedom of movement:** 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.

**Discrimination and stigma:** 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 Central America, many of the quarantine centres where returnees are being held are completely out of access for humanitarians and it is unclear on the of protection and humanitarian standards that are being followed.
• In Haiti, following the recent attempts of lynching, stigmatization of Covid-19 patients is raising in the country to the point that there are presumptions of contaminated patients who can afford consulting a doctor but are not willing to be tested.
• In Burundi Increased stigmatization and incidents of abuse have been observed against foreigners due to fear that they might be carrying Covid-19.
• In Cameroon, persons with specific needs are at greater risk as they might face double exclusion from the society, limited access to information and special services, separated from their caregivers in case of infection.

**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.

• In Colombia: Even after the signing of the peace agreement, in the midst of the COVID-19 emergency, communities continue to be affected by the lack of security of tenure.
• In Iraq evictions remain one of the key protection concerns for communities.
• In Somalia, forced evictions represent a constant threat for vulnerable communities in the country including displaced populations living in collective settlements and other urban poor in densely populated areas. In the context of a COVID-19 outbreak, continued evictions could leave thousands of households to the street, without basic requirements for survival exposing already vulnerable populations to greater security and health risks as well as aggravating already-fragile conditions for internally displaced people.

**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, trafficking and child labour are also a risk when families face socioeconomic hardship.

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- In Colombia, the order of the national government limits the mobility of the population in the territories, but also of the protection actors. Non-state armed actors have used this argument to consolidate control over territories which could include restrictions on access to food, medicines, control over the entry and exit of members of specific communities.
- In Syria, there are 6.1 million displaced people that often live in over-crowded conditions, in close proximity to others, with inadequate access to water and sanitation services, where social distancing is impossible and conditions are ripe for transmission of disease. Currently, around 297,455 IDPs and other communities live in fourteen camps and five informal settlements within Syria.
• Families returning to their areas of origin in Burundi are reporting family separation when put into quarantine, heightening risks for children.
• Family reunification has been temporarily suspended in Lake Chad Basin where a high number of unaccompanied and separated minors are.

Abuse of power: Due to the COVID-19 crisis, individual and community protection capacities may be disrupted. There have been outrages of police brutality measures used to enforce lock down.
• In Burundi, it is reported that authorities are arresting or taking out debts on those who cannot pay quarantine.
• In Guatemala, when the measures to contain the spread of COVID-19 were announced, the Ministry of Labor has received over 1,500 complaints of labor abuses and over 770 complaints of violations of labor rights, including, simulation of vacation with pay, for layoffs, for work at home without pay or without overtime pay and those for suspension of work without pay.
• In Honduras, there are reports of groups going door to door to extort people for money, along with aid being distributed in line with political affiliation.
• In Colombia non-State armed actors have deepened social control and pressure on the communities. The effects are the worsening of human rights violations and the invisibility of risk situations due to the difficulties of risk monitoring processes for both institutions and humanitarian actors.

Older people and persons with disability: The pandemic has been most devastating for the lives, health and well-being of older persons, people with underlying medical conditions, and those with lower socio-economic status – a category that tracks closely with minority status in most countries. The situation of persons with disabilities, especially those with underlying health conditions or in institutions, is particularly grave and it may be harder for persons with disabilities to take prudent steps to protect themselves.

IN FOCUS: Myanmar

Despite the call for a global ceasefire, conflict in Myanmar continues, and dozens of civilians have been killed as fighting between the Myanmar military and the armed groups have escalated in recent weeks. Tragically on 20th April, a marked UN-vehicle, carrying surveillance supplies for COVID-19 response, was caught in cross-fire, killing the driver. The UN released its condemnation here.

Political and inter-communal conflict have been the cause of regular displacements in Myanmar. Several armed groups in Kachin, Shan and Chin states are still in active conflict with the Myanmar military. Rakhine state was the scene of mass displacement in 2012 and more recently in 2016 and 2017 when 800,000 members of the Rohingya ethnic group sought refuge in neighbouring Bangladesh. Monsoon rains also trigger new displacements every year (IDMC GRID 2020).

In Rakhine State where there are currently 130,000 IDPs living in camps, their access to health services was extremely limited pre-COVID outbreak. Living in enclosed camps in Sittwe, the displaced population are extremely vulnerable if there should there be an outbreak, with poor sanitation conditions and limited access to services. The Myanmar Government has recently started the process of releasing prisoners from over-crowded prison sites in the country and returning many to Sittwe. The Protection Cluster is working with state authorities and health actors to ensure protection measures are put in place for returnees if being placed in quarantine. The will also be advocating to ensure clear information is available to IDPs in Sittwe where there has been an increase in number of calls to the protection hotline in past weeks.
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.

Key Highlights from the response:

- New and adapted online protection training for community mobilisers and partners has happened across many responses including Afghanistan, Colombia, Iraq, Somalia and Yemen
- Protection considerations for interventions in quarantine facilities were rolled out in several operations including Palestine, South Sudan, Syria, and Yemen
- Remote systems for case management of GBV is being explored in Colombia and Lake Chad Basin
- Rumour tracking is underway in places like South Sudan to ensure an understanding on how the virus is being understood within communities to ultimately help the response and tackle misinformation that could put communities at harm

GPC Operational Footprint

Based on consultations with the National Protection Clusters, the GPC has synthesized ongoing and planned activities into a minimum package of support. This package ensures that activity. This “Operational Footprint” on COVID-19

- Identifies a minimum package of critical activities to be implemented feasibly in all protection cluster operations.
- Aims to increase predictability and clarity for key stakeholders on what can be expected from NPCs/FPCs.
- Intends to foster sharing learning and best practices across operations.
- Provides a framework of key protection actions for the country chapters of the Global Humanitarian Response Plan (GHRP), the revisions of country Humanitarian Response Plans and of National Peace and Development Plans

The operational footprint focuses on 5 key protection deliverables:

- **Effective and safe, dignified and inclusive:** guidance and advocacy including on quarantine centre and shielding measures, trainings and operational support
- **Protection monitoring and protection analysis:** harmonized protection needs assessments and monitoring, regular situation reports, monthly protection briefs and analysis
- **Protection advocacy:** advocacy messages and campaigns
- **Protection awareness raising activities and campaigns:** rights awareness and information dissemination, culturally adapted and through appropriate channels
- **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 Plans and COVID-19 Plans

Over the last week field operations have completed finalizing country chapters as part of the Global Humanitarian Response Plan for COVID19.

The overall protection cluster requirements are split into two: 256M USD additional money required to addressing COVID-19. These 256M USD are in addition to 2BN USD appealed for under the Global Humanitarian Overview and the country Humanitarian Response Plans.

The proportion of protection asks from the total HRPs and COVID-19 plans vary between different operations. The variations are explained by the difference in protection risks and needs, contexts, operational capacity, feasibility and overall conditions put in place by the humanitarian leadership. We have also noted that the representation of response programmes dedicated to protection challenges that do not have a designated Areas of Responsibility leads varies from country to country including for addressing psychosocial support and trafficking in human persons as well as working with persons with disability, older people and youth. With your support we will be striving towards better harmonisation in the upcoming opportunities: updates of the GHRPs, Revision on the HRP 2020 and development of the HRP 2021.

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