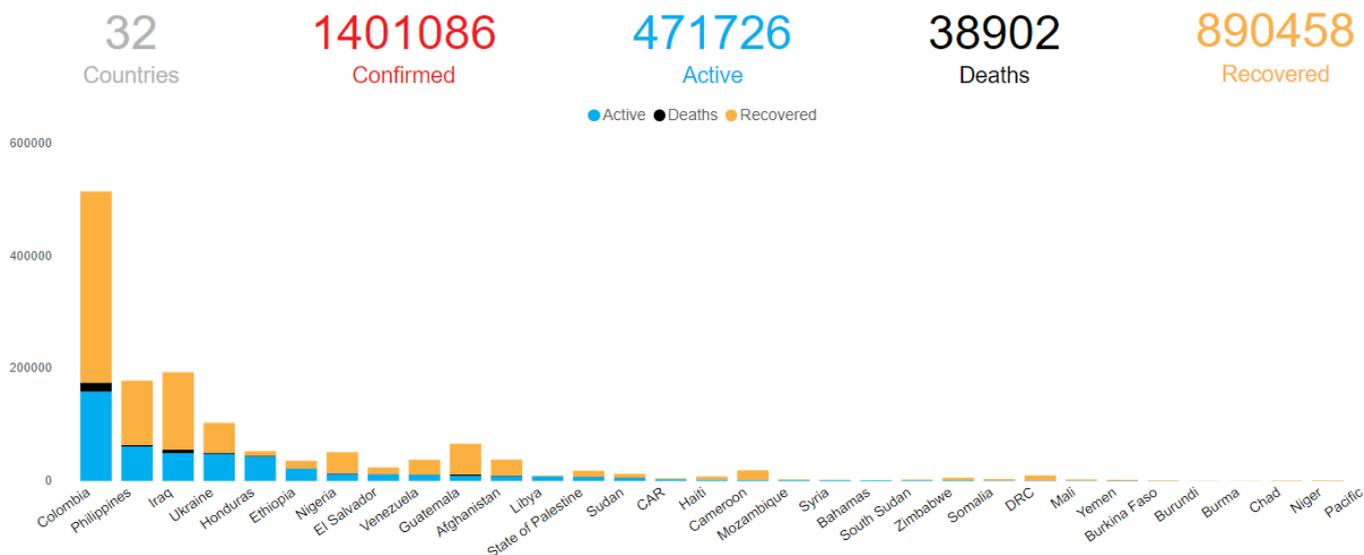


POLITICAL PARALYSIS & THE PANDEMIC

Ensuring protection is delivered despite pandemic fatigue & blatant disregard for the civilian character of humanitarian work

This Situation Report covers operational updates in the 26 [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

In the midst of pandemic fatigue, intensifying violence and conflict in some parts of the world, including, attacks on civilians and humanitarians, is hampering the safe delivery of protection services for the COVID-19 (C19) response. C19 cases are reported in 26 of 32 countries where the Protection Cluster operates.

Despite a [new resolution](#) agreed by the UN Security Council on 1st July requesting a 90 day “humanitarian pause” to allow the delivery of humanitarian assistance and medical evacuations, conflict and violence continue. Many of the subsequent human rights violations are occurring with total impunity.

Attacks against civilians and humanitarian responders during July – August were many, unprovoked, and in blatant disregard for international humanitarian law.

There have been attacks on villages in Ituri province, DRC, leading to the deaths of 20 civilians; a market attack in Burkina Faso killed 20 civilians; systematic and brutal targeting of civilians in South Sudan, including the killing of 81 people in a single attack in Warrap State; a callous, unprovoked grenade attack on an IDP site in Cameroon, where at least 18 people were killed and 1,500 people forced to flee; the murder of 6 humanitarian workers, their driver and guide, in Niger, and an attack on a UN helicopter in Nigeria, killing two people.

Whilst some reports suggest an overall reduction in conflict, particularly in the use of explosive weapons¹, these incidents echo emerging data that indicate a 2.5% increase in violence against civilians since the pandemic began.² When broken down, the data reports targeting of civilians by state forces is up by 30%, along with a marked rise in violent activity from non-state armed actors – a 70% increase in East and West Africa.³ As the socio-economic impacts of C19 begin to take hold, and protection by presence is radically challenged due to containment measures, Protection Clusters are also reporting high levels of gang and mob violence, which has seen an 11% increase across multiple countries since the start of the pandemic according to the same analysis.⁴

¹ <https://aoav.org.uk/2020/global-explosive-violence-sharply-declines-during-covid19-new-data-suggests/>

² <https://acleddata.com/2020/08/04/a-great-and-sudden-change-the-global-political-violence-landscape-before-and-after-the-covid-19-pandemic/>

³ <https://acleddata.com/2020/08/04/a-great-and-sudden-change-the-global-political-violence-landscape-before-and-after-the-covid-19-pandemic/>

⁴ <https://acleddata.com/2020/08/04/a-great-and-sudden-change-the-global-political-violence-landscape-before-and-after-the-covid-19-pandemic/>

As we approach the 75th anniversary of the UN, the destabilizing impact of C19 on the humanitarian, peace and development landscape is clear, yet the political action and/or will to address the deteriorating situation is less so. Donor fatigue and new crises, such as Lebanon, put additional strain on an already stretched system, while political wrangling and paralysis at some of the highest levels of Governments leave collective approaches for better outcomes unattainable.

We are entering a complex phase of the C19 response. Some of the biggest challenges lie ahead as the humanitarian community responds to the pandemic while lockdowns ease, increasing the risk of heightened transmission. It is vital that more is done to ensure the perpetuation of human rights violations does not continue with impunity, so that people can reach life-saving services safely to stop the spread of the disease.

AT A GLANCE

C19 IMPACT AS REPORTED BY 23 PROTECTION CLUSTERS



15 of 26 Protection Clusters report **early marriage** as an increasing risk. Ten operations rate the risk as significant or major.



24 of 26 Protection Clusters report C19 has had a **high impact on psychological distress and mental health needs** of affected populations.



24 of 26 of Protection Clusters report an increase in **Gender-Based Violence**; Nearly 90% report this as having severe impact on affected populations.



An increase in **social exclusion, stigma, discrimination, racism & xenophobia** are reported in 22 of 26 Protection Clusters.



Active conflict and/or increased political instability is occurring in over 80% of operations in this reporting period, with 40% of countries reporting attacks on humanitarians.



Forced recruitment and/or forced labour is occurring in 17 operations. 11 operations report this as a significant or major risk.



23 of 26 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 12% funded.



Burundi's newly elected President, Evariste Ndayishimiye, declared C19 to be "Public Enemy Number One", a significant policy change for the country

Libya's C19 status has been revised from 'clusters of cases' to 'community transmission'. 8,579 people have been infected with C19 however, a lack of testing and tracing capacity means the true scale of the pandemic is likely higher. On 7 August 2020, the Government of National Accord extended the curfew for a further ten days. C19 is rapidly increasing in the east.

As C19 cases have increased in **Zimbabwe** numbers of returnees continue to increase. At points of entry, and within and around quarantine centres, risks of stigmatization and neglect by receiving communities remains high. Quarantine facilities remain unequipped to mitigate protection risks as well as referrals to specialized protection services. Fears of C19 spread at quarantine facilities has contributed to an increase of border movements and smuggling of persons.

In **Yemen**, C19 is emerging as a new cause of internal displacement, according to [IOM](#), which recorded more than 10,000 people on the move due to fears of infection, impacts on public services and deteriorating economic prospects.

WHO has warned of not only increasing cases in **Honduras**, but of the increase in positive cases in areas with very little response capacity. There are 42,014 confirmed cases of C19.

In **Mali**, months of political discontent and vocal public unrest descended into chaos and a military coup. The ousted President resigned on 18 August. The first cases of C19 were reported in informal settlements in Mopti.

On 8 August, the President of **Mozambique** enacted a 30-day state of emergency. C19, as well as cholera, malaria and typhoid, are prevalent in conflict-affected provinces, including those where no humanitarian access exists to date. Provision of life-saving health care and protection in Cabo Delgado, home to 250,000 IDPs and over 700,000 people in need of humanitarian assistance, remains restricted, despite over 1,300 cholera cases and 400 cases of acute watery diarrhoea. On 11 August, ISIS-linked insurgents seized a strategic port near Cabo Delago heightening risks to civilians.

On 28 July, positive C19 cases were identified in Qulogi IDP site in Somali region, **Ethiopia**, home to approximately 78,000 displaced people. These are the first cases identified in an IDP site. Qulogi IDP site, in particular, has been identified as high risk due to the congested nature of the shelters which are not conducive to physical distancing measures. This site is also of significant concern to the humanitarian community due to recent regional government efforts to organise the mass return and relocation of IDPs from these sites to other locations where there is also insufficient access to services to ensure a safe and dignified standard of living and protection from C19.

A spike in C19 infections is reported in north-east **Syria**. Across the country, the level of testing remains extremely limited – at around 350 tests per day – with approximately 16,000 tests conducted in total. The UN reports suspected cases among residents of Al-Hol camp, raising concerns over poor living conditions in the camp that would make it difficult to contain the virus. Eight children under five died in Al-Hol camp within five days (6-10 August), as health and nutrition services deteriorated rapidly. The spike in deaths is more than three times higher than the mortality rate since the beginning of 2020.

In interviews of 5,142 respondents living in IDP camps, informal sites and out-of-camp/return areas across 17 governorates in **Iraq**, 85% of respondents in camps report that protection issues have significantly or very significantly increased since the beginning of the pandemic, compared to 67% in out-of-camps. 82% of respondents in camps report that protection issues affecting children have significantly or very significantly increased.⁵

In **Central African Republic**, the first positive cases of C19 were detected among IDPs at the Bria site, which has a population of more than 49,000 people. The 6 confirmed cases have been isolated and supported, and their contacts traced. The frequent entry and exit of people at the site to access the market or for trade in the city means the risks of community transmission are very high. The Government has decided to limit C19 testing to people with symptoms for confirmatory diagnosis which creates a significant issue for effective monitoring of the evolution of the pandemic in the site.

In North West and South West **Cameroon** 1,270 cases of C19 are registered, with 8 cases recorded among IDPs and refugees. The Government announced plans to introduce a mobile caravan to fast track C19 screening, as well as plans to support more women and children, including psycho-social support the distribution of food kits to the most vulnerable, and promoting income generating activities.

Despite a growing number of C19 cases in **Myanmar**, no cases have been recorded in IDP camps. Prevention and preparedness is ongoing, including Risk Communication and Community Engagement (RCCE) activities, monitoring and messaging on hygiene as well as soap distribution.

⁵ Protection Cluster Iraq, Protection monitoring in response to COVID-19 Summary of findings – July 2020



In Focus: Lebanon in Crisis

An estimated 84,000 vulnerable people (24,667 households) are in need of urgent support following the tragic explosion at the Beirut Port, on 4 August. This number may rise further as new information and needs come to light during the ongoing search and rescue operations. A two-week state of emergency has been declared by the Government.

Beyond the immediate and longer-term impact of the explosion, the Global Protection Cluster is concerned about the combined effect of a severe economic crisis and the C19 pandemic in the country. These three factors together are harming the most vulnerable and poorest parts of the population throughout the country.

The UN and humanitarian partners have launched a [US\\$565 million appeal](#) to help the people of Lebanon move from immediate life-saving humanitarian relief towards recovery and eventually longer-term economic recovery. A protection monitoring system has been set up to collect, verify, and analyse information in order to identify protection risks encountered by affected populations and calibrate interventions. This is complemented by a mapping of existing services available to the affected population.

Local actors and volunteers at the forefront of the response, A coalition of non-profits has joined forces to reduce duplicate work and streamline efforts in Beirut's relief efforts.⁶ The immediate focus of the protection response is on community engagement and outreach, psychological first aid, and referrals. Psychological first aid is being provided to particularly vulnerable persons, including older persons living alone, persons with disabilities, and children. Dedicated hotlines have been established to support protection referrals. Community outreach volunteers are visiting affected families to provide information and support and refer to assistance and services as needed. Protection partners are working with the Personal Status Department of the Ministry of Interior and Municipalities to assist affected people in replacing lost documentation. Child friendly spaces have been established in different areas of Beirut.

Emerging Protection Trends

Protection Risks Arising or Exacerbated by COVID-19



Conflict, political instability and C19

80% of operations report (21 out of 26) escalating conflict and/or political instability since the outbreak of C19. 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.

- Violence in Northern **Mozambique** continues to escalate and has spilled over to two Provinces – Nampula and Niassa. Attacks against civilians are commonplace, with entire villages decimated and displaced people forced to hide in the bush. In addition to the risk of contracting C19, the displaced are experiencing malaria & cholera outbreaks.
- On 3 August, airstrikes were reported for the first time since mid-July in Northwest **Syria**, reportedly impacting areas in the vicinity of the frontlines by the M4 in northern Lattakia governorate as well as Bennsh in eastern Idlib.
- A military offensive looms in Sitre, **Libya**, where significant displacement and targeted retaliation against individuals, due to allegiances, is anticipated to further hamper humanitarian efforts. Access remains difficult not only due to insecurity but also due to C19 restrictions.
- The security situation is deteriorating in North-East **Nigeria**. The shooting of a UN helicopter at the beginning of the July which caused two fatalities saw

The GPC has surveyed 26 country-level protection clusters to monitor the latest protection trends and incidents. The following information presents highlights of the survey findings those clusters.

⁶ Live Love Beirut, Jobs for Lebanon, Volunteer Circle, Nusaned, Codi, Rebuild Beirut, Rebuild Lebanon, Unicef, Mouwaten Lebne, Basmeh & Zeitooneh, Arcenciel, AltCity Impact, Bloom.pm, Aie Serve, Morta



all field visits put on hold. Humanitarian partners are working on resumption of field visits.

- In **Honduras**, despite a nationwide lockdown, the homicide rate has increased from the same period last year.
- Displacement from severe violence is escalating in **Colombia**. At least 1,300 people were displaced after eight people were killed in Tibú, a border area with Venezuela. From March to July, at least 20 murders were perpetrated in this area. In, Alto Baudó, Chocó, a 9-year-old indigenous girl was murdered, which resulted in the confinement of five communities. Local authorities and communities are requesting a greater presence of the public forces in these territories in response to the repositioning of illegal armed actors who have taken advantage of the pandemic to strengthen and/or dispute strategic corridors for the dynamics of the conflict.
- In **Mali**, the rivalry between the JNIM and EIGS armed groups, which began to emerge in February 2020, has led to clashes for control of resources and territory, particularly in the country's centre (Mopti & Segou) which humanitarians fear will lead to increased kidnapping, violence & forced recruitment.
- Lake **Chad** province remains volatile with frequent attacks by non-state armed groups and ongoing extensive military operations, which have caused disruption to telephone lines in parts of the province. Combined with the measures to control C19, the ability to monitor human rights violations is limited, aiding an environment of impunity and perpetuation of human rights violations. In July, 44 protection incidents (excluding GBV incidents) were reported; the majority involving attacks by non-state armed groups in areas bordering Niger and Nigeria.
- At least 18 people were killed and 11 injured in a grenade attack on an IDP site in Northern **Cameroon** on 2 August, displacing 1,500 people, including residents of the hosting village. Attacks against civilians in the region increased in June - July. Since the beginning of the year, 119 attacks by armed groups against civilians have been reported, resulting in 136 fatalities.⁷
- Rakhine State, **Myanmar**, is seeing an escalation in armed conflict and ongoing discriminatory practices against Rohingya IDPs. In Kachin and Northern Shan, there has been a significant decrease in armed conflict but injuries due to landmines and forced recruitment continue.
- In **Ethiopia**, at least 239 people were reported killed and 5,000 arrested since the assassination of Oromo singer Hachalu Hundessa on 29 June sparked nationwide protests. The military was called into Addis to control the situation. Some opposition party leaders have been arrested and some news outlets have been shut down. Internet was blocked across the entire country for 3 weeks as of Tuesday, 30 June restricting access to information and ability to monitor rights violations and manage the C19 response. During this period, hundreds of homes and shops were destroyed and burned in protest hotspots in the

Oromo region and authorities estimate that at least 9,000 individuals were newly displaced.

- In **DRC**, recent intense fighting and extreme violence in the North East has resulted in the displacement of over 200,000 people. Civilians have been killed, houses set on fire and women raped. The fighting that started in Pinga in early July continues to spread to the localities of Masisi territory. New clashes which took place on 31 July - 1 August on the Keseke-Mutongo axis have forced 80% of inhabitants (more than 6,000 people) on the move to protect themselves from the imminent danger. In Beni, a dozen civilians were killed, and several others are missing following attacks by armed men in several villages. These attacks also allegedly caused a fire in more than 200 houses, and the displacement of more than 7,000 people to Kainama-center and its surroundings.
- In **CAR**, the humanitarian situation deteriorated sharply in the north, east and west regions following multiple clashes between armed groups. About 659,000 people are internally displaced. With 4,614 confirmed cases of C19 as of 2 August, including 59 deaths, OCHA reports that CAR faces humanitarian needs far greater than the existing response capacities. In the first half of the year, 192 incidents of violence against humanitarian workers were recorded, including 2 deaths and 17 injuries.
- New displacement continues in **the Philippines**, subjecting IDPs to greater health risks as the pandemic evolves. Quarantine measures taken by the government did not put a stop to armed conflict in Mindanao; incidents continued to be reported with at least 32,000 displaced since the start of the quarantine period.



Social exclusion, stigma, discrimination, racism & xenophobia

22 Protection Clusters report social exclusion, stigma, discrimination, racism & xenophobia as occurring; 75% of those say cases are severely impacted by C19.

- Shrinking protection space in Tanzania is leading to early warnings of potential large influxes of returnees over the second half of 2020. Some **Burundian** refugee returnees from Tanzania are exposed to harassment, extortion and violence, and are unable to access their land and property which they find occupied by others upon return.
- The high rate of C19 in Iran continues to drive the return of Afghans back to **Afghanistan**, either through deportation or voluntary return. Increasing numbers of child returnees is posing a challenge to protection actors, as some communities and/or families are rejecting their returned children due to fear of contracting C19. Families of returned children are experiencing economic loss as many of the children were family breadwinners in Iran.
- Returnees to **Zimbabwe** face stigmatization and neglect by receiving communities in border towns.

⁷ <https://www.acaps.org/country/cameroon/crisis/country-level>



- Strict limitations on entry into **Venezuela** as a measure to stop the spread of C19 is leaving people stranded in border states or resorting to informal crossings into the country. This creates associated protection risks, particularly discrimination and stigmatization of those who return to areas of origin, where they face subsequent socio-economic vulnerability.
- Suspected carriers of the virus in **DRC** face stigmatization and socio-economic vulnerability. The Protection Cluster reports risk of increased inter-ethnic mistrust when specific ethnic groups have a greater number of infections or a higher recovery rate than others.
- LGBTI groups in **Honduras** report that *maras* (gangs) have increased pressure on transgender sex workers who are being threatened and used for drug trafficking; whilst subjected to an increasing weekly extortion rate.
- In **Mali**, IOM reports limited access to protection services for migrants and overstretched capacity at migrant reception centres.

Gender-based violence (GBV)

24 operations report GBV as occurring; over 90% say it is occurring with high impact due to C19. 20 operations report that **sale or exchange of sex as a coping mechanism** is occurring.

- In **Zimbabwe**, calls to GBV hotlines have increased by 70% since the beginning of the lockdown; 90% of calls regard cases of intimate partner violence, 94% of callers are women. The Government's new policy to reduce inflation by banning mobile payment modalities is reducing access to money and exacerbating women and girls' risk of exposure to transactional sex and SEA, particularly in drought affected districts, mining hotspots, and border areas.
- In **Afghanistan**, a Multi-Sector Needs Assessment of 607 households in 5 provinces found 97% of female respondents reported GBV increasing since the C19 outbreak.⁸ In a rapid assessment conducted by a national NGO on male survivors of conflict-related sexual violence, survivors reported that wider economic instability and poverty as a result of C19 have led to new types of abuse, including heightened emotional abuse from family members due to their inability to continue providing funds from transactional or exploitative sex.⁹ The GBV survivors at Family Protection Centers (FPCs) are exposed to higher risks of infection to C19 due to lack of enough space to maintain social distancing, lack of protection and hygiene kits.
- Calls to the **Colombian** national helpline for domestic violence increased by 153% between 25 March and

11 June 2020.¹⁰ In the same period, 42 murders of women were reported.

- In addition to increasing psychosocial distress in **Syria**, significant increases in various forms of GBV are reported, particularly incidences of domestic violence (marital rape, physical and emotional violence and denial of resources). Girls and women with disabilities and pregnant women are especially vulnerable.
- In **Burundi**, flood-displaced women and girls in 3 IDP sites in Gatumba continue to be exposed to risk of sexual harassment including a report of rape by a police officer. Some women are reported to be selling or exchanging sex to generate income.
- Increasing violence against female domestic workers is reported in **Niger**.
- Lack of access to basic services such as latrines, bathing cubicles, and electricity pose GBV risks to women and girls temporarily sheltering in evacuation and transitional shelters in Marawi and Maguindanao, the **Philippines**. Women have expressed their need for access to sustainable livelihood opportunities to prevent adoption of negative coping strategies, particularly in Talitay, which is experiencing ongoing insecurity. Results of a Joint Protection Assessment in Maguindanao, indicate IDP victims of domestic violence are seeking help from local leaders to resolve the issues.
- In **Ethiopia**, an increase in GBV cases continues to be reported in Somali, Benishengul Gumuz (Kamashi zone) and Oromia (West Guji and West/East Wollega zones) regions. An increase in begging, child labour and transactional sex have likewise been reported by local authorities/bureaus in West Guji zone.
- In **Iraq**, 78% of respondents in camps report that protection issues affecting women and girls have significantly or very significantly increased since the beginning of the pandemic, compared to 63% out-of-camp.¹¹

Children at risk

C19 is exacerbating children's exposure to protection risks including forced labour, early marriage and recruitment into armed groups. **Violence against children is reported in 23 operations, early marriage in 15 operations, along with cases of child and family separation in 19 operations.**

- In Bangui, **CAR**, C19 lockdowns, including school closures, are being attributed to a rise in sexual violence. An international organization offering services to survivors of sexual violence treated more child rape victims in the first half of 2020 than in the whole of 2019. Of the 472 known assailants, 57% were neighbours, intimate partners or ex-intimate

⁸ A New Scourge to Afghan Women: COVID-19, Oxfam, 2020.

⁹ Rapid assessment of the impact of the COVID-19 pandemic on male survivors of sexual violence in Afghanistan, All Survivors Project and Youth Health and Development Organization in Afghanistan, June 2020.

¹⁰ Presidential Advisory Office for Women's Equity.

¹¹ Protection Cluster Iraq, Protection monitoring in response to COVID-19 Summary of findings – July 2020



partners, relatives or other persons from the same household. Underage survivors were five times more likely than adults to be victims of more than one incident of sexual violence. 10-14-year-old survivors face particular challenges in rehabilitation as they are unable to attend school nor able to participate in income generating activities.

- In Northwest **Syria**, household economic pressure is increasing child protection risks, as labour and early or forced marriage were listed as a coping strategy for lack of income in more than 80% of communities.
- In **DRC**, loss of parental livelihoods is exacerbating children's risk of forced labour and commercial sexual exploitation, especially for adolescent girls. Survivors risk being confronted with limited or even a lack of access to care services and / or referral mechanisms (including maternal and child health services, sexual and reproductive health, justice, police, and psychosocial care).
- In **Mali**, food insecurity is leading to the adoption of risky choices and behaviours, including reduction in food consumption. Recruitment of children and young people into armed groups has been on the rise, as has child labour. The GBV Sub-Cluster report an increasing trend in the number of cases of early marriage.
- Increased cases of child sexual abuse were reported in **Cameroon**.
- Anecdotal reports and assessments in **the Philippines** show some displaced parents have opted to marry off their young daughters as a source of income due to lack of livelihoods. A broader study on the phenomenon is underway.
- In **Afghanistan**, recruitment of children appears to have increased during the 2nd quarter of 2020. There is no direct evidence this is linked to C19, however, increasing numbers of families who are struggling to meet daily needs may be impacting the rise. While efforts are being made to use different modalities to provide psychosocial support to children, the lack of group-based activities which provide a forum for peer support is impacting negatively on children.
- In **Zimbabwe**, there is a 53% increase in calls to child protection hotlines.
- In the first half of 2020, 128 children and adolescents have been recruited or associated with armed groups in **Colombia**.¹² In one reported case, a 16-year-old indigenous girl was recruited by the ELN (National Liberation Army) and forced to install an anti-personnel mine, which detonated in her hands causing her irreparable damage. Members of the Protection Cluster have also warned that in some territories adolescent pregnancy has increased. There are concerns this may be linked to the presence of armed actors in these territories.
- Violence against children is rising in **Mozambique**, particularly in conflict-affected areas in the north. Abuse of power by security personnel, including rape of young girls, was reported on numerous instances.

- In **Iraq**, 82% of respondents in camps report that protection issues affecting children have significantly or very significantly increased since the beginning of the pandemic, compared to 61% out-of-camp. Lack of access to education is identified as the first main protection concern affecting children, reported by 87% of respondents in camps and 74% out-of-camp. Trauma, stress and anxiety are identified as the second main protection concern affecting children, reported by 60% of respondents in both camp and out-of camp locations, followed by child labour and violence, abuse or neglect within the household.



Freedom of movement

19 Protection Clusters report restrictions on freedom of movement and 17 report unsafe or forced movement; nearly 70% say this is occurring with high impact due to C19.

- In **Chad**, there is risk of forced relocation of 17,500 IDPs by local authorities present at Diamerom (an IDP site close to a military camp and the border with Niger) who refused to be relocated to a new IDP site closer inland in May 2020.
- In **Myanmar**, particularly in central Rakhine, access to livelihoods continues to remain a key challenge with increased restrictions on freedom of movement. Due to the escalation in conflict, communities are also faced with restrictions on movement due to insecurity, leading to delayed or no access to emergency facilities or hospitals.
- In **Cameroon**, almost 60% of the 15,000 IDPs fleeing conflict in the North West South West have lost their civil status documents including ID cards. Authorities capable of issuing new ID cards have also fled localities because of the conflict. The movement of the displaced remains very limited because of arbitrary arrest or illegal taxes imposed to them.
- Communities affected by mass displacement in **Colombia** are returning to their places of origin without state accompaniment, sometimes because of inadequate conditions in the places where they arrive. They returned despite places of origin remaining unsafe. Despite the government issuing a decree to suspend evictions, evictions are ongoing and having considerable impact on IDPs, and the refugee and migrant population. At least 74,000 persons (according to Migration Colombia) have returned to their countries of origin.
- In **Iraq**, a protection monitoring exercise involving 5,142 respondents in 17 governorates and 127 sub-districts, indicated 62% of respondents in camps report a ban on entry into / exit from camps, but with exceptions. 41% of respondents in out-of-camp locations report facing restrictions on access to markets compared to 8% in camps.
- In **Zimbabwe**, inadequate information on quarantine processes and available multi-sectoral services is

¹² This was the assessment made until 13 May by the Coalition against the involvement of children and young people in the armed conflict in Colombia (Coalico).



resulting in increased risk of individuals absconding from facilities, along with reports of quarantined returnees self-harming, and an increase of illegal migration (including smuggling in persons).

- * In **Ethiopia**, since the onset of C19, several regions have commenced the return or relocation of thousands of IDPs (by the end of June, close to 80,000 IDPs returned to areas of origin in Metekel, Awi, Fafan, and East Harange zones alone). While these movements are related to ongoing peace processes, some are clearly being hastened in the name of IDP site decongestion (and the associated C19 risk). While the voluntariness of these movements cannot be confirmed, it is clear that IDPs require further information about the state of their return/relocation site and assistance to be provided upon their arrival, in order to make an informed decision. Some of the movements have resulted in dire living conditions for IDPs due to the unpreparedness of the return/relocation site. Humanitarian partners regret the lack of consultation and preparatory works (or food/NFI stocks) in areas of return/relocation prior to the organization of movements. In July an outbreak of C19 was confirmed in at least one IDP site from which these return movements were taking place, giving rise to further concern over the risk of C19 transmission should similar premature movements continue.



Housing, Land and Property

15 Protection Clusters report increase risk related to housing, evictions, land and property.

- In **Afghanistan**, C19 lockdowns have exerted pressure on vulnerable households to meet key HLP costs, increasing the risk of eviction. Preliminary results from an NRC survey in Kandahar on C19 tenure insecurity shows 83% of the respondents have received threats of eviction from their landlord since the pandemic outbreak, because they have not been able to pay their house rent properly and on time; 85% of the respondents are worried about receiving eviction threats in near future. Particularly vulnerable groups include IDPs, and those living in densely populated urban informal settlements where competition for land is high, HLP costs are high and where C19 transmission risk is greatest.
- The Protection Cluster in **DRC** reports concerns of the risk of increased land conflicts resulting from violations of the land rights of people affected or who have died from C19.
- In **Iraq**, IDPs, particularly women and children leaving the camps and returning to areas of origin often end up in secondary displacement and without access to basic services. For those out-of-camps, inability or difficulty to pay rent is cited by 74% of respondents.
- In **Nigeria**, C19 lockdowns resulted in many daily wagers being unable to provide for their families, including inability to pay rents. This led to multiple evictions, especially in privately owned land



Mine Action

As already vulnerable communities are hit hardest by the crisis, it is crucial that mine action activities are continued, to the extent possible, to enable provision of life-saving humanitarian assistance and access to health facilities.

- In Lake **Chad** Province, mines, unexploded ordnance and reported use of improvised explosive devices by non-state armed groups are presenting growing threats to host populations, refugees and IDPs. On 31 July, an IED exploded a military vehicle killing two persons onboard which was 15 km from the site of Diamerom hosting some 17,500 IDPs.
- In **Afghanistan**, demining NGOs are facing increased obstacles to access areas affected by mines although the mine action partners have been closely working with local communities and with Humanitarian Access Group (HAG) to grant access for their activities, advocacy with government and non-government actors is needed.

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 **Mozambique**, IDPs have to pay to access local health facilities but in practice cannot afford the fees and as a consequence are often not received by the health centre. Most IDPs also report having lost their IDs which is another barrier to access to services.
- In **Zimbabwe**, despite inclusion of protection services among essential services, mobility of both personnel and survivors remains a challenge. In all areas, and especially in remote and hard to reach areas, access to essential services is hampered by limited availability of transport means, and as a general result of the socio-economic impact of the extended lockdown. Insufficient availability of PPE also reduces functionality of services.
- In **Nigeria**, the combination of C19 movement restrictions and security conditions generated by NSAGs and the military limited access to affected populations and limited their access to humanitarian assistance. Many NGOs did not obtain government travel permits, while some INGOs have evacuated their international staff outside of Maiduguri.

Persons with disabilities

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

- The July update of the [Global Humanitarian Response Plan](#) shows that the pandemic has exacerbated the vulnerability, stigmatization or marginalization of people with disabilities.
- Humanity & Inclusion carried out a [study](#) in some of its countries of operation, finding that humanitarian staff



are insufficiently prepared to adapt their C19 interventions to include people with disabilities and their needs.¹³

- IASC have recently issued [Key Messages on Applying IASC Guidelines on Disability in the COVID-19 Response](#), for field coordinators, camp managers and public health personnel, as well as national and local governments and the wider humanitarian community, including organizations of people with disabilities.
- Humanitarians in northwest **Syria**, report persons with disabilities face disproportionate impacts of C19. As options diminish, people with disabilities are reported to have to search for food in rubbish containers or look through landfills for sellable and reusable materials.

Older Persons

Older persons have faced higher infection and mortality rates, while at the same time have been subjected to ageism in public discourse, age discrimination in health care and triage decisions, neglect and domestic abuse, negative physical and mental health impacts from isolation, limited access to essential services, and greater exposure to the virus in care institutions.

- In **Chad**, older persons are at risk of being left behind during forced displacement and may face additional barriers in terms of accessing over-stretched health services.
- In northwest **Syria**, older persons are reportedly seeking less medical assistance due to fears of contracting C19, as well as requirements to visit health clinics unaccompanied.

Trafficking in Persons

17 operations report increase in **trafficking in persons**. C19 lockdown measures are posing challenges to comprehensively respond 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 **Afghanistan**, boys continue to be trafficked for *bacha bazi* ('boy for play') in which boys forced to dress as girls, perform and dance for men, are sexually harassed and often raped. A rapid assessment by the Youth Health and Development Organization indicates that due to lockdown measures restricting large gatherings, *bacha bazi* has been displaced to new, more remote locations, where victims have fewer options for protection or escape.¹⁴
- In **Mozambique**, forced recruitment of children, kidnapping and trafficking of children are on the rise, particularly in the north.
- As economic stresses grow, increasing numbers of children are dropping out of school in **Honduras** to engage in informal work. There are concerns this may increase the risk of trafficking for child labour at the hands of criminal gangs.
- Risky migration, including soliciting smugglers, is occurring due to the official closure of land borders in **Mali**. There are concerns smugglers may in fact be trafficking people for exploitation.

In Focus: C19 and the 'contact line' in Eastern Ukraine

Despite several ceasefires being brokered, the conflict in the east of Ukraine has entered its 6th year. Over five million people are impacted, particularly people living near 'the contact line' – a line dividing government-controlled areas (GCAs) from non-government-controlled areas (NGCAs) in Donetsk and Luhansk.¹⁵ Since 2014, more than 3,350 civilians have died,¹⁶ and more than 7,000 people have been injured.¹⁷ An estimated 3.4 million people are in need of humanitarian assistance and protection, as the conflict devastates the economy and exhausts people's ability to cope.

The contact line has been a source of misery for those living alongside it. People face direct physical threats to their security, including regular shelling, shooting and danger from mine contamination. The security situation, coupled with weak infrastructure and disrupted services has resulted in a high rate of unemployment, food insecurity, and limited access to basic services.

When the country went into lockdown, protection risks soared. Thousands of people found themselves stranded on either side of the contact line, totally restricting their access to homes, jobs, family members, and essential services like banks and healthcare. Thousands of people were forced to find temporary accommodation.

Before the pandemic outbreak, 63% people crossing the contact line were older people, travelling from NGCA to GCA to withdraw their pensions. Now, for over 5 months, they remain without their (main) source of income. HelpAge reported that the needs of older people and people with disabilities residing along the contact line in GCA significantly increased, with 97% in need of food assistance; 85% with limited or no access to safe drinking water; and 99% requiring basic hygiene items.

¹³ <https://medium.com/@UNOCHA/my-ears-are-my-eyes-aef3dbccebf2>

¹⁴ Rapid assessment of the impact of the COVID-19 pandemic on male survivors of sexual violence in Afghanistan, All Survivors Project and Youth Health and Development Organization in Afghanistan, June 2020.

¹⁵ <https://www.acaps.org/country/ukraine/crisis/conflict>

¹⁶ According to OHCHR, as of 30 June 2020. OHCHR quarterly report

¹⁷ <https://www.acaps.org/country/ukraine/crisis/conflict>



The protection risks for women, adolescent boys, and girls along the contact line remain acute. The high concentration of military coupled with a proliferation of weapons, weak law enforcement and impunity for perpetrators means GBV risks were already high prior to the outbreak of C19. In the months since, reported GBV cases have increased. The national GBV hotline reported a 44% increase in calls. The number of requests for safe spaces from GBV survivors has increased by at least 37% (UNFPA). Lack of livelihoods and income is feared which will lead to adverse coping strategies, such as transactional sex.

As casualties from the conflict increase, including child casualties, and damage to schools, cases of C19 are also on the rise – by 3 August, 2,399 cases were registered by de-facto authorities in NGCA, ten times the number in April. This poses ongoing challenges to humanitarian responders as some of the people most in need are also the ones most challenged in physically accessing services or most vulnerable to contracting the virus.

Protection Cluster partners continue to adjust their activities in the face of C19 to provide assistance to those on the contact line and in the region. Partners developed online modalities to continue the provision of legal and protection consultations, psychosocial support and explosive ordinance risk education. Key protection activities also include disseminating information on C19 and access to services available during the quarantine, expanding home-based care for older people living in isolated settlements near the contact line, building capacities of social service providers and preparing for the expansion of services after quarantine restrictions are lifted. New community-based protection initiatives included provision of materials and support to community centres for production of masks which were in short supply and practically not available.

Operational Challenges and Support

The economic downturn and public pressure are forcing many governments to ease lockdowns. As restrictions relax, Protection Clusters have reported reduced adherence to preventive measures by communities and increased spread of C19 cases. The transmission rates are growing in the majority of operations.

Concerns remain about how to reach particularly marginalised and discriminated groups, as obstacles to humanitarian access, in particular, changing conflict dynamics, de-prioritisation of protection activities, and reduced access for monitoring continue to impede the delivery of protection services.

Meeting an operational minimum package:

Based on consultations with 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

Containment measures, arbitrary restrictions on movement, and lack of available information means not everyone is able to access life-saving services equally, particularly vulnerable groups such as older persons and people with disabilities. Protection actors have been working across the humanitarian response to get health services to people, and people to health services.

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, Venezuela** along with guidance for prisons in **Haiti**. In **Zimbabwe**, protection actors are supporting local organizations to produce cloth masks for communities, as a way to reduce the risk of harassment upon return.

However, there remains a long way to go. In northwest **Syria, Nigeria, Myanmar**, lack of access to populations make it difficult to ensure people are provided with adequate information on where to access C19 related services. In **El Salvador** and **Honduras**, Clusters still lack access to quarantine sites. In **DRC, Mozambique, Myanmar, Nigeria, South Sudan** and **Zimbabwe**, a severe lack of protection funding (less than 1% for C19 response) has led to reduced protection staffing and as a consequence, protection has not been as well mainstreamed into the health response. In **Nigeria, Niger, South Sudan** and **Zimbabwe** 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

Remote monitoring techniques and established protection networks inclusive of communities, have played a big part in the C19 response. Protection monitoring systems are being actively used across the response in [Iraq](#), [Mali](#), [Burkina Faso](#), [CAR](#), [Chad](#), [DRC](#), [Iraq](#), [Libya](#), [Mali](#), [Niger](#), [Nigeria](#), [Somalia](#), [Ukraine](#), [Mozambique](#), [Myanmar](#) and [Venezuela](#).

The C19 crisis has helped to reimagine the way in which protection partners operate, monitor and respond to needs. Protection partners have worked side-by-side with the community, despite (in some locations) being unable to physically reach them, to help identify protection needs and imminent threats, informing the response and required advocacy. For example, protection monitoring has been achieved through handing out mobile phones to key informants in inaccessible communities to facilitate remote monitoring and remote protection activities, strengthening of service provision, and the use of SMS based and online platforms for protection assessments.

This is paving the way for nation-wide protection societies, with affected communities and local partners being the driving force of the response now and in the future.

Protection advocacy: advocacy messages and campaigns

Protection partners have worked to ensure the humanitarian response to C19 prioritises protection and is accountable to the communities we work with.

In **Mozambique**, the Protection Cluster continues to advocate on all levels to ensure perpetrators of GBV are held accountable, cases are followed up on and mitigation measures are in place to avoid future instances of abuse of power. In **Iraq**, evidence from protection monitoring is being used to highlight that those living in camp settings are being heavily impacted by C19 and associated protection risks. In **Chad** and **Ethiopia**, the Protection Cluster is advocating with local authorities for respect of the principle of voluntary relocation and working with them and affected persons to find a solution.

In **Haiti**, a C19 protection strategy is being implemented with revisions of information on a monthly basis, and in **DRC** the Protection Cluster has set up an advocacy working group to monitor HCT implementation on centrality of protection. In **Zimbabwe**, protection partners advocated for inclusion of community-based organizations among essential service providers, critical to ensuring continuity of community surveillance and referrals in remote and hard to reach areas.

At the global level the GPC has developed advocacy messaging for IASC Principals, developed an Advocacy Action Plan on C19 and is working across results groups to strengthen protection advocacy.

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

Increased stigmatization, including attacks against displaced and other marginalized people accused of spreading the virus, has been constant since the outbreak of the pandemic. Engagement with affected communities has been one of the main systems for information sharing and countering rumors and to tackle stigma and discrimination, and to ensure communities are well informed of how to protect themselves and their families from C19.

In **Nigeria**, **Niger** and **South Sudan** misinformation is creating disbelief and stigma about the virus making it difficult to identify and reach people who may be in need of access to healthcare. Clusters are employing various methods to reach people, including multi-media and SMS based campaigns. Many clusters are conducting virtual trainings with community members, protection and non-protection actors. In **Colombia** to overcome communication issues with indigenous populations who speak multiple dialects, communities are empowered to generate their own prevention messages to C19 and protection against gender-based violence. In **Zimbabwe** protection partners have been disseminating positive parenting messages through weekly radio programmes to address the challenges that parents and caregivers are facing during C19.

Specialist support for returnees and migrants arriving in high volumes across Latin America who are ostracised upon return to their communities is being developed in **El Salvador**, **Colombia**, **Guatemala**, and **Honduras**. In **El Salvador**, a hotline has been



created along with issuing a digital card specifically for protection services that may be required by IDPs and returnees.

Connectivity remains a significant challenge for the effectiveness of awareness raising on protection issues in the C19 environment. In conflict-affected areas of **Chad, Libya, Niger, and Yemen** connectivity issues are severely hampering the ability to ensure vulnerable communities are kept informed and restricting ability to monitor rights violations and manage the C19 response. In central Rakhine, **Myanmar**, an internet ban has been in place for several months, while the internet was blocked across the entirety of **Ethiopia** for three weeks in July.

Despite pre-existing and C19-related obstacles to humanitarian protection, actors are creating innovative solutions to deliver critical life-saving protection services.

In **Zimbabwe** and **Mozambique**, there have been distributions of sim cards and phone credit to community mobilisers to ensure access and referral to vital protection services. The GBV AoR and protection partners continue to scale-up capacity of Hotlines/Helpines as the entry point for referrals in **South Sudan** whilst expanding availability of shelters for survivors and those at risk of violence.

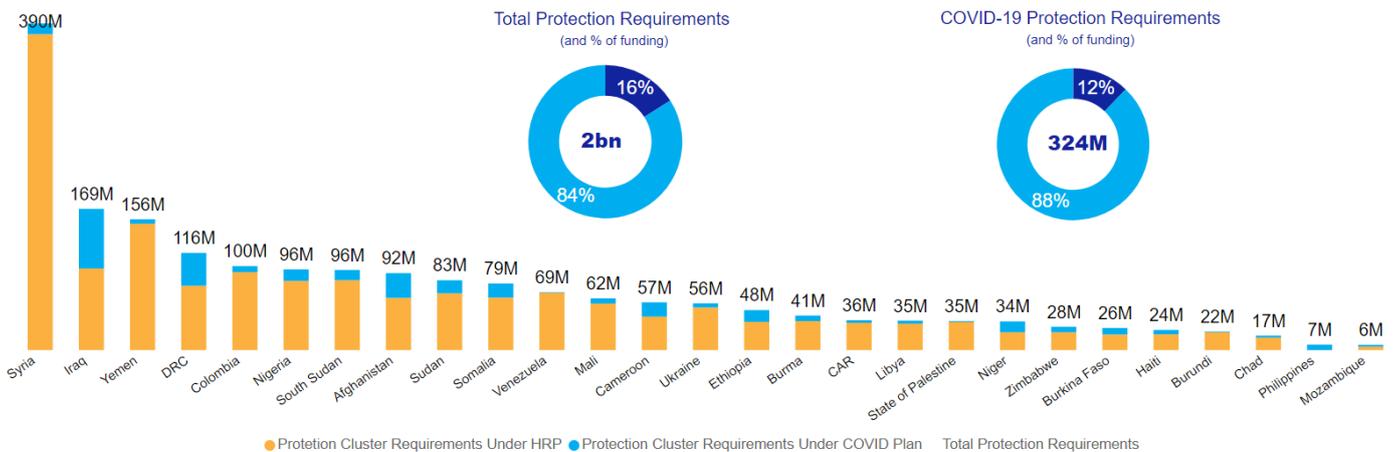
Protection actors in **Syria** are conducting virtual trainings on GBV and child protection referral pathways and case management for community volunteers and hotline staff, while in northwest **Syria**, Protection Cluster members provided emergency response services for civilians displaced from Idleb and Aleppo due to the ongoing hostilities, deploying an emergency rapid response model to the mass displacement involving child protection, GBV and mine action teams. In **Chad**, the Protection Cluster is advocating for a reinforcement of risk education and anti-mining activities and has contributed to a CERF Rapid Response for the protection and assistance needs of 42 283 newly displaced persons following the attack on Boma at the end of March 2020 whose needs remain largely unmet

Integrating protection approaches across the response is vital. In **Zimbabwe** the Protection Cluster is providing an integrated mobile protection service provision, including enhanced coordination with Food security, WASH and shelter clusters to facilitate set up of mobile services near food distribution points, community boreholes, quarantine facilities

In close coordination with the HLP sub-sector, protection partners in **Nigeria** are mapping out privately owned land with a high, moderate and low possibility of eviction to enable the sector to advocate and better respond to any eviction situation.

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

Humanitarian Response Plans and C19 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.

Across the globe, as pandemic fatigue sets in, protection actors are imploring the international community not to turn away from displacement crises. The needs that existed prior to the outbreak of C19 continue to disrupt the lives of



millions, at the same time as C19 plunges new populations into crisis. Although C19 has added unforeseen complexity to responding emergencies, providing the funds needed to meet needs is critical.

Protection funding requirements account for just 8% of the total C19 response appeal. To date, funding for protection remains just 12% funded across all operations.¹⁸ Of particular concern is protection funding for the C19 response in DRC, Mozambique, Myanmar, Nigeria and Zimbabwe which remains under 1% funded. In Cameroon, Haiti, Niger and Ukraine, the C19 response remains under 2% funded. For non-C19 protection work, only 17% of the funds required by Protection Clusters have been delivered.

Without an injection of resources, humanitarian organizations will be forced to make difficult operational choices that could leave some communities on the brink of survival. Lack of protection funding affects the capacity to monitor trends, identify interventions for collective protection outcomes, and weakens the ability of protection partners to deliver services to those most in need.

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.



¹⁸ FTS (<https://fts.unocha.org/appeals/952/summary>), data consulted on 7-Jul-20 (funding up to end of June). Corresponds to requirements in 27 operations with protection cluster/sector/working group active and included in the GHRP. Funding data for protection sectors in Haiti, Sudan and Venezuela not available”

