Key Messages

IASC KEY PROTECTION ADVOCACY MESSAGES- COVID-19

IASC Results Group 3 on Collective Advocacy

September 2020

Endorsed by IASC Principals

The COVID-19 pandemic is exacerbating protection[2] concerns in humanitarian crises and exposing vulnerable populations to new threats**.** Protection clusters are reporting[3] an increase in cases of violence, including a 'shadow pandemic' of Gender Based violence (GBV), forced displacement, a rise in xenophobia and stigmatization, alongside discrimination in access to health, food, water, education and legal services for vulnerable and marginalized groups. In the face of the largest economic shock the world has experienced in decades,[4] some of the most vulnerable communities are now forced to resort to adverse survival strategies, with limited safe alternatives.

The following messages are based on protection concerns reported through the national protection clusters.[5] Their objective is to inform on key protection issues related to or exacerbated by the COVID-19 pandemic and to suggest how these protection issues could be addressed through collective advocacy.

Key protection concerns:

Increasing negative coping mechanisms. The pandemic is disproportionately affecting people who were already vulnerable due to their gender, age, disability, ethnicity, displacement status, or belonging to marginalised or discriminated groups. COVID-19 could double the number of people facing hunger globally and substantially increase poverty.[6] With limited safe alternatives, communities are left with only dangerous options. Two thirds of protection clusters report the sale or exchange of sex as a coping mechanism commonly occurring, and more than half report an increase in child marriage.[7] In Mali, Mozambique, Niger and Chad, instances of child recruitment into armed groups is on the rise, while in Nigeria and Libya, there is an increased risk of trafficking in persons.[8]

Violence, conflict and political unrest are growing under COVID-19. Latest data suggests there has been a 2.5% increase in violence against civilians[9], and 80% of protection clusters report an increase in violence since the outbreak of the pandemic.[10] Protection clusters in Nigeria, Mali, Mozambique, Libya and Yemen are reporting attacks on camps for the displaced, hospitals and schools, which is threatening the safety of millions, and damaging vital infrastructure needed for the response, while increasing humanitarian needs. In addition, the combination of conflicts and legal uncertainty over land tenure rights has exposed vulnerable communities, particularly indigenous peoples to abuse, violence, forced displacement and land encroachment.

Gender-based violence is increasing exponentially. Twenty-four of 26 of national protection clusters report increases in the number of Gender Based Violence (GBV) cases.[11] National helplines in places like Zimbabwe and Colombia are receiving up to 150% increase in calls during isolation as many women are being forced to 'lockdown' at home with their abusers.[12] At the same time, services to support survivors are being disrupted or made inaccessible. There are also reports of a rise in harmful practices against girls during COVID-19. Female genital mutilation has been reported to be on the rise globally.[13] GBV experts project that for every three months the lockdown continues, an additional 15 million women and girls could experience GBV and that an additional 13 million child marriages could take place that otherwise would not have occurred between 2020 and 2030.[14]

---

1 The Global Protection Cluster has been the penholder of these IASC Results Group 3 key protection advocacy messages– COVID-19.
[2] Protection is defined by the IASC as '… all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law, International Humanitarian Law, International Refugee Law.'
[3] Through the GPC monthly protection survey of 26 national protection clusters (August)
[4] https://www.worldbank.org/en/news/feature/2020/06/08/the-global-economic-outlook-during-the-Covid-19-pandemic-a-changed-world
[5] Through the GPC monthly protection survey of 26 national protection clusters (August)
[6] https://www.wfp.org/news/Covid-19-will-double-number-people-facing-food-crises-unless-swift-action-taken
[7] https://www.globalprotectioncluster.org/wp-content/uploads/GPC-SitRep_August_FINAL_7_updated.pdf
[8] https://www.globalprotectioncluster.org/wp-content/uploads/GPC-SitRep_August_FINAL_7_updated.pdf
[9] https://acleddata.com/2020/08/04/a-great-and-sudden-change-the-global-political-violence-landscape-before-and-after-the-covid-19-pandemic/
[10] https://www.globalprotectioncluster.org/wp-content/uploads/GPC-SitRep_August_FINAL_7_updated.pdf
[11]https://www.globalprotectioncluster.org/wp-content/uploads/GPC-SitRep_August_FINAL_7_updated.pdf
[12] https://www.globalprotectioncluster.org/wp-content/uploads/GPC-SitRep6June-2020_FINAL-3.pdf
[13] https://www.unfpa.org/resources/covid-19-disrupting-sdg-53-eliminating-female-genital-mutilation
[14] https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-Covid-19-pandemic-continues

Xenophobia, racism, and s**tigmatization are on the rise.** Around 85% of field protection clusters report increased stigmatization, including attacks against displaced and other marginalized people – including LGBTI and indigenous communities - accused of spreading the virus.[15] This is pushing already ostracised groups further into the margins of society, which has the potential to violently escalate if unaddressed. Violence and tensions against displaced persons and returnees have been reported in Guatemala, Venezuela, Nigeria, Burundi, Afghanistan, Yemen and Cameroon. Threats and attacks against people suspected to be infected, including older persons, persons with disabilities, health and humanitarian workers are also reported.

Services are not reaching everyone equally. Nineteen of 26 protection clusters report deprivation of liberty and arbitrary restrictions on movement as having a moderate to high impact on communities.[16] Containment measures, arbitrary restrictions on movement, and lack of available information means not everyone is accessing life-saving services equally. This not only weakens the health response but can also feed into discriminatory practices that cause harm and could create lack of trust between humanitarian actors and the communities we serve. State and non-state actors' restrictions on access to certain populations – including IDP populations in camps, returnees in quarantine, and people in detention – is limiting the ability of protection actors to reach and inform communities on where to access help. In places like Myanmar, Iraq and Yemen, where getting services to affected people was already burdened with restrictions, impediments and high-level negotiations, access could further deteriorate.

This virus has proven that no-one is safe until everyone is safe. Yet, several humanitarian crises are not getting the right attention from the international community. Underinvestment in complex protection crises continues to force entire nations into a difficult and dangerous fight against COVID-19 and its consequences. Lack of political will, poor economic support and media attention mean that several countries such as Cameroon, Colombia, the Central African Republic, Burkina Faso and Niger risk slipping further into dangerous levels of insecurity.

The funding situation is dire across the board, but protection cannot be neglected. Protection is recognised as central to humanitarian response and essential for development and peace. In the COVID-19 response, protection cluster requirements accounts for 8% of the total appeal in those countries and currently is just 12% funded overall.[17] Lack of protection funding is affecting the capacity to monitor trends, and identify interventions for collective protection outcomes, whilst weakening the ability to access hard-to-reach communities affected by COVID-19, or by pre-existing or exacerbated protection risks. Building back better from the COVID-19 crisis requires that we enhance the protection analysis and early warning as well as address the root causes of climate and displacement. This requires strengthened local capacities in preparedness, response and recovery actions.

Do no harm. Protection programming to mitigate risks and respond to the needs of women, children, indigenous peoples and vulnerable groups requires specialist interventions, that yield results over time. Embedding those efforts across all aspects of the response is critical to avoid exposing people to additional risks, and ensuring the response is delivered according to needs and in a culturally appropriate manner. In the face of this extraordinary pandemic, years of work that has been put into mainstreaming protection into humanitarian action and ensuring accountability to the communities we work with is now at risk. Inadequate funding against ambitious targets could force donors and responders to focus attention on where they can have the most impact at speed. This threatens to leave vulnerable groups with diverse needs in complex situations lagging behind, and risks exacerbating and reinforcing harmful inequalities, including gender inequality.

<u>**Key Messages:**</u>

1. Neglecting to recognize how the economic downturn will affect the protection environment will weaken the effectiveness of COVID-19 interventions to address the needs of people at risk, or those already caught in abusive and exploitative situations. Introducing urgent risk mitigation measures as well as long-term investment in comprehensive protection programming is essential to reduce people's vulnerability

---

[15] https://www.globalprotectioncluster.org/wp-content/uploads/GPC-SitRep_August_FINAL_7_updated.pdf
[16] Data from the Global Protection Cluster survey August 2020
[17] 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"

to exploitation and improve collective health and protection outcomes. Interventions to respond to rising food insecurity and other associated impacts of COVID-19 must have protection at the core, with cross-cluster and sectoral coordination being essential to ensure that protection concerns are reflected in such interventions.

2. Increasing violence is not just a threat for those caught up in it, but for the entire response to the pandemic. Member States must intensify engagement with parties to armed conflicts to respect and comply with International Humanitarian Law, including the principles of distinction, proportionality, and precautions towards civilians and civilian objects – including humanitarian and health personnel and their assets.

3. Programmatic and financial investment in stand-alone gender programming, including women's and girls' empowerment and GBV and sexual and reproductive health programming, is urgently required for the COVID-19 response. Donors must commit to increasing funding to gender interventions, while the humanitarian community must align with the IASC Accountability Framework on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action. Given the extreme funding gap and increasing need due to COVID-19, GBV must become a greater priority at field and country level. Agencies, clusters and sectors must ensure GBV considerations are integrated within all 2021 HRPs and projects, as well as being addressed through targeted programmes. GBV programming (both standalone and within other programs such as WASH and cash) must be based on the robust gender analysis noted elsewhere.[18]

4. While children are not the face of this pandemic, they risk being among its biggest victims. National COVID-19 responses must prioritise protecting children, particularly adolescent girls, from GBV and other forms of violence, and support child survivors through stand-alone and mainstreamed efforts. Commitments by national government and humanitarian actors to prevent and respond to GBV and violence experienced by children must also be fully funded and supported in all contexts.

5. To combat COVID-19 related stigma and discrimination, the humanitarian community must mobilize comprehensive and timely community engagement and risk communication strategies to prevent and address harmful patterns identified. Furthermore, governments and communities must be encouraged to address COVID-19-related stigma, including hate speech; promote messages of humanity, inclusion, solidarity, and human rights, particularly freedom of opinion and expression, and the right to equal treatment and non-discrimination; and express solidarity with victims.

6. National and local authorities must ensure that confinement measures are implemented in a non-discriminatory manner, in line with international human rights laws; and ensure equal access to essential services and information, particularly for vulnerable populations including indigenous peoples, migrants, internally displaced people and refugees.

7. COVID-19 is a human crisis and efforts to address it must be centred on protection. The pandemic has highlighted deep and disturbing inequalities in every society. We must build back better. Investing in protection is cost-effective, complementary and essential to the response to COVID-19. Donors should fully fund the protection appeal in the GHRP. Where possible, development and peace resources should be directed to deliver on protection outcomes.

8. To beat COVID-19, no nation and no person can be left behind. Donors, along with regional and international financial institutions must work with the humanitarian community to support neglected crises, and ensure that the most vulnerable within those communities are targeted in line with the 'do no harm' principle. Equally, the humanitarian community should double up its support to the existing and emerging community-based protection networks composed of local actors, community leaders, affected people and volunteers, faith-based leaders and grass-root organisations for an inclusive, accountable and equitable response.

---

[18] Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery - https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf