

## NIGERIA NATIONAL PROTECTION SECTOR WORKING GROUP

### COVID-19 IMPACT ON HUMANITARIAN RESPONSE

#### Introduction

As of 7<sup>th</sup> April 2020, there are there are 238 confirmed cases of COVID19 reported in Nigeria. 35 have been discharged with 5 deaths. The regular bi-monthly meeting of the National Protection Sector Working Group (NPSWG) scheduled for 7<sup>th</sup> April 2020 was canceled in light of the pandemic. The NPSWG Secretariat will continue to monitor all developments related to COVID-19 and follow advice provided by the World Health Organization and the Nigerian Government. Rescheduling or alternative methodology of the upcoming meetings will be announced for partners to make appropriate arrangements. While further updates about upcoming meetings will be provided in due course, the NPSWG meeting is substituted by this information note.

#### National Human Rights Commission

Following the COVID-19 pandemic in Nigeria, the commission considered the outbreak as human rights issue. Human rights are interrelated and interdependent. Right to health is closely interconnected with numerous other human rights, including the rights to life, food, water, housing, work, education, life, non-discrimination, privacy, movement, assembly, access to information, the prohibition against torture, among others. In the bid to curb the spread of the deadly virus in the Country, the President of Nigeria, President Muhammadu Buhari, issued a directive on the 29th March 2020 that the FCT, Lagos and Ogun States should be locked down from 30th March 2020. Following the presidential directive, different states of the federation started devising measures to ensure that the people of the state are protected which is basically hinged on restriction of movement. Each of the state charged its task Force on COVID -19 (law enforcement personnel) in the state to ensure compliance with the regulations and the directives. The Commission to ensure that the rights of Nigerians including the POCs are protected during the implementation leveraged on its mandate and embarked on the following activities:

1. Directives to Law enforcement agencies to respect human rights especially rights to freedom from torture inhuman and degrading treatment during enforcement of covid-19 Regulations.
2. A second directive was issued to the commission staff, CSOs and other members of the public to document and report human rights violations by law enforcement agents against citizens, including IDP camps, host communities, refugees and POCs during enforcement of covid-19 Regulation.
3. Commission is presently collaborating with OSIWA, DFID and Shehu Yar'Adua Foundation to adapt an App to monitor human rights violations including SGBV for all person and vulnerable/displaced community during covid-19 pandemic and beyond.
4. The Commission's Directive to report Law enforcement agents that will violate Human rights during ongoing enforcement of COVID 19 regulations cover especially Adamawa, Borno and Yobe States.
5. Posters on covid-19 awareness and guide to report violations distributed through the social media.
6. The Protection Action Groups (PAGs) are also used as contacts in reporting these violations within the camps and the host communities where monitors cannot reach because of recent lockdown and restriction of movements.
7. Engagement of the presidential and state task forces on covid-19 to ensure that the palliatives of the government at federal and state levels reaches the POCs.
8. Monitoring and documentation of human rights violation is ongoing to aid accountability and access to justice.
9. Regular human rights Monitoring visits to sites, host communities and detention facilities.
10. The Human Rights Monitors are still carrying out their regular monitoring visits to camps, host communities and detention facilities in the three project states. This includes identification, documentation, and handling or referral of cases of human rights issues arising in their areas of coverage.
11. Constant Sensitization

The Commission beefed up sensitization on ways of curbing the spread of the deadly disease in the country especially in the IDP camps, host communities and returnee communities. The Commission issued a guideline to the monitors in the field across the three project states of Adamawa Borno and Yobe state on how to beef up sensitization on ways of curbing contamination and spread of the disease within the camps and the host communities. The posters were circulated to inform and guides POCs in the camp and host communities. The commission is also carrying out sensitization campaign through electronic and print media on self and community protection during this season. The Monitors also carryout sensitization on different factors that will limit the occurrences of SGBV during these regulations.

Drawing from the experience last week (following the coming into force of the regulation), the humanitarian response has been severely impacted in locations across the state in different ways:

**a. Inability to access the camps and the host communities**

Lack of means of transportation and restriction of movement, has been a major challenge for NHRC HRMs, as well as other humanitarian actors on the field. The challenges have resulted in limited response to the cases referred to the relevant stakeholders because of inaccessibility of certain locations. Most of the Humanitarian actors are experiencing challenges in reaching PoCs and carrying out their normal humanitarian activities.

**b. Economic hardship on the PoCs**

The lockdown of some states is severely affecting the lives of persons of concern both in Camps and Host Communities. PoCs who are mostly day laborers and petty traders cannot go out and engage in economic activities that would provide them with the means of providing some of their most essential needs like food. The government on its part has not matched its action of placing restriction with a corresponding intervention/response to mitigate the situation. The skeletal services being provided by the humanitarian partners in some of the LGAs in the state has brought about economic hardship on the PoCs.

**c. Slow response to human right and protection issues**

As a result of restrictions introduced by the State Government to reduce the spread of the disease in the communities including the camps, most of key humanitarian partners in some locations are pulling out their staff and rendering skeletal services or “work from home” approach. Some of the humanitarian actors fled to “safe zones” because of rumors in the community that some individuals have contacted the Corona virus. This has really slowed down on the responses to identified cases in the camps. It is difficult to access relief materials and cases referred get slow or no response during this period.

**d. Decrease in the number of PoCs reached during awareness raising**

The strategy of “social distancing” has also brought about the reduction in the number of people reached during sensitization at the camp. The monitors have reduced the number of PoCs during each awareness raising session to only 20 as against 60 to 80 persons in a normal situation.

**e. Restriction of Movement**

Some of the projects in the field are delayed because of local restrictions of movement. Consultants and professionals who are engaged to implement the activities cannot travel/ would not be allowed to enter the state because of closure of the state borders.

The National Human Rights Commission is determined to ensure that the rights of all individuals are protected. The COVID-19 pandemic has posed a serious human rights health challenge in the project states amongst others. All stakeholders should ensure that human rights are mainstreamed into planning and inclusive strategies devised in curbing the spread of the deadly virus in the country. This will ensure an inclusive strategy for the protection of the rights of all including POCs during implementation of covid-19 guidelines.

## Protection Sector North East

Nigeria, as many other countries around the world, has been bracing for the impact of the Covid-19. Now that certain hotspots have been identified by the government, among them Lagos and Abuja, there are efforts underway on a war footing to contain the spread of the infection. Apart from lockdowns and ban on interstate travels there are also measures targeting behavioral patterns of populations, specifically pertaining to the maintaining of certain health and hygiene standards that are being advocated with almost fanatical emphasis. The UN system has been at the forefront in supporting the government, both federal and state, in implementing measures for the prevention and containment of the spread of the infection.

In North East Nigeria, where there already exists an emergency situation, the humanitarian actors have already begun putting in place certain measures to ensure the affected populations, especially in camps and host communities, both IDPs, host community populations, civilians, remain abreast of the situation in terms of information, advocacy, maintenance of hygiene and social distancing. The DHC along with the OHCT has been disseminating guidelines and instructions on measures to be put in place and followed in light of the situation arising from the threat of spread of COVID-19. All measures are being put in place to ensure that camp communities are protected, and that infection does not enter the camps. As such, self-quarantine measures are being observed by humanitarian workers who travel to Maiduguri; there is reduction in the number of meetings with all such interface

now web-based; almost all international humanitarian actors are teleworking and significantly, camp visits, especially by international staff is suspended.

There is scope, that such containment measures, can impact humanitarian actors and their capacity and ability to continue with the provision of services to the affected population. The Protection Sector, NE Nigeria is striving to continue to provide protection-based services to the affected populations and ensure minimal impact on service delivery. In respect of containment measures directed by the HCT and government protection partners on ground are experiencing and effecting certain adjustments. Already protection partners in camps have reduced the number of meetings; some humanitarian agencies have relocated international staff out of Maiduguri, access to affected populations is restricted due to restrictions on camp visits and some partners have withdrawn presence in some locations.

#### **Preliminary summary of the impact on PS partners and their service delivery:**

- Protection related services still ongoing in all locations; instances of some protection partners absent or with reduced presence in certain locations.
- Locations where there is reduced or withdrawal of protection partners experience suspension of the partner specific protection activity; in this regard, there is impact on referral pathways as well
- It is learnt that number of General Protection led engagements at field levels including meetings, sensitizations and FGDs have been reduced. Furthermore, at FGDs and sensitizations the number of participants have also been reduced in order to comply with social distancing guidelines
- Situation is still fluid and further restrictions/ measures on part of government can further affect humanitarian presence especially that of INGOs and UN agencies.
- Ongoing and enhanced sensitization of camp communities on health and hygiene
- Some partners are innovating, such as NCA, which has adopted 'non face to face' GBV case management

#### **Impact on the Protection Sector Working Group (PSWG):**

- Most PSWGs are continuing activities though there may be absence or reduced presence of some PSWG members. Core activities continue and field presence is current.
- UNHCR as PSWG lead has withdrawn personnel from Bama, Banki, Gwoza, Monguno and Ngala to Maiduguri. This will affect the coordination meetings. For Bama where Care International has also reduced its presence and others likely to withdraw SRH services here are likely to be disrupted
- In most locations partners are working together on messaging on the prevention of COVID 19 with Health sector taking the lead.
- In Maiduguri metropolitan area IOM and NHRC has withdrawn from camps affecting MH/PSS services and referrals and services related to freedom of movement/ detention respectively in all locations
- PSWG/ protection desks to have key messages on Covid-19 'dos and don'ts developed with guidance from Health and WASH sectors with hand washing points strategically placed

#### **Protection Concerns:**

- It is recognized that law enforcement activities are essential to mitigate the risk of COVID-19 transmission and to protect local population from violence, looting and other illegal acts. That said, heavy presence of armed personnel within and near the camps creates new risks to affected populations.
- While enforcing restrictions of movement, including curfews, security forces may use unnecessary force. Similarly, people moving, for example those wishing to access farmland, food or firewood, are likely be stopped, questioned and even detained for violating the government instructions.
- Closures imposed on camps and heavy presence of security forces may increase the risk of sexual abuse and exploitation by security forces and law enforcement personnel.

#### **Key Messages and Recommendations:**

- Restrictions of movement and other restrictive measures should only be imposed when necessary to protect public health, and in a manner, which is proportionate to the seriousness of the risk. Law and order must be enforced in a fair, non-discriminatory manner and while respecting and protecting the human rights of all persons.
- When enforcing movement restrictions, non-violent means shall be used, such as persuasion, warnings and – only if these fail – fines. Force may only be used as an exceptional measure, when unavoidable and in a proportionate manner.

- The use of firearms and explosive weapons is strictly prohibited. It can only be employed in order to protect security personnel or other persons from an imminent danger of death or serious injury, and only when less extreme means is insufficient.
- Detention should only be employed as a last resort, given the harsh impact on the person concerned and his/her family, as well as the potential risk of transmission in detention facilities. When persons are detained, they should be treated humanely in all circumstances and have access to medical care. Their family must be informed about their whereabouts and condition. In the absence of risk to public health, they should be released without delay.
- The authorities and those involved in response activities should take appropriate measures, including training, to prevent gender-based violence by security forces or humanitarian personnel. Complaints should be investigated promptly and those found responsible should be held to account.

## Updates from the Sub-Sectors:

### **Child Protection Sub-Sector:**

- The Child Protection Sub-Sector (CPSS) developed the [Guidance Note on Child Protection Service Provision and Caring for Children in the Context of the COVID 19 Pandemic](#); the aim of the note is to provide practical guidance to child protection actors and actors in other sectors to facilitate safe child protection service provision during the COVID-19 pandemic and related control measures in north-east Nigeria.
- The CPSS conducted training on delivering accountability through participation for child protection actors in Borno State to enhance the understanding of the conceptual and practical aspects for accountability to affected populations with a focus on children.
- The CPSS conducted training on integration of child protection into Food Security and Livelihoods for FSL actors in Borno State. The aim of the training was to ensure understanding of child protection and the linkages with FSL and enhance understanding of the risks of abuse, exploitation, neglect and violence and how these risks can be mitigated through mainstreaming CP into FSL.

### **Gender-Based Violence Sub-Sector:**

- The Gender-Based Violence Sub-Sector (GBVSS) supported the ISWG to collect data for the multi-sectoral GBV safety audit across nine LGAs in Borno State to enable humanitarian actors to determine observable risks and assess specific vulnerabilities of women, girls, boys and men to those identified risks. The GBVSS is continually supporting the analysis of data with each Sector to form a joint understanding of risks and to identify actions that could reduce those risks and/or vulnerabilities.
- To strengthen GBV referrals and improve incident data collection, analysis and dissemination, the GBVSS conducted GBVIMS trainings in Maiduguri, Magumeri, Bama, Ngala, Dikwa, and Monguno. It's our hope that following the training, the quality of incident data analysis will be improved.
- COVID-19 and GBV Response. The GBVSS understands that across the globe and specifically in Nigeria there are already reports of increases in GBV incidents since the COVID-19 outbreak. It is clear, however, that most cases of GBV will remain unreported due to the lack of available, safe, ethical and quality response services as well as fears of stigmatization, reprisal, and lack of access to appropriate information on seeking help. Hence prevention and response to GBV incidents is critical component of the COVID-19 response.
- The GBVSS has developed a guidance GBV service provision in the context of COVID19 - aims to provide actions to be considered for ensuring GBV prevention and service provision in the time of COVID-19 and highlights key areas for COVID-19 task forces at national and state levels and sectors responding to COVID-19 to prevent gender based violence and address associated GBV risks.
- The Sub Sector has developed a Tip-sheet on Protection from Sexual Exploitation and Abuse (PSEA) and COVID-19, intended to provide guidance to PSEA Network members to ensure that prevention and response mechanisms are in place and adapted to face this challenging period. Indeed the challenges of service delivery in the context of COVID-19 include restricted travel to monitor programs, remote supervision of staff in the field, and even less access to already hard-to-reach communities to conduct community activities. In this environment, the risk of sexual exploitation and abuse (SEA) may increase, and reporting channels may be compromised.
- The GBVSS COVID-19 Preparedness and Response Plan was developed. It focuses on integrating critical GBV response and prevention services within the relevant pillars of COVID-19 response at state levels and ensuring access to GBV services remains critical. Owing to the overall COVID-19 prevention and response strategies, a flexible and adaptive approach is needed to ensure that life-saving services continue to be made available without compromising the safety of GBV service providers or survivors. Key resources such as Women and Girls Safe Spaces: Technical Guidance

Note for COVID-19 and guidance on Case Management, GBVIMS/GBVIMS+ and the COVID-19 pandemic have also shared with partners.

**Mine Action Sub-Sector:**

- Operations in Adamawa have been suspended due to the state-level lockdown;
- In Borno and Yobe, the attendance to Explosive Ordnance Risk Education (EORE) sessions has been decreased from 20 to 10 participants in order to implement social distancing.
- During EORE sessions, beneficiaries ask a lot of questions about how they can protect against COVID-19. Thanks to messages prepared by WHO and UNICEF, the Community Liaison Teams are in a position to deliver simple preventative messaging.
- Partners, such as DDG are working on radio messaging in order to mitigate the decrease of direct beneficiaries.
- Capacity building activities conducted and planned by DDG and UNMAS (training of the police, of NEMA and SEMA) are delayed.
- Overall, the COVID-19 will highly likely result in a reduced number of effectively reached beneficiaries against objectives defined in the HRP.

**AOB****Overview of current situation of displacement in Nigeria (UNHCR)****NORTH WEST**

- 35,400 Nigerian Refugees have been registered in the Diffa region of Niger Republic as of January 2020.
- There 68,966 IDPs in Katsina, 65,533 in Zamfara and 43,976 in Sokoto (IOM DTM R2).
- Data on IDPs in the Northwest is limited due to few numbers of humanitarian actors.

**NORTH CENTRAL**

- In the middle belt there are estimated 280,000 IDPs in the three States of Benue, Nasarawa and Plateau (IOM DTM R2).
- In Benue, there are 160,500 IDPs, while there are also 7,531 plus Cameroonian refugees registered as of March 2020.

**CAMEROONIAN REFUGEES**

- As of March 2020, over 57,800 Cameroonian refugees were registered in Benue, Taraba, Cross Rivers and Akwa-Ibom.
- There has been an influx of Cameroonian refugees into Taraba State which is an area that is difficult to access because of the terrain, with limited presence of partners, the state currently hosts about 13,000 refugees.
- UNHCR opened an office in Taraba State due evolving protection issues.

**URBAN REFUGEES**

- As at February 2020, there were 2,433 refugees registered, with majority residing in Abuja, Kano, Ogun, and Lagos.
- In addition to the urban refugees, there is about 1,100 Asylum seekers as at end of February 2020.
- Updated data on urban refugees for March not available due to precautionary measures against the COVID-19 virus.

**Domestication of Kampala Convention**

- There is an ongoing advocacy with Government stakeholders of the 6 North East States through the speaker of the Adamawa State House of Assembly Hon. Abba Aminu Lyas the Government focal point representing the voices of Bauchi, Borno, Gombi, Taraba and Yobe States to agree on an initial budget for the workplan on the passage of the State law on the protection and assistance of IDPs in the respective states.
- First stock taking meeting with international and national agencies supporting advocacy for domestication of KC held as scheduled in Feb, report issued and disseminated. Next meeting with MDAs to hold before end of 2nd quarter.

**The date of next NPSWG meeting is scheduled to be on Tuesday, 02 June 2020.**

**Methodology for the meeting will be announced in due course in consideration for COVID-19 pandemic.**