

**NGO Statement
International Protection**

Dear Chair, Ladies and Gentlemen,

This statement is delivered on behalf of a wide range of NGOs. It has been prepared in close consultation with the NGO community, and aims to reflect the diverse views highlighted during this process.

Restrictions of asylum and resettlement:

As the world grapples to cope with the spread of COVID-19, despite the UN Secretary General's call for a global ceasefire, and the UN Security Council Resolution for a 90-day humanitarian pause¹, conflicts and persecutions continue to take place in many places worldwide. In recent days, we have witnessed the deterioration of the security situation in Borno State, where both humanitarian actors and the population continue to be targets of brutal attacks. On 3 August, airstrikes were reported for the first time since mid-July in Northwest Syria. In the Democratic Republic of the Congo, the 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. In CAR, the humanitarian situation deteriorated sharply in the north, east and west regions following multiple clashes between armed groups.

Millions of peoples, unlucky not to be living in countries and communities that are prosperous, safe and secure, often do not have a luxury to consider the impact of the pandemic itself. Instead, as was the case prior to the pandemic, they are forced to flee such conflicts, persecution, or other threats to their own and the lives of their loved ones, in search of sanctuary.

Each State has the right and responsibility to protect its public health and may temporarily close their borders to limit the spread of COVID-19 virus. At the same time, every person fleeing persecution has the legal right of access to lodge an asylum claim, and not be turned away under the principle of *non-refoulement*. Unfortunately, according to UNHCR aggregated data, today 72 countries are completely denying access of asylum seekers to their territories². This is contrary to the 1951 Convention and ignores practices in more than 90 countries showing that it is possible to provide access to asylum while adhering to health screening and quarantine measures as part of infectious control measures. We urge all States to respect and uphold their obligations under international humanitarian law, refugee law and human rights law, and ensure access for asylum seekers, while adhering to public health protocols.³

In the NGO community, we see further risks of erosion of internationally recognised asylum procedures, by continued externalisation of border controls and outsourcing of border management

¹ UN, press release, SC/14238, 1 July 2020: <https://www.un.org/press/en/2020/sc14238.doc.htm>

² UNHCR, *Global Protection Platform*, as of 4 September 2020: <https://data2.unhcr.org/en/dataviz/127?sv=44&geo=0>

³ See *Human mobility and human rights in the COVID-19 pandemic: Principles of protection for migrants, refugees, and other displaced persons*: <https://zoberginstitute.org/wp-content/uploads/2020/04/Human-mobility-and-human-rights-in-the-COVID-final-1.pdf>

to transit countries, thus prolonging risks for asylum seekers, leaving them vulnerable to physical and psychological harm. Furthermore, we concur with UNHCR's concerns about legislative developments in Hungary⁴, where a new asylum procedure was introduced that requires asylum seekers to first obtain a permission to travel to Hungary to claim their asylum, after submitting a '*statement of intent*' at a Hungarian Embassy in a third country. Those not complying and attempting to enter Hungary without adhering to the procedure risk being turned away, contrary to the principle of *non-refoulement*. Such practices are a violation of the 1951 Refugee Convention, and the European Convention on Human Rights and its fourth protocol. We urge Hungary to reconsider this law and bring its procedures back in line with international and human rights laws, as well as EU laws on asylum.

Furthermore, the recently proposed new EU Pact on Migration and Asylum is also of concern to NGOs. While we welcome the commitment to a more humane approach to asylum in Europe based on solidarity, the currently proposed complex system may lead to less agreed predictable policy on sharing of responsibility, while the proposed flexibility for negotiations amongst Member States will likely lead to more deterrence, externalisation and returns. We call on EU Member States to implement existing standards in relation to asylum procedures, and to work towards asylum reforms for meaningful and predictable mechanisms of solidarity.

As stated in the NGO statement at the 78th Standing Committee meeting, we want to re-emphasise our concerns with the present status of resettlement and complementary pathways. Only close to 64,000 persons were registered and resettled in 2019, despite the commitment made by States in 2017 to have an annual resettlement quota of 360,000. At the same time, in the first half of 2020, refugee resettlements fell from 2019 levels to nearly 12,000, according to UNHCR data⁵. This is too little given the scale of forced displacement. We commend those states that have relaunched their resettlement processing in the pandemic. However, thousands of women, men and children are desperately waiting for this life-saving, durable solution. We call on Member States to expedite the work of remote resettlement processing, interviewing and cultural orientation, using technology and innovative methods to ensure the continuation of this life-saving protection measure. We also urge States to work with UNHCR and other stakeholders to achieve the vision of the Three-Year Strategy on Resettlement and Complementary Pathways, with 3 million refugees benefiting from its implementation by 2028.

Humanitarian and protection situation in the pandemic:

Before the pandemic, the humanitarian situation in the majority of protracted humanitarian crises such as Afghanistan, Central African Republic, Somalia, Syria and Yemen was already harrowing. Millions of people living in such crises, in the majority of cases forcibly displaced, were already suffering from violence, stigma, discrimination and unequal access to basic services and living conditions.

The COVID-19 pandemic has unfortunately further exacerbated this trend, with an abrupt loss of livelihoods and income, resulting in deteriorating living standards, regarding housing, food, water and sanitation, education and access to services, as well as increased risk of intimate partner violence at household level, giving way to a rise in negative coping strategies, including early marriages, child labour and selling or exchange for sex. Lack of access to food is a major problem, with refugees in some places resorting to lower quality food, as reported in Bangladesh and Nigeria. In a letter to the

⁴ See: UNHCR Position on Hungarian Act LVIII of 2020 on the Transitional Rules and Epidemiological Preparedness related to the Cessation of the State of Danger, June 2020: <https://www.refworld.org/docid/5ef5c0614.html> and Access to asylum further at stake in Hungary, UNHCR, 29 June 2020: <https://www.unhcr.org/news/press/2020/6/5efa0f914/access-asylum-further-stake-hungary-unhcr.html>

⁵ UNHCR, *Resettlement data*, January-August 2020: <https://www.unhcr.org/resettlement-data.html>

UN Security Council, the Under-Secretary-General for Humanitarian Affairs has warned that some populations in DR Congo, northeast Nigeria, South Sudan and Yemen could soon be facing famine.⁶

As national health capacities are tested by the pandemic, forcibly displaced populations are finding it extremely difficult to **access health services** due to high costs, lack of documentation and administrative hurdles, movements restrictions, as well as stigma and discrimination. A recently conducted gender analysis in Lebanon revealed that a number of women and girls have no access to reproductive health services, with almost 43% of female respondents reporting no access to family planning or sexual reproductive and health services since the start of the pandemic, and 35% of female caregivers (both Lebanese and Syrian) reporting that pregnant women have no access to antenatal care⁷. In Nigeria, health facilities in some locations have closed down or reduced services and hours of operation due to lack of sufficient Personal Protective Equipment (PPE), resulting in the affected populations resorting to self-medication.

Allow us to also highlight some specific **protection trends** observed, based on data collected over the past months:

Restrictions of freedom of movement due to ongoing conflicts and pandemic containment measures, are creating more vulnerability, sense of anxiety and confinement, lack of access to health services, food and other basic commodities. The movements of displaced persons remain very limited in many places because of arbitrary arrests or illegal taxes imposed on them. In countries with refugee camps, such as in Iraq, there are bans and restrictions for people moving in and out, restricting their access to services.

Globally, in different surveys conducted in at least 24 countries, the movement and contact restrictions have created a deeply harmful, shadow pandemic of escalating **Gender-Based Violence** against women and girls, with data showing that between 65% and 97% of interviewed women reported a major increase in one or more types of GBV⁸. The majority reported intimate partner or family member abuses within their own households, including marital rape, as well as other forms of physical and emotional violence. Lockdowns and other limitations of movements, as well as the stress caused by financial and economic insecurity, and job losses are major compounding factors that are driving sexual and physical violence toward victims that are often stuck in confinement with the perpetrators. The difficult economic situations have also seen an increase in reports of sale or exchange of sex as a financial coping strategy. The current situation is undermining years of achieved progress to empower women and girls in emergencies. Without the necessary prioritisation, funding and accountability to women and girls in the humanitarian response to COVID-19, lives will continue to be at risk.

Equally, when it comes to **children**, reports from at least 23 operations indicate a major increase in protection issues, ranging from sexual and other forms of physical and psychological violence, early marriages, or child and family separation. Lack of access to education due to lockdowns are the main causes in an increase of child abuse, while the loss of livelihoods leads to negative coping mechanisms, including forced labour or commercial sexual exploitation, and in some cases observed reduced food

⁶ New York Times, *First famines of coronavirus era are at world's doorstep, U.N. warns*, 5 September 2020:

<https://reliefweb.int/report/yemen/first-famines-coronavirus-era-are-world-s-doorstep-un-warns>

⁷ CARE, *Rapid Gender Analysis COVID-19 and beyond*, Lebanon – May 2020: https://www.careevaluations.org/wp-content/uploads/CIL_RapidGenderAnalysis_COVID-19_FINAL-2007022.pdf

⁸ Global Protection Cluster, *COVID-19 Protection risks and responses situation report n°7*, 24 August 2020,

https://www.globalprotectioncluster.org/2020/08/24/covid-19-protection-risks-responses-situation-report-no-7-as-of-24-august-2020/?utm_source=SUBSCRIBE+TO+GPC+UPDATES&utm_campaign=7474037581-EMAIL_CAMPAIGN_2020_04_21_12_50_COPY_01&utm_medium=email&utm_term=0_f7f07c0884-7474037581-61093397

consumption, which may impact their nutritional status and have negative impact on their development. This is particularly concerning for the youngest children.

Older people are at particularly high infection and mortality risk from COVID-19. Yet evidence shows they are often subjected to discrimination in health care and triage decisions. They too suffer neglect and domestic abuse, negative physical and mental health impacts from isolation and limited access to essential services and food, as livelihoods and savings options continue to shrink. In Lebanon, 100% of older people surveyed mentioned lack of food as their most important concern.

The pandemic has further highlighted the plight of **persons with disabilities**, who are facing a disproportionate impact of the pandemic, with access to services being further hampered, while households with persons with disabilities report extreme isolation.

Social exclusion, stigmatisation, discrimination, racism and xenophobia are on the rise, especially for older people, people with disabilities, LGBTQI and other individuals and communities that are often marginalised, as well as for returnees to their places of origin who are sometimes perceived as suspected virus carriers.

COVID-19 has had a high impact on **psychological trauma, stress and anxiety**, due to social isolation, the inability to move around due to containment measures, fear and insecurity from the virus and associated impacts, economic stress, as well as poor and inaccurate information that is fuelling disbelief, fear and anxieties, resulting in high rise in mental health issues, including suicide and self-harm. Many individuals are impacted by this, including S/GBV survivors, children, older persons, persons with disabilities, and those that lost income and livelihoods. For example, in Iraq, Lebanon and Nigeria we observe a stark increase in Mental Health and Psychosocial Support (MHPSS) needs among children, adult refugees, and particularly older people, highlighting the need to increase availability and access to MHPSS services.

Limited or no access to legal assistance is particularly worrying. Reports from Bangladesh, Iraq, Italy, Kenya, Lebanon, Niger and Nigeria, show that lack of identity documentation is exacerbating protection concerns among refugees and migrants, restricting freedom of movement, access to services and humanitarian assistance, and exposing them to violence and abuse. Recent rapid protection needs assessment conducted in Northwest Syria shows that 71% of households have at least one member who was missing key civil status documentation, resulting in marriages and new births not being registered, difficulties at COVID checkpoints, as well as the inability to access humanitarian aid, including health, and other basic services. In Cameroon, almost 60% of the 15,000 IDPs fleeing conflict in the North West and South West have lost their civil status documents including ID cards.

Lack of legal documentation is also exacerbating **irregular access to Housing Land and Property security**, forcing many people with no documents into informal and often exploitative relationships with landlords. Combined with decreased access to livelihoods, this leads to higher levels of **risk/experiences of eviction** and increased exposure to exploitation, mental stress and negative coping strategies. In Niger, many women struggle to pay rent, and some have been evicted, with migrant women being at particular risk.

Protection response in the pandemic:

Already dealing with a high-level of protection issues prior to the pandemic, COVID-19 challenged the NGO community even further, with the need to quickly adapt its activities and processes to ensure a continued response in the highly constraining environment of lockdowns and other limitations, while

adhering to staff safeguarding and protection measures, as well as social distancing recommendations from WHO.

Allow me to report on some examples of adapted protection response activities:

Recognising that many S/GBV survivors are stuck in their homes with the perpetrators, **individual case management** shifted to remote modalities with the help of technology. In some countries, the increased number of case management workers provide these services 24/7, enabling the survivors to call at opportune times when the perpetrators, often sharing homes or living in close proximity, are unable to see them.

Remote support is also a key modality in providing **Mental Health and Psychosocial Support** to help the impacted individuals better cope with mental health issues, build resilience and process traumatic issues. The comprehensive remote counselling is tailored to specific situations and needs of persons of concern and provided by mental health professionals. Helplines for consultation have been established in different languages, and MHPSS-focused awareness-raising is also part of media messaging.

Many **income generation** activities that are supporting disadvantaged groups, including women and children, have shifted to a production of protective masks that both help with sustainable income and with the prevention of further spread of the virus within the communities.

Thanks to the technology, the important **protection monitoring** also continues, with adapted questions building a stronger picture of restrictive measures imposed on people living in camps, understanding multi-sectoral humanitarian impact, needs and changes in vulnerabilities, as well as access to services and adapted coping mechanisms.

More support is needed with funding, cash and voucher assistance scale-up:

This statement highlights the enormous impact of the pandemic on the already devastating humanitarian situation. If we do not comprehensively tackle these issues now, the longer-term impact will be even more devastating. For that to happen, more funding is essential. Despite that we are in the third quarter of 2020, OCHA reports that the current level of funding for protection amounts to just 26% of the total requirement⁹, while only 33% has been secured for the COVID-19 specific protection work outlined in the GHRP that overall remains almost 31% funded as of the beginning of October¹⁰. There are particular concerns for DRC, Mozambique, Myanmar, Nigeria and Zimbabwe which remain under 1% funded. In Cameroon, Haiti, Niger and Ukraine, the COVID-19 response remains under 2%.¹¹

Furthermore, strong evidence suggests that cash and vouchers are strong and flexible tools to help achieve child protection, address GBV, housing, land and property rights, MHPSS, and other protection outcomes. Scaling up cash and voucher assistance, when appropriate and feasible especially in the pandemic would go a long way in helping the survivors recover from protection challenges, and help prevent negative coping mechanisms, such as early marriages and transactional sex, as well as in preventing protection 'crimes', mitigating impacts of economic losses and re-establishing people's ability to obtain basic necessities for themselves and their families.

We urge donors to address the funding shortfalls, both for pre-existing humanitarian needs as well as for the additional needs created by COVID-19. Without the timely and proportional funding and

⁹ <https://fts.unocha.org/appeals/overview/2020>

¹⁰ <https://fts.unocha.org/appeals/952/summary>

¹¹ [Ibid.](#)

resource support for populations most at risk to both the primary and secondary impacts of COVID-19, we may witness further cycles of mass displacement internally and across borders.

But this is not enough.

However, humanitarian assistance cannot address everything. In this regard, we wish to remind States of the commitments made during the first Global Refugee Forum towards strengthened protection capacity, refugee inclusion in national systems and increased access to jobs and livelihoods. We also urge States to systematically include refugees and asylum seekers together with host communities into national and local-level health response plans and social protection schemes. Durable Solutions for refugees and IDPs cannot be put on hold; States must uphold commitments and obligations in keeping with available guidance on COVID-19.

Humanitarian access and bureaucratic impediments:

Humanitarian space and access remains a challenge, with complex conflicts, blatant lack of respect for IHL and other international laws, while compounded by COVID-19 restrictions, as illustrated at the start of this statement.

Additionally, counter-terrorism measures and sanctions remain a massive operational challenge for humanitarian actors, including for operating in the areas controlled by non-state armed groups, or in complying with increasingly complex donor requirements that limit operational choices and restrict access to those that require assistance the most. We urge States to consider humanitarian exceptions when imposing sanctions, to avoid the unintended negative impacts on humanitarian situations.

In some countries where we work, we witnessed that governments are also creating additional challenges for humanitarian action, such as the recent NGO law in Afghanistan. While we recognise the need for legal frameworks to regulate the work of NGOs, the new law is creating complex bureaucratic procedures for NGO registration, seeks unfettered access to NGO bank accounts, or interferes with NGO structures. This new law will create more challenges for NGOs in an already extremely difficult operating environment.

We urge States to reconsider various bureaucratic procedures and impediments, to enable timely and relevant humanitarian assistance to the most vulnerable communities and individuals especially during these extraordinary pandemic times.

Thank you Chair.