

Virtual Workshop for NGOs: Refugee Protection in the Context of COVID-19
Session 1: Protection Principles and COVID-19

Analysis and feedback on case study

NOTE: The following scenario is hypothetical. Any resemblance to actual persons or events is purely coincidental. We have considered a number of complicated issues as a learning tool, so that participants can spot the issues, and apply protection principles and discuss what they would do to address the issue.

Participants were asked examine the case study and to analyse the scenario guided by the following questions:

1. What went wrong here? What are the protection related issues that you see in this scenario?
2. How could things have been done differently?
3. What could you do now in response to some of these issues, or what strategies could we consider?

Case Study Text	Facilitator’s analysis	Participants’ feedback (compiled from workshop)
<p>Citing concerns about COVID-19, the Government of Country Y has closed its borders, and has closed travel into and out of the refugee camps in the country.</p>	<p>Principle 4: Restrictions of movement between States Principle 6: Non-return and access to territory Principle 5: Restrictions of movement within a State Principle 8: Right to protection of life and health for persons in camps, collective shelters, and settlements</p>	<ul style="list-style-type: none"> • Violation of Principle No: 6, 9, 10, 11, 12 in the case study • Country Y has not followed the Principles of protection for migrants, refugees, and other displaced persons in their government order; specially the principle - 1, 2, 4, 5, 7, 9, 12. • Advocacy for insuring Principles of protection for migrants, refugees, and other displaced persons needed. • Advocacy for bringing protection principles for in government order/circular relating to COVID-19 that is being issued for migrants, refugees, and other displaced persons. Communication and liaison with humanitarian actors including like-minded organizations for such advocacy would be the strategy. • Humanitarian organizations' concerted advocacy for and negotiation with government.

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<p>They have announced that only critical services are permitted to continue in the camps and these are limited to food distribution, health and hygiene.</p>	<p>What constitutes a critical service? How is this to be determined? Whose decision is it? How is this enforced?</p>	<p>I understand the public health imperative for focusing on critical services. At the same time, case identification, referral and outbreak management relies heavily on strong civil society response. With most services on hold, there is a risk that many of these information and support channels are no longer available at a time they are needed.</p>
<p>The general message conveyed by the government is that COVID-19 is a deadly virus, and people must stay on lockdown and maintain social distancing or they will spread the virus and they or their loved ones could die.</p>	<p>What do you think of the “message” here? Is it the right message? What should the message be? How should the message be communicated? What do we want to happen, and what do we want people to do in the COVID-19 context?</p> <ul style="list-style-type: none"> • We want people not to panic • We want people to feel solidarity with each other and care for each other • We want people to maintain physical distancing and good hygiene • We want multiple channels of communication to be open • We want people to seek treatment and advice when they show symptoms • We also want such treatment and advice to be available and accessible to everyone • We want essential services to continue and this includes protection • We want to support individual and community coping mechanisms <p>Questions we can ask:</p> <ul style="list-style-type: none"> • Does it encourage risky behavior? • Does it discourage treatment? • Does it stigmatize a particular group? (foreigners, migrants, refugees, etc.) 	

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	<ul style="list-style-type: none"> Does it cause a rush on essential services, or disrupt essential services? <p>Consider “social” vs. “physical” distancing.</p>	
There is only 1 COVID-19 testing center near the refugee camps and treatment facilities are limited. There is a backlog in testing in the area resulting in long delays, and patients need to wait for as long as 10 days for the test results.	<p>Is this a resource issue, or a discrimination issue? Is access equal although inadequate, or both inadequate and unequal? Also, is it only the result of a real lack of resources, or is it partially a lack of commitment or priority?</p> <p>Analysis of capacity should include structural weaknesses, law and policy gaps of the government and those with a Mandate, but also of all the capacities of relevant service providers, and even the capacities of the rights-holders themselves to reduce risks and vulnerabilities.</p> <p>Once we understand where the major capacity shortfalls lie, the field presence can devise coherent strategies aimed at increasing capacities.</p>	
A 65 year old refugee from country X is living in a refugee camp in country Y. He has a number of health related issues, and relies on his family for his basic needs, going out of his shelter very little, and only to take short walks and talk to his neighbours in the community.	Age and health related issues are situations that should call your attention, and inform questions of access and needs.	
His son is married and has two kids and the 5 of them all live together in a shelter.	Age and gender are not stated, we would want to also know this information along with other details to understand the situation, needs, and access issues.	
The 65 year old refugee began to show symptoms of COVID-19, but he was afraid to visit a health centre in the camp because he had	This fear is common and understandable, and this is precisely why messaging and the practical	<ul style="list-style-type: none"> Insufficient health workers' outreach; Lack of information/advice on home quarantine,

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<p>heard that if he tests positive he would be isolated from the rest of his family and would die alone.</p>	<p>questions of access also need to be thought through.</p> <p>“He had heard” – rumors are common, can sometimes be wrong or exaggerated. The blunt and severe nature of the message “die alone” is preventing this man from seeking assistance or even saying anything to his own family. Furthermore, is it entirely wrong? People may be isolated from their family? How do we address the seriousness of the situation and encourage people to take care, while also not scaring them to the point where they will avoid seeking health advice?</p>	<p>testing, isolation and treatment; Insufficient public awareness raising.</p> <ul style="list-style-type: none"> • Problem here is communication and awareness. The family was clearly lack of information about COVID-19 and protection from it. Then they didn't get proper advice from the health care which made them scared about COVID. • Awareness could be raised among refugees about process of isolation and how to deal with COVID-19 patient. • Lack of information and awareness among refugees about process of isolation and how to deal with COVID-19 patient. • Awareness and information dissemination among refugees related to COVID-19 needed.
<p>The stress he was feeling exacerbated his health situation. Later other members of his family also began to show symptoms. It was only when the children showed symptoms that they finally decided to visit a health centre together.</p>	<p>Mental health is of particular concern at this time, while physical distancing can result in some kind of “social” distancing, and the normal coping mechanisms of the community are not readily available. Domestic violence is also on the rise for the same reasons – increased stress, reduced community coping mechanisms, increased home isolation, etc.</p>	
<p>A humanitarian worker told them to go home and self-isolate because they were breathing okay, and the health centre was too overwhelmed to accommodate anyone whose condition was not serious, and they could make other people sick by being there.</p>	<p>Again, consider the message here? Was this the right thing to say? What else could have been said or done? How could this have been handled differently.</p> <p>What was the outcome we wanted? How could we have achieved that outcome?</p> <p>Does this sort of thing happen right now? What would have happened in this situation here in</p>	<ul style="list-style-type: none"> • What went wrong: Humanitarian worker told them to go home instead of referring to health care centre. • Communication issue on many fronts. The old person and his whole family then fears to access assistance; community fears of them which results in stigmatization; the humanitarian worker (not: healthcare worker?) sends the family back home without

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	Cox's (where a family of 5 showing COVID-19 symptoms approaches a humanitarian organization for assistance?)?	<p>ensuring any follow up and additional information with support</p> <ul style="list-style-type: none"> • The family was sent back home from the facility. Though it states that their breathing was ok, still two of them were marginalized (65 year old and kids). So there is breach of 1st law - equal treatment and non-discrimination.
The 65 year old grandfather's condition worsened and the rest of the family tried to avoid him.	This may also exacerbate his situation. What message could have been provided that might have helped the family know what to do in these circumstances?	
The neighbours heard that they had visited the health centre, rumours started to circulate and people started to avoid them.	Stigma and discrimination are issues we will be looking at in some detail in Session 3. How can this be prevented? How can it be addressed as it is occurring? How can we avoid escalation of this situation?	<ul style="list-style-type: none"> • There is also fact related to avoiding the family including rumours. So combat the stigma is necessary.
Meanwhile, a member of your staff working in the camps regularly, hears from a refugee about a family that is infected with COVID-19 who is angry and demands that the family be removed from the camps. She relays the interaction to you as her supervisor.	Again, we want to de-escalate the situation. Communication/messaging will be important, and a proactive response is necessary as the urgency is at least medium-risk, if not high risk. Protection for the family in question is important, and now that we are alerted to the escalating stigma in the community, we are on notice that there are risks that are foreseeable without preventative support and ongoing monitoring.	<ul style="list-style-type: none"> • PPE and other protective measures for staff safety and security and said staff could careful about circulating organizational context in social media in person
The next morning, you learn that a list of names has been published of persons who tested positive for COVID-19 on a local news website, and your staff's name is on it.	This is a confidentiality violation, with severe protection risks attached. The local news website needs to be contacted urgently to have the list taken down. Filing a complaint if possible is important to prevent anything like this from happening again will be important. Messaging to media and service providers, codes of ethics, and training on ethics are all needed. Ongoing	<ul style="list-style-type: none"> • Right of information was not fulfilled as well as breach in the privacy as well

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	<p>monitoring are necessary for those listed, and interventions to prevent escalation are critical.</p> <p>We have a specific duty of care to all those we work with, including our own staff. Our standing to file a complaint, to provide support and intervention are all greater when it is our own staff that is affected.</p>	
<p>The same staff writes to you forwarding a screenshot of a social media post with a photograph of her building where she lives alongside her name and role in your organization, with a stamp across the photograph that says, “infected”. She says her landlord has changed the locks on her apartment, and she has been forced to go stay with a friend.</p>	<p>Again, here the staff is drawing your attention to her specific risks and protection needs, and it will be important to intervene and provide support on her behalf. This may involve assisting the staff to relocate, mediating with the landlord, filing a report with the police, and other practical steps to reduce risks.</p> <p>Preserving the evidence is important, while also securing the data so that it is not further circulated, and communication with the social media provider to have certain content reported or taken down is also a prudent step.</p>	<ul style="list-style-type: none"> • Staff protection was not insured and staff may not be informed about the code of conduct of the organization. • Staff safety and security would be the prime concern from now on.
<p>A number of your office staff confront you and refuse to go to the camps.</p>	<p>The fears of your staff, and concerns, should be listened to sincerely, and where risks can be mitigated or changes made/steps taken to reduce risk and improve protection, this should be thought through. Where it needs to be taken to a larger coordination body, this is where networks like the NGO Platform are important.</p>	<ul style="list-style-type: none"> • For organization: Lack of contingency/protection/support plans
<p>The women in particular voiced concerns that a number of them had been subject to discrimination and intimidation, they had been shouted at and threatened just because they were women working “unaccompanied” in the camps, and because the number of humanitarian</p>	<p>Discrimination and intimidation are rights violations, and the facts here may be evidence of an escalation, a general reduction in security, and these are likely medium risk where protection concerns are likely unless preventative measures are implemented. What could we do? General</p>	

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<p>workers deployed to the camps is greatly reduced, security is diminished, and they no longer feel safe.</p>	<p>messaging to the community is important, specific messaging to the persons involved is important. Security measures including possibly a buddy system, and regular check-ins, among other measures would be important. Communication of these conditions and concerns should be brought to the attention of those with a protection mandate, and to partners, for a full sector response.</p>	
<p>You have also received a report that a member of the refugee community with whom your organization works has reported to your staff that several asylum-seeking families have been stopped at the border and are being held in preparation for deportation. The refugee who reported it says he knows, because one of his family members is in the group and was able to communicate their predicament to him.</p>	<p>Details will be critical if we hope to have any effect on the situation of the families being detained. We should ideally be able to get in touch with the person who reported the situation to confirm what details we know. Ideally, we want to know numbers of people, identities, location of the detention center, their circumstances and if possible, reasons for flight. We would need such information to track them down, and to try to intervene to avoid refoulement.</p>	<ul style="list-style-type: none"> • Report showing families being stopped at border for deportation which would expose them to serious risks of COVID-19