

U.S. Government Statement
UNHCR High Commissioner Protection Dialogue:
***Protection challenges and responses to COVID-19 for and by forcibly displaced
and stateless people***
November 4, 2020

In addition to increasing basic needs and reversing socioeconomic progress, the COVID-19 pandemic exacerbates profound protection challenges faced by stateless and forcibly displaced people worldwide. As such, the United States Government urges humanitarian donors and partners to strengthen protection efforts now to mitigate the worst impacts of the crisis. Specifically, advocacy and programs addressing gender-based violence (GBV), education, child protection, and mental health and psychosocial support (MHPSS) must form an integral part of our COVID-19 response and recovery plans.

Secretary-General Guterres highlighted a “horrifying global surge in domestic violence” since countries began to put into place measures to limit the spread of COVID-19. In fact, there has been an increase in all forms of GBV during the pandemic, while at the same time, efforts to minimize COVID-19 transmission are limiting access to GBV and child abuse prevention and response services. Our partners implementing GBV prevention and response activities, including through our *Safe from the Start* initiative, are adapting quickly to ensure that those in need can access information and services. For example, partners are: switching to radio for GBV awareness-raising campaigns; shifting to phone, internet, or SMS-based modalities to reach survivors; and relying more heavily on local women-led organizations to engage with survivors and at-risk women and girls. However, we must continue to innovate and scale these innovations to prevent GBV and increase the accessibility of services while also protecting the health and safety of those local service providers and ensuring that they are not also overwhelmed.

The challenges posed to delivering quality education to children, and particularly already vulnerable children, in the context of the ongoing pandemic are unprecedented. Most countries have introduced nation-wide closures of childcare, schools and universities, affecting nearly 91 percent of the world’s student population – more than 1.5 billion learners. Child protection experts have developed or adapted tools to suit these unprecedented needs, such as tailoring child-friendly space activities for door-to-door or small group settings and creating

parenting tools to equip caregivers to manage their own stress and support children learning at home. As school shutdowns continue, we must reorient our education programs to reach children at home, support safe reopening when possible, and find other creative methods for ensuring this generation of students is not left behind.

Disruption to children's routine and social support also place new stressors on parents and caregivers who may have to find new childcare options or forgo work. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Disease control measures that do not inclusively consider the specific needs and vulnerabilities of women and girls as well as learners with disabilities may also increase their protection risks and lead to negative coping mechanisms. We urge close coordination between child protection experts and all humanitarian assistance sectors to identify and mitigate these risks and ensure protection services are deemed essential. This includes close collaboration with health actors to use communications materials adapted for children, uphold child safeguarding standards, and reduce the risk of separation when family members need health care.

Finally, we must not lose sight of the MHPSS needs of forcibly displaced and stateless persons, acutely exacerbated by COVID-19 and disease control measures. While U.S. partners are working to expand telehealth services, compile and fill gaps of COVID-19 data, and augment staff support, prioritization and funding are still lagging. The humanitarian community continues to push for MHPSS scale-up and we applaud the development of COVID-19 specific MHPSS guidelines and frameworks, such as those from the IASC, UNHCR, ICRC, and the Global Protection Cluster. But these efforts are ineffective without country level coordination and funding; only 17 percent of countries that have integrated MHPSS into national COVID response plans have allocated full funding to MHPSS, and less than one percent of total international aid is earmarked for MHPSS. No single player or donor can take this on alone – we need greater collaboration amongst and support from donors to address mental health and psychosocial needs.

Although these COVID-19 protection challenges may appear insurmountable, numerous examples of effective adaptations of humanitarian protection programming show that the humanitarian community can and must innovate and then apply lessons-learned at scale. Of course, this requires sufficient

funding and prioritization, and the United States is proud to remain a global leader in humanitarian assistance. We hope that this Protection Dialogue thematic session inspires greater global solidarity in addressing the significant protection challenges faced by vulnerable children, women, and men exacerbated by COVID-19 and welcome other donors' attention to these immense needs.