

POLICY BRIEF: COVID-19 & Conflict Sensitivity

22 April 2020

COVID-19 has caused unprecedented disruption globally. Countries around the world are struggling to contain the pandemic and deal with a high number of hospitalisations and deaths. As the virus spreads to more fragile and conflict-affected contexts, the outcome may be devastating. Ongoing violent conflict and weak health infrastructure is already prohibiting the delivery and administration of testing and treatment resources. Health workers may not be able to reach certain communities because of insecurity and may become victims themselves. Where the risk posed by COVID-19 intersects with other vulnerabilities, including those associated with poverty, displacement, gender, and age, its impact will be more severe. Notably, in crowded refugee/internally displaced persons camps, insufficient provision of basic services like clean water and healthcare will accelerate the spread of the disease.

World Vision International and Search for Common Ground are international non-governmental organisations (INGO) contributing to the COVID-19 response in areas affected by some of the world's most protracted conflicts. We have serious concerns about the immediate and long-term impact of COVID-19 and ongoing response measures on the well-being of people, in particular of children and young people, living in conflict-affected and fragile contexts. In this brief, we aim to highlight the need for a conflict-sensitive response and provide recommendations for strengthening European donors' global COVID-19 response.

As leading donors and in line with commitments to integrated responses to crises and fragility, including the European Union's (EU) Integrated Approach, the EU and European government's public health responses to COVID-19 in conflict-affected contexts must give local conflict dynamics due attention. Responses that do not consider the socio-political and human security context will likely fail and can worsen conflict-dynamics, as we have learned from our interventions in West Africa and the Democratic Republic of Congo to fight Ebola. Conflict-sensitivity is essential to reduce risks of attacks on treatment centres, resistance to health instructions, and new social tensions in the communities we serve.

From a conflict sensitivity perspective, we have three concerns about COVID-19 interventions in conflict-affected contexts:

1. **Interventions might not reach vulnerable groups.** In contexts where mistrust of state authorities and suspicion of 'outsiders' is high, notably fragile and conflict-affected areas, communities may reject public health interventions, sometimes violently. This makes it even more difficult for information and aid to reach those in need, especially as most aid is channelled via international organisations to national authorities and many information campaigns rely on a 'credibility based on authority' approach. Among communities who have had their lives upended by violent conflict, and particularly among people disempowered by gender- and other inequalities, ill-adapted information campaigns risk triggering 'fatalistic' responses that reduce adoption of protective measures. Rumours about specific social groups, outbreaks, responses, and treatments are likely to

spread rapidly through interpersonal relationships as well as online and via traditional media sources. This can cause stigmatization of certain groups, further fracturing a weak social fabric.

2. **The role of children and young people will not be specifically considered.** COVID-19 risks leaving children and young people more exposed to multiple forms of violence, from food insecurity to physical safety concerns, and potentially at greater exposure to recruitment into armed groups or violent gangs. At the same time, children and young people are particularly important partners to ensure buy-in of the response measures and contribute to a credible recovery phase. Young people often have both knowledge and credibility that more formal actors lack, particularly with their peers and harder to reach communities.
3. **Ill-adapted COVID-19 responses can further fracture social cohesion.** To rapidly respond to COVID-19 risks, some governments have followed a “security-first” approach to enforce the public health measures. In places where relationships between security forces and civilians are already poor, this can further aggravate relations and create deeper schisms to repair. For instance, in Nigeria, there have already been more than 20 deaths associated with the security enforcement of quarantine and social distancing requirements and a soldier was sanctioned for threatening sexual violence against women while enforcing the lockdown in Delta State.

On the other hand, if designed right, COVID-19 responses can address and even reduce conflict and fragility risks. In communities where divisions and mistrust are high, health issues can be one of the few topics that can bring people together across dividing lines, both at the national and international levels. In this way, interventions to protect populations from this pandemic can also foster opportunities for positive, durable change if they are sensitive to the risks above; take a longer-term view; prioritise inclusivity, community participation, and collaboration in responses; and are paired with continued or renewed support for existing local conflict transformation mechanisms.

RECOMMENDATIONS

Essential, timely service delivery should be prioritised to mitigate the spread of COVID-19 and protect vulnerable children, young people and their communities from the impact of the pandemic. In doing so, it is crucial that interventions in conflict-affected areas consider conflict dynamics considerations and that their designs are conflict-sensitive to avoid further violence and loss of life and increase the efficiency of the response. It is likewise important to recognise that peacebuilding, community resilience, and reconciliation will be critical elements of a post-crisis recovery process.

We call on the EU and European governments to ensure the prioritisation of actions to curb the pandemic and allow uninhibited access to affected communities in need of care, in line with the UN Secretary-General’s appeal for a global ceasefire. In addition, we call on the EU and European governments to:

1. Reduce risks of COVID-19 interventions aggravating existing conflict dynamics or triggering new conflicts by:

1. Continuing support to programs addressing core drivers of conflict and fragility;
2. Ensuring that conflict sensitivity is applied systematically in all COVID-19 response to third countries (including aid to national governments and aid directed through INGOs and the UN), especially in health, humanitarian and human security sectors;
3. Making incorporation of existing gender-sensitive conflict analysis (especially related to periphery-centre and majority-minority relationships) a prerequisite in the design of on-the-ground responses to avoid doing harm;
4. Supporting funding recipients, including central governments and frontline health responders, to acquire the necessary contextual knowledge and skills in strategic communication and conflict sensitivity to deliver an effective response;

2. Use COVID-19 as an opportunity for peace by:

1. Considering the long-term impact of COVID-19 interventions, and whether chosen approaches can help build resilience against violence beyond COVID-19;
2. Building the COVID-19 response in conflict-affected countries on existing local capacities for peace, and explore potential peace dividends in mitigating tensions, including transforming intergenerational and gender norms while ensuring that duty of care is upheld;
3. Facilitating coordination, cooperation, and learning across health, socio-economic, and peacebuilding sectors on what works in responding to public health crises in conflict affected and fragile contexts in a durable way;
4. Accelerating gender inclusivity and the leadership of children and youth in COVID-19 response and post-pandemic peacebuilding recovery¹; this should include providing opportunities for children and young people to meaningfully contribute to response efforts².

3. Work with authorities in fragile and conflict-affected countries to:

1. Strengthen connections to local and grassroots organisations, including children and youth organisations as well as faith-based organisations, to ensure continuous two-way communication and information provision on pandemic transmission and preventative measures (top-down) as well as on local context needs and opportunities (bottom-up);
2. Ensure refugees, internally displaced people, and other forcibly displaced groups, with a particular regard to children and youth, are included in all COVID-19 interventions provided by local government and other agencies addressing immediate and long-term survival and protection needs;
3. Ensure that national response is flexible and adaptable, taking into account what is still relevant, and what needs to change considering the dynamic situation;
4. Ensure that the targeting of assistance in response to COVID-19 is fair and transparent to all communities; wherever possible, engage communities, including children and youth, in gender-sensitive participatory approaches to response planning and assistance delivery;
5. Ensure that all COVID-19 related information is disseminated widely and locally adapted to reach remote and minority communities including children and youth to foster an efficient response, avoid stigmatisation, and counter rumours and misinformation about the spread of the virus.

¹ This recommendation was flagged by the Alliance for Peacebuilding, in their “Call to Action on COVID-19”, <https://allianceforpeacebuilding.org/2020/04/afps-call-to-action-on-covid-19/>

² This recommendation was flagged in a local consultation by Peace Direct, titled “COVID-19 and impact on local peacebuilding”, <https://peacelab.blog/2020/04/covid-19-and-the-impact-on-local-peacebuilding>