



FIGHTING FOR OUR LIVES:

**COVID-19 and the
Protection of Civilians in
Conflict-Affected States**

RECOGNIZE. PREVENT. PROTECT. AMEND.

November 2021

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Cover: February 26, 2020, Afghanistan:

*An Afghan woman wearing a mask as
restrictions to curb the COVID-19 pandemic
are being put in place worldwide.*

Credit: Elaha Sahel/IAPB VISION 2020

ORGANIZATIONAL MISSION AND VISION

Center for Civilians in Conflict (CIVIC) is an international organization dedicated to promoting the protection of civilians in conflict. CIVIC envisions a world in which no civilian is harmed in conflict. Our mission is to support communities affected by conflict in their quest for protection and strengthen the resolve and capacity of armed actors to prevent and respond to civilian harm.

CIVIC was established in 2003 by Marla Ruzicka, a young humanitarian who advocated on behalf of civilians affected by the war in Iraq and Afghanistan. Honoring Marla's legacy, CIVIC has kept an unflinching focus on the protection of civilians in conflict. Today, CIVIC has a presence in conflict zones and key capitals throughout the world where it collaborates with civilians to bring their protection concerns directly to those in power, engages with armed actors to reduce the harm they cause to civilian populations, and advises governments and multinational bodies on how to make life-saving and lasting policy changes.

CIVIC's strength is its proven approach and record of improving protection outcomes for civilians by working directly with conflict-affected communities and armed actors. At CIVIC, we believe civilians are not “collateral damage” and civilian harm is not an unavoidable consequence of conflict — civilian harm can and must be prevented.

ACKNOWLEDGEMENTS

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ACRONYMS

ACLED: Armed Conflict Location and Event Data Project

AFU: Armed Forces of Ukraine

AOG: Armed Opposition Group

CIMIC: Civil-Military Cooperation

CIVIC: Center for Civilians in Conflict

COVID-19: novel coronavirus

CJIATF: Combined Joint Interagency Task Force

CPG: Community Protection Group

CREA: Creating Resources for Empowerment in Action

CSO: Civil Society Organization

DCAF: Geneva Centre for Security Sector Governance

DERC: District Ebola Response Centre

EU: European Union

EUAM Iraq: European Union Advisory Mission Iraq

HAG: Humanitarian Access Group

HQ: Headquarters

IHCHR: Iraqi High Commission for Human Rights

IDPs: Internally Displaced Persons

IHL: International Humanitarian Law

IHRL: International Human Rights Law

ISIS: Islamic State in Iraq and Syria

MoD: Ministry of Defense

Mol: Ministry of Interior

NATO: North Atlantic Treaty Organization

NERC: National Ebola Response Centre

NGO: Non-Governmental Organization

P/CVE: Preventing and Countering Violent Extremism

PHEIC: Public Health Emergency of International Concern

PPE: Personal Protective Equipment

SARS: Special Anti-Robbery Squad

SOPs: Standard Operating Procedures

UN: United Nations

UNAMA: United Nations Assistance Mission Afghanistan

UNMEER: UN Mission for Ebola Emergency Response

USIP: United States Institute of Peace

WHO: World Health Organization

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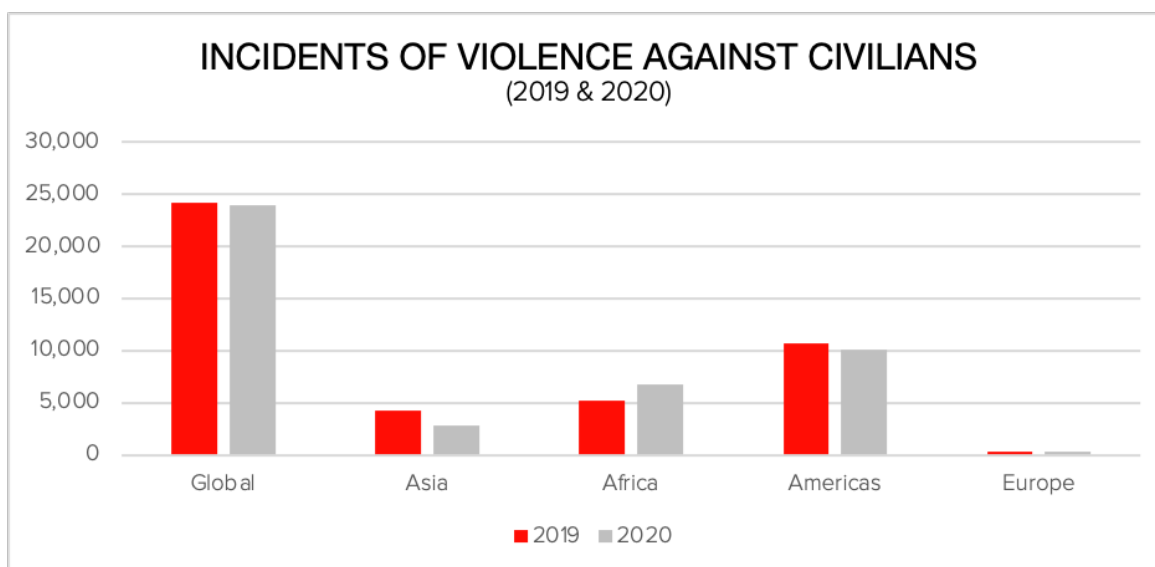
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I. EXECUTIVE SUMMARY

On January 30, 2020, the World Health Organization (WHO) designated the outbreak of the novel coronavirus (COVID-19) as a Public Health Emergency of International Concern (PHEIC), eventually declaring a global pandemic on March 11, 2020.¹ Eighteen months on, many countries are grappling with recurrent waves of infections, shuttered businesses, strained healthcare systems, and restricted social contact.

Areas devastated by years of fighting have not been spared the effects of the pandemic. From the outset, the rapid spread of COVID-19 across the world elicited fears of a potential “double threat”—a severe health crisis coupled with an increase in violence for civilians living in fragile and conflict-affected states like Afghanistan, Iraq, and Nigeria.²

However, at the time of publication, fears of a “double threat” have not actualized.³ Early on, the United Nations (UN) Secretary General attempted to establish a global ceasefire to allow countries to focus on tackling the pandemic. Although these efforts did not succeed, the spread of the virus across countries already weakened by war or recent conflict has not yet been a trigger for new political crises.⁴ According to ACLED data, global levels of violence against civilians remained relatively steady between 2019 and 2020 (see Table below).



Source: *The Armed Conflict Location & Event Data Project (ACLED)*

That being said, while there has been no universal experience across fragile and conflict-affected states, the pandemic has created opportunities for greater civilian harm in some contexts and exacerbated existing violence against civilians in others. Analysis in the early stages of the pandemic suggested, for example, that police and militaries committed serious rights abuses in over 60 countries while enforcing lockdowns and curfews.⁵ Meanwhile, with hundreds of thousands crossing borders as workers returned home from abroad to conflict-affected countries in record numbers during the crisis,⁶ some security forces detained tens of thousands of people at a time in quarantine centers.⁷ Moreover, as the economic impact of COVID-19 hit fragile states’ economies, vital aid and assistance to communities in conflict-affected areas were sometimes redirected by armed groups



October 24, 2021, Baghdad, Iraq: A civil society leader and a tribal leader discussing best ways to advocate for the adoption of protection of civilians' policies in Iraq, as part of a project implemented by CIVIC.

and governments who were keen to support their own constituencies.⁸ Some armed groups were also able to capitalize on food and job insecurity and the closure of support services to recruit children and other vulnerable populations in greater numbers.⁹

In addition to the direct impact of COVID-19 on civilian harm in some contexts,¹⁰ there has also been indirect harm caused by the disruption and suspension of existing protection activities and programs—even as levels of violence have remained high in many conflict-affected countries. For example, hospitals and medical facilities have continued to come under attack by armed actors during the pandemic, multiplying the risks to civilians seeking access to healthcare during a critical period.¹¹ Furthermore, many international military and civilian missions—which are involved in a range of protection activities, including civilian casualty tracking, security force training, and providing strategic advice to members of the military, police, and civilian leaders in conflict-prone contexts—were forced to adjust planned activities, reduce their footprint, and restrict their engagement with local partners.¹²

Locally led solutions and community-based protection have proved to be an essential lifeline, as other protection activities have been adapted, scaled back, or put on hold. In areas where community protection networks were well-developed, they have continued to meet with local security forces and communities to discuss protection concerns, identify potential solutions, and

improve security forces' capacity for civilian harm mitigation. In fact, the forced distancing from international partners who had to withdraw field staff for health reasons was sometimes cited in interviews with CIVIC as a positive experience that increased the confidence, autonomy, and sustainability of local networks. New radio programming has also helped to maintain interaction between communities, security forces, local authorities, and the international community on protection issues throughout the pandemic, even when in-person meetings have not been possible. However, newer community networks that had not yet received adequate training or gained enough experience managing civilian protection or relationships between civilians and security forces prior to the pandemic have struggled to operate more autonomously. Some have frozen their activities until closer external support can resume.

Local security forces, including gendarmes, police, national guards, border forces, and militaries, have also had to shift roles and responsibilities, becoming frontline responders during the pandemic. They have simultaneously been in charge of enforcing movement restrictions, policing camps for internally displaced persons (IDPs) and returnees, distributing aid, providing security, and enforcing the rule of law in fragile and conflict-affected settings. In some places, armed groups, militias, and organized crime groups have also taken on these tasks. Strong civilian relationships with militaries, police, and armed groups have therefore been vital to ensure the protection of civilians during the pandemic,¹³ whether by ensuring that restrictions are imposed in ways that do not cause inadvertent or excessive harm or by enabling new or heightened protection concerns to be identified and resolved before they became critical.

Having structures in place to ensure that security providers understand their obligations to protect civilians, receive training to reinforce positive protection behaviors, and are adept at maintaining strong relationships with local communities has remained crucial to reducing the risks of civilian harm during COVID-19. At a more strategic level, the collective engagement of governments, legislatures, and civil society actors to create a culture of protection and to hold perpetrators of civilian harm to account has continued to be essential. When prioritized, these efforts have helped to improve the chances that all civilians will be protected adequately and equally from the threat of disease, as well as from the threat of harm during pandemic enforcement and ongoing violent conflicts.

In this report, CIVIC examines both the direct and the indirect impacts of the pandemic on the protection of civilians by security forces and other armed actors, largely through the eyes of the civilian, military, and police practitioners who have worked through the pandemic. Our analysis is split into two sections, dealing first with drivers of civilian harm directly linked to COVID-19 and the pandemic response by security forces and armed groups. The second section deals with the indirect impact of COVID-19, as the pandemic disrupted ongoing efforts to ensure the protection of civilians by civil society, international organizations, security forces, and other armed actors in conflict-affected contexts.

Throughout the analysis, we focus on lessons learned and examples of innovative programming and good practices that have helped organizations confront the challenges of protecting civilians in conflict-affected contexts during a global pandemic. While we have focused on lessons from COVID-19, it is our hope that the lessons and best practices identified here will be relevant even after the pandemic recedes, particularly in environments where having face-to-face contact with conflict-affected populations and armed actors is restricted due to poor security, remote terrain, limited international presence, and other such challenges.

II. KEY FINDINGS AND RECOMMENDATIONS

To Local Security Forces, Ministries of Defense, and Ministries of the Interior:

Local security forces—whether police, gendarmes, military, or border forces—are likely to be among the frontline responders during future health emergencies in fragile and conflict-affected states. They will also continue to play an important role in policing subsequent waves of COVID-19. Ensuring that security forces are able to prevent and mitigate civilian harm while enforcing public health measures should therefore be a priority for Ministries of Defense and Ministries of the Interior, as well as for the police and military leadership going forward. These bodies should:

- Ensure that national legislation on public health emergencies is up-to-date and the legal authorities for tasking different security forces with public health protection are clear. If emergency legislation is likely to be required in the case of another pandemic, ensure that protection best practices are not suffering at the expense of health-related restrictions and that they are/remain prioritized and resourced.
- Update standard operating procedures (SOPs) for policing pandemics and other health emergencies, ensuring that the roles and responsibilities of different security forces are clear and that civilian harm mitigation best practices are specifically mentioned and updated.
- Open healthcare measures and necessary restrictions up to public scrutiny and review in order to reduce the risk that they are not misused to violate the rights of political opponents.
- Act swiftly to investigate uses of excessive force or incidents of harm against civilians, ensuring that perpetrators are held to account for their actions.
- Reinforce protection of civilians training for all armed actors working as frontline responders in health emergencies, with a particular focus on gender-based violence and other forms of harm that may disproportionately affect vulnerable populations.
- Incorporate lessons learned from policing the COVID-19 pandemic into future training for security forces, drawing on examples of best practice and identifying any weaknesses that may have contributed to an increase in civilian harm.
- Invest in public order policing training and related civilian harm mitigation measures to ensure that pandemics can be policed in a way that avoids excessive use of force and protects civilians accordingly, including during public protests and demonstrations.
- Ensure that protection of civilians training, including training on civilian harm mitigation, is not siloed within individual units or security providers; instead, ensure it reaches all services that could be called upon to police the next pandemic.
- Invest in gender-sensitive policing training and ensure that female members of security forces are involved in all stages of pandemic response, planning, and implementation to reduce the risk that enforcement disproportionately harms women and girls.
- Ensure that security forces have adequate access to psychological and professional support before, during, and after public health emergencies to ensure that they are better prepared to face the dual challenges of a health crisis and ongoing insecurity.
- Ensure adequate access to personal protective equipment for all forces, recognizing that forces that are ill-equipped to protect themselves will be unlikely to adequately protect civilians in a crisis.

To Civil Society Organizations and Their International Partners:

Locally led solutions and community-based approaches to civilian protection have proven to be essential lifelines during the pandemic, as they have been in many other settings where it is hard

for external organizations to get face-to-face access to communities. Developing local resilience and protection capacity is the best way to build preparedness for the next health crisis. Civil society organizations and their international partners should:

- Support the development of community-based protection networks to lead protection activities in their own communities, ensuring that their capacities are built and maintained outside of large-scale health emergencies or other crises so as to boost preparedness and enable groups to pivot to support changing needs with a high level of autonomy.
- Assess any disproportionate impact of major health crises and other emergencies on vulnerable populations and ensure that programming works to remedy any barriers to their ability to contribute fully to community protection activities.
- Continue to work with and hold accountable local, regional, and national government stakeholders and security forces via targeted advocacy and through relaying advocacy points from grassroots community groups.
- Start conversations with funders about changes in programming early on in a crisis, but also build potential adaptations into planning to deal with “worst-case scenarios” for conflict, healthcare, and natural disasters so that projects can pivot easily to respond to local needs.
- In the case of a sudden need to withdraw face-to-face support, ensure that community groups have access to radios, communication equipment, and phone and data cards to allow them to continue contact with hard-to-reach communities and head office staff.

To International Assistance Missions and Donors:

Having to withdraw international staff from important protection and advisory roles at short notice will always be disruptive. However, ensuring that international civilian and military missions alike have the plans and processes in place to allow protection advisers to stay and to communicate with local partners should be a priority for headquarters and mission staff going forward. International assistance missions and donors should:

- Consider nominating a core staff of civil-military advisers as “essential” personnel to be maintained in-country during an emergency, particularly those who are involved in protection like civilian harm mitigation.
- Ensure that strategic communications plans are in place and are shared between international partners in the case of a health crisis or other emergency. The plan should cover key messaging for local partners in the case of international withdrawal, as well as key lines to counter potential disinformation or misinformation that may affect the mission.
- Build more room into mission mandates for possibilities to adapt and react to significant changes in the situation on the ground. Assess “worst case scenarios” for conflict, healthcare, and natural disasters when drawing up mandate language to ensure that country teams and implementation partners can be flexible if needed.
- Be ready at short notice, if a crisis hits, to invest more in community-based protection projects and projects run by women’s associations working directly with local communities.
- Understand and plan for the disproportionate impact of pandemics and other crises on vulnerable populations and ensure that risk factors are mitigated to the greatest possible extent when planning assistance and programming in fragile and conflict-affected states.
- Plan for and build sustainable local capacity to discuss, assess, and advocate on protection of civilians issues in an independent manner—and while respecting the “do no harm” principle¹⁴—so that groups can be resilient if an emergency hits or face-to-face support needs to be withdrawn or reduced at short notice.
- Incorporate lessons learned from policing the COVID-19 pandemic into security force assistance with local partners. Draw on examples of partner best practices, identify any weaknesses that may have contributed to an increase in civilian harm, and address these in training.

III. METHODOLOGY

The research for this report relied on a blend of desk-based research, literature reviews, and participation in conferences and debates. In addition, in order to complement the information that we could establish from open sources, we conducted a number of qualitative interviews with members of civil society, international organizations, militaries, and police forces working in conflict-affected contexts during COVID-19.

In total, CIVIC interviewed 27 people on their experiences protecting civilians during the pandemic. Some had regional mandates, covering countries across Central and South Asia, Asia Pacific, South America, and Europe. Others were based in specific fragile and conflict-affected states including Afghanistan, Iraq, Nigeria, Ukraine, and Tunisia. Interviewees were selected by snowballing existing contacts, with each person suggesting others that might be interested in contributing to the research. As the idea for this report came out of CIVIC's experiences adapting our own work on protection of civilians during COVID-19, including civilian harm mitigation, interviews were often clustered in countries and contexts where CIVIC has a footprint and where the pandemic has been particularly acute. As a result, individuals based in Afghanistan, Iraq, Nigeria, and Ukraine made up 60 percent of interviewees, and many of the case studies used throughout the analysis are drawn from these areas.

Interviewees were asked to reflect on their experiences during the pandemic, including how it had affected relationships between security forces and civilians in their contexts and whether there were ways in which they had adapted their work that had a positive result for the protection of civilians under pandemic conditions. The examples of good practices in this report are drawn from these discussions, with organizations given the opportunity to waive their anonymity once they had reviewed a full draft of the report. To protect the identity of the interviewees involved and to enable a full and frank discussion of people's experiences throughout COVID-19, however, information in the text boxes has not been linked back to individual interviews. Similarly, because much of the information in this report is based on the candid perceptions and reflections of individuals, it is anonymized and generalized in a way that is different from other CIVIC reports, which seek to avoid single sources of information and to triangulate findings and recommendations.

Given our particular interest in the way that civil-military and civil-police relationships have shaped the protection of civilians throughout the pandemic, interviewees were drawn from across this spectrum. They included civilians, police, and military personnel deployed as part of international assistance missions run by the North Atlantic Treaty Organization (NATO), European Union (EU), and UN, as well as representatives from civil society. Many personnel with mandates such as civilian protection and international humanitarian law (IHL) are civilian staff, even when embedded in broader military or multidimensional missions. Therefore, the final breakdown of interviewees included 5 serving members of security forces and 22 civilians. Among the civilians, 14 were working within international military and civilian missions led by the UN, NATO, and the EU, and 8 were members of broader civil society, including non-governmental organizations (NGOs) and other civil society organizations (CSOs).

CIVIC is deeply aware of the fact that populations in fragile and conflict-affected states are diverse and have had different experiences of both the pandemic and protection. Throughout our research, we therefore sought to achieve as much gender parity as possible among our interviewees in order to minimize the risks of missing crucial lessons that may be gender-specific or gender-sensitive. Despite a strong tilt toward male personnel deployed in military and police capacities overseas, women made up 37 percent of our final interviewee pool.

The research was limited by several factors, not least of which was the emergence of deadly subsequent waves of the pandemic that understandably required direct attention from some of the local police and security forces we would otherwise have interviewed. The emergence of the pandemic also coincided with major political and security shifts in key areas of inquiry, most severely in Afghanistan, where it hit during the withdrawal of international troops and the subsequent takeover of the country by the Taliban in August 2021. Our interviews regarding Afghanistan were concluded in June 2021, meaning that this report does not touch on events since the full withdrawal of international forces. The protection of civilians in Afghanistan is entering a new and challenging phase, which understandably relegates pandemic-related protection concerns to a lesser priority than dealing with the new realities on the ground.

Political events have also complicated the task of unravelling COVID-19's impact on protection in other countries of inquiry. In Iraq, large-scale protests and civilian casualties at the hands of security forces occurred in October 2019, beginning a few months before the pandemic and continuing throughout. In Nigeria, a viral video showing brutality by members of the Special Anti-Robbery Squad (SARS) sparked huge protests against police brutality that went beyond issues raised during COVID-19 enforcement.¹⁵

Research was also affected by the use of snowball sampling rather than randomized selection, as it lends a certain bias toward staff's existing networks. This method heightens the risk that civil society groups or other organizations with limited contact with CIVIC or other international organizations were missed or inadvertently excluded from participating. Access to local staff was further limited by language barriers, which meant that more interviews were conducted with headquarters (HQ) staff in capital cities than in field offices in rural areas.

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Finally, one of the key findings of this report is that the impact of the pandemic on civilian harm is very context specific, with no major trends that can be drawn across all fragile and conflict-affected states or across all communities within specific countries. By focusing primarily on areas where CIVIC has a ground presence, this report is therefore missing many ways that the pandemic has affected the protection of civilians by security forces in other contexts. As the pandemic continues to evolve, so will its impact on civilian harm. This report only represents a snapshot in both time and space for the much wider question of how to better protect civilians during major health crises.

IV. PANDEMIC-RELATED PROTECTION CONCERNS AND BEST PRACTICES FOR CIVILIAN HARM MITIGATION

The COVID-19 pandemic has not had a universal impact on the protection of civilians across fragile and conflict-affected states. Instead, its influence on civilian harm is context-driven and varies between different countries and different populations. In Nigeria and Iraq, for example, violence against civilians by some elements of security forces characterized the early pandemic response,¹⁶ while Afghanistan and eastern Ukraine did not experience a significant increase in harm.¹⁷ At a sub-national level, specific groups have experienced the pandemic differently than their peers, with the risk of harm proving to be intersectional.¹⁸ This means that the impact was particularly hard on women, children, IDPs, refugees, returnees, and minorities, with the highest risk among those who fall into multiple categories.

Lockdown Enforcement and Civilian Harm

As frontline responders, local security forces have been operating under intense pressure and in dangerous conditions throughout the pandemic. The majority of forces in fragile and conflict-affected states had not previously received specific training or been involved in exercises to prepare their response to a health emergency.¹⁹ Units often lacked the necessary personal protective equipment (PPE) that may have allowed them to better take care of the population without the additional tensions associated with fear of infection.²⁰ Various efforts to improve the protection of civilians by security forces during the pandemic recognized that troops and officers who were tired, stressed, and poorly protected from infection were themselves less likely to be able to engage positively with civilians.²¹

At a three-day symposium organized by the Geneva Centre for Security Sector Governance (DCAF), representatives from police forces across South Asia reflected on the intense challenges of policing during the pandemic.²² Many forces were expected to enforce lockdowns and movement restrictions on top of their usual roles, often without clear operating procedures, legal frameworks, or training. Speakers recalled how the resulting stress on security forces was huge—some officers suffered mental health crises, and staff with existing health conditions were at times made redundant to protect them from frontline work. As a result, remaining staff were severely stretched and under-resourced.²³ The Nepali police force responded by setting up psychological first aid for frontline staff, but many other forces did not have specific mental health or psychological support in place.²⁴

Additionally, a wide range of different local security forces were involved in the pandemic response, particularly in fragile and conflict-affected states where neither the army, the police, nor the border forces had the capacity to enforce sanitary measures alone.²⁵ This may have complicated protection efforts further, particularly as protection of civilians and civilian harm mitigation training are typically given to particular units or forces rather than mainstreamed across the broader security sector.

In many contexts, states fell back on emergency legislation during the pandemic in order to mobilize local security forces as part of the response. This gave expanded powers to security forces, creating new risks of civilian harm. In February 2021, the UN High Commission for Human Rights released a list of over 80 countries that had declared national emergencies. This list included 15 countries where critical allegations surfaced that emergency powers were being used to harm civilians: Nigeria, Kenya, South Africa, the Philippines, Sri Lanka, El Salvador, the Dominican Republic, Peru, Honduras, Jordan, Morocco, Cambodia, Uzbekistan, Iran, and Hungary.²⁶

Reported abuses included the use of excessive force when enforcing curfews or lockdowns, including when dispersing protests or demonstrations on the pretext of respecting sanitary measures. In some places, early enforcement efforts proved to be deadlier for civilians than COVID-19 itself. Within the first five days of South Africa's 21-day lockdown, for example, police had reportedly killed three people—the same number as had died from COVID-19 at the time.²⁷ Similarly, in the first two weeks of the lockdown in Nigeria, the death toll from enforcement measures reached 18, while the recorded deaths of COVID-19 patients numbered 11.²⁸

In some cases, accusations of abuse were as wide-ranging as the affiliations of the forces that allegedly committed them. For example, according to the Nigerian National Human Rights Commission, between April 13 and May 4, 2020 (the first three weeks of the national lockdown), the Correctional Service—a government agency of Nigeria that operates prisons—was responsible for eight deaths, the police force was responsible for seven deaths, the army was responsible for two deaths, and the Ebonyi State Task Force on Covid-19 was responsible for one death.²⁹ Aside from the use of lethal force, the Commission recorded a further 33 incidents of “torture, inhumane and degrading treatment”;³⁰ 27 incidents violating people’s right to freedom of movement, including unlawful arrest and detention; 19 incidents of property being seized or confiscated; 13 incidents of extortion; 4 incidents of sexual and gender-based violence (SGBV); and 1 incident of discrimination in the distribution of food items.³¹

Emerging evidence suggests that particularly vulnerable communities have been at higher risk of harm at the hands of security forces enforcing COVID-19 measures than other groups. In Myanmar, local civil society organizations reported “increased pressures on already traumatized communities, and specifically women and girls who live within IDP camps.” Reports specified that the enhanced security presence to ensure that sanitary measures were enforced was met with “caution and resistance.”³² Fears included the “specific threats to women and girls and the risk of sexual violence and harassment perpetrated by these groups.”³³ In Nigeria, participants in a study on the gender impact of COVID-19 linked the increased presence of security personnel to heightened insecurity for women and girls, citing specific examples of police brutality and harassment against women by forces implementing lockdowns in their neighborhoods.³⁴

Some particularly egregious acts of civilian harm appear to have been perpetrated by groups or individuals who capitalized on the pandemic to step up harm against political opponents, protestors, and minorities. Sexual minorities and sex workers have reportedly been singled out for arrest and abuse by security forces enforcing lockdowns. In Uganda in March 2020, police joined community residents in beating and arresting 23 people during a raid on a shelter for homeless lesbian, gay, bisexual, and transgender youth in Wakiso, outside Kampala.³⁵ While enforcing lockdowns, police in Kenya and Sri Lanka reportedly carried out increased numbers of raids on “sex workers’ community homes, as well as LGBTI and gender non-conforming community homes, including with the use of tear gas and excessive force.”³⁶ According to research conducted by Creating Resources for Empowerment in Action (CREA), sex workers in border towns in Uganda and Kenya faced “increased stigma and violence from the community and the police as they were accused of spreading the virus.”³⁷

In many contexts, states fell back on emergency legislation during the pandemic in order to mobilize local security forces as part of the response, giving expanded powers to security forces and creating new risks of civilian harm.

Good practices

While some security forces failed to adequately protect civilians from harm while enforcing lockdowns, others had more success. Security forces in Afghanistan, for example, were not accused of systematic abuses against the civilian population, even when responding to riots against lockdowns. The international community sent a small number of international police to observe the enforcement of lockdowns in the north of the country and dissuade the use of force against unarmed civilians. Reportedly, they did not observe any problems, and no reports of widespread abuses were found in open sources.³⁸

In other contexts, local forces, international partners, and civil society all stepped up efforts to ensure that frontline responders received the training, information, and support needed to mitigate civilian harm while enforcing movement restrictions in fragile contexts. In one example from Tunisia, the United States Institute of Peace (USIP) Alliance of Tunisian Facilitators—a project aimed at reconciliation between youth and police—helped to set up a Crisis Mediation Unit run jointly by youth and police to distribute PPE to the national guard, reduce tensions and crowding outside assistance centers, and provide water and protective gear to border guards rushing to process flows of Tunisians crossing from Libya as the borders closed.³⁹ In another example, CIVIC moved protection of civilians training with local militaries online, producing pre-recorded materials, interactive virtual training sessions, and radio broadcasts of key messages. Meanwhile, in the example from Iraq described in the “Case Study: Public Order Policing in Iraq” text box, an organization was able to work within its existing mandate to engage directly on issues of civilian harm when they saw it unfolding.

In other contexts, local forces, international partners, and civil society all stepped up efforts to ensure that frontline responders received the training, information, and support needed to mitigate civilian harm while enforcing movement restrictions in fragile contexts.

CASE STUDY

Public Order Policing in Iraq⁴⁰

In October 2019, a series of large-scale anti-government protests erupted across Iraq. These protests were still drawing large crowds by the time the COVID-19 pandemic hit neighboring Iran. Almost immediately, the Iraqi government ordered protestors to stay at home and respect movement restrictions. Despite an initial reduction in numbers, protestors continued to take to the streets, where they were met by excessive use of force from Iraqi security forces.⁴¹ At the same time, a series of assassinations and kidnappings of protest leaders led to the deaths of 35 activists by May 2021, with public speculation that elements of the Iraqi security forces or militias aligned with the government were involved.⁴²

European Union Advisory Mission (EUAM) Iraq advisers observed the rising violence and identified an opportunity to engage with their Iraqi counterparts in the Ministry of Interior (MoI) on public order policing. While the number of workshops they were able to hold was reduced by pandemic

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CASE STUDY: PUBLIC ORDER POLICING IN IRAQ (CONTINUED)

restrictions, they ran two sessions—one at the end of 2019 and one in April 2021—covering the principles of policing protests and focusing on non-violent engagement with protestors. The workshops drew together a wide range of participants from across senior levels of the Mol. Facilitators found that their Iraqi counterparts were willing to talk about their experiences and engage on ways to reduce the use of lethal force when policing protests. While the workshops did not result in the cessation of violence against civilians, they did successfully start a conversation around protection at a critical and sensitive time.

Some improvements in civilian harm mitigation did follow. For example, when a new government was named in May 2020, the Mol introduced reforms to public order policing, including a reduction in the number of police carrying firearms. While it has not always been observed, Mol high command also issued an order in May 2020 not to use lethal force against protestors. That same month, at least five members of the Iraqi security forces were arrested after being accused of shooting at protestors.⁴³ In February 2021, the Iraqi intelligence services arrested four more suspected members of a network accused of being responsible for some of the targeted assassinations of protest leaders.⁴⁴ One interviewee who spoke with CIVIC suggested that this greater accountability may have had some positive effects on public perceptions of security forces, although speculation about who is behind the targeted assassinations and kidnappings leaves overall civil-military relations deeply fragile.⁴⁵

Factors for success:

Although engaging on public order policing was not one of the tasks originally foreseen in EUAM Iraq's mandate, advisers on the ground and the headquarters staff were willing to be flexible. They used human rights provisions in their existing mandate to introduce work on these issues, enabling the mission to successfully adapt to changing circumstances and bolster work on protection of civilians at a critical time. The pandemic, as well as the subsequent attempts by the Iraqi government to completely shut down the protests, meant that EUAM Iraq advisers had both the time and the specific impetus to intervene.

Interviewees who spoke with CIVIC also identified the way that activities are being tailored to the needs of Iraqi partners as a factor for success. For example, the Iraqi Human Rights Office had monitors on the ground trying to track abuses, but they lacked training on how to monitor and catalogue different types of incidents. At the time of this writing, two new international police advisers were being recruited to assist. In addition, moving forward, EUAM Iraq advisers will focus on command-and-control issues that increase the risks of civilian harm at a strategic level. The fact that different security forces currently have overlapping roles and responsibilities can lead to a range of forces with different mandates and approaches to protection acting within the same area. This high density of different security actors has a negative impact on accountability when abuses do occur, as attribution becomes difficult.

Advice for others:

Providing support to security forces while protection concerns are occurring can be a politically sensitive task for both advisers and recipients. However, tackling civilian harm that arises when security forces are overwhelmed, undertrained, and underequipped to successfully de-escalate tensions with protestors without using lethal force is an important first step to fostering a culture of protection more broadly within a security force. It is also vital in order to start rebuilding trust between security forces and the civilians they are tasked to protect.



Yevhenia Korotka/CIVIC

February 19, 2021, Novotroitske, Donetsk Oblast, Ukraine: The Armed Forces of Ukraine are discussing with civilians in a village near the contact line to resolve protection issues, increase trust, and reduce the tension in communication between the military and community members. These dialogues are held with the support of CIVIC and with the European Union's financial support.

In eastern Ukraine, interviewees who spoke with CIVIC reported that the pandemic did not significantly worsen relationships between civilians and security forces, and there were no reports found in open media of widespread harm as lockdowns were enforced.⁴⁶ However, the reluctance of some members of the military to comply with measures intended to reduce the spread of COVID-19, such as wearing masks and observing social distancing, did have the potential to play into existing misperceptions and mistrust between civilians and security forces. One way of mitigating this risk is by providing forces with specific training on the potential long-term consequences of this behavior and by encouraging civilians to raise concerns with the military.

CIVIC's Protection of Civilians Training with the Armed Forces of Ukraine (AFU)⁴⁷

Although the enforcement of COVID-related restrictions was not linked to a rise in civilian harm in eastern Ukraine, some aspects of the early response did play into existing misperceptions. For example, at the beginning of the crisis, security forces deployed in Donbas did not consistently wear masks or respect social distancing measures when entering local shops or conducting patrols. According to one interviewee who spoke with CIVIC, some people began to say, “they think we’re separatists, that’s why they’re not wearing masks!”—assuming the military was not worried about the health of separatist communities or was intentionally trying to get them sick. These worries were reported despite the fact that many civilians were also not wearing masks or respecting social distancing at the time, demonstrating the impact of mistrust on the perception of military activities.

To address these developments, CIVIC helped communities raise concerns with the local security forces, and compliance with sanitary measures improved on all sides. In addition, CIVIC’s country teams integrated this real-life scenario into their virtual training on the protection of civilians with the AFU during the pandemic, using the example to encourage attendees to approach the issue in small syndicates of five or six people and suggest their own solutions. While some people initially dismissed the concern as an inconsequential problem, CIVIC used their engagement with the military to demonstrate that civilians themselves can place great importance on issues the military may perceive as trivial. Not resolving them can have a damaging effect on civil-military relationships. At the end of the sessions, all participants reported that they understood the value of positive engagement with civilians.

Factors for success:

CIVIC approaches training sessions as an exchange of ideas between equals, rather than a transfer of knowledge from trainers to participants. Some facilitators do have military backgrounds that can help to build rapport with the training audience, but the dominant factor CIVIC staff cited for their success was their attitude of encouraging a broad discussion instead of imposing ideas. The fact that other organizations have already provided Ukrainian troops with a background in IHL and highlighted their responsibility to protect civilians means that CIVIC is able to build on this foundation. CIVIC’s training sessions show the positive benefits of having trusting relationships with the local population and prioritizing the protection of civilians when on operations, thus encouraging forces to see these things as having equal or greater value to them for succeeding on the battlefield.

Advice for others:

Moving training onto virtual platforms allowed CIVIC to continue running protection of civilians training with the AFU throughout the pandemic. Doing so also enabled CIVIC to incorporate examples of emerging tensions between civilians and the military directly into the sessions, meaning that troops could take their learning straight out of the classroom and apply it to their approach to enforcing COVID-19 measures. Having a quick feedback loop between events on the ground and training material is an effective way to address risk factors for civilian harm as they emerge.

Protecting the Protectors: Humanitarian Assistance During the Pandemic

In some contexts, the enforcement of lockdown measures by security forces and other armed groups has not necessarily been violent, but it has still been abusive. For example, in some places, vulnerable populations such as IDPs, refugees, and minority communities have been subject to disproportionate levels of movement restriction by security forces and armed groups. In other cases, security forces and armed groups have directly interfered with aid and assistance during the pandemic.

The World Health Organization (WHO) has estimated that, in Afghanistan, “up to three million people were deprived of essential health services in 2020 from the closure of health facilities by parties to the conflict, often in the most vulnerable, conflicted affected locations.”⁴⁸ The Humanitarian Access Group (HAG) logged 69 interference attempts against healthcare workers in 2020, of which the vast majority (63 incidents) were perpetrated by non-state armed groups. Non-state armed groups would approach healthcare partners with requests to deliver “more and better medicines, hire additional and better skilled staff as well as to upgrade existing health facilities, including ambulances.”⁴⁹ These requests often fell outside the scope of funded activities, but refusal led to the closure of health facilities by non-state actors.⁵⁰

According to interviews, high levels of tension and mistrust between the Afghan government and the Taliban, exacerbated by the then-ongoing peace negotiations, also complicated the delivery of COVID-19 assistance projects.⁵¹ For example, the Taliban were hesitant to allow COVID response projects run by local partners who they considered to be too close to the government.⁵² In some cases, instances of the government concentrating donor-funded COVID-19 activities in provincial capitals rather than rural areas under Taliban control exacerbated the perception that assistance was one-sided. This perception led to backlash in other areas—including Taliban restrictions on humanitarian access for other projects.⁵³ This dynamic also played into a general trend of increased interference with non-governmental organizations (NGOs) and humanitarian programs by both sides during the peace negotiations, with the Taliban and the government both failing to provide impartial assistance to communities in areas under their control.⁵⁴ Such interference had the potential to deny vulnerable civilians access to crucial aid while they struggled to earn livelihoods and receive healthcare during the pandemic.

Outside of Afghanistan, there have been other examples of security forces and armed groups restricting aid and assistance during the pandemic, particularly targeting minority and vulnerable communities. For example, COVID-related curfews were enforced in Lebanon that only targeted Syrian refugees.⁵⁵ In April 2020, Human Rights Watch counted at least 21 Lebanese municipalities that had introduced restrictions on the movement of Syrian refugees as part of their efforts to combat COVID-19. These restrictions were not being applied to Lebanese residents.⁵⁶ Camp authorities, backed by security forces, reportedly threatened refugees with deportation if they left the camp to work during the pandemic, increasing food insecurity and economic hardship.⁵⁷ This treatment could constitute a violation of internment law, including Article 26 of the 1951 Refugee Convention, which provides that States shall afford refugees the right to choose their place of residence within the territory and to move freely within the State.⁵⁸

In Venezuela, when tens of thousands of people returned after losing their jobs in neighboring countries, security forces placed them into crowded centers.⁵⁹ In Bolivia, the national guard was accused of limiting aid workers’ access to some quarantine centers and failing to provide adequate conditions in others. A Human Rights Watch report cited extremely variable conditions and controls, “largely depending on who is in charge.”⁶⁰ In Pakistan, meanwhile, minority Shia pilgrims returning from Iran in March 2020 were singled out as vectors for the spread of COVID-19.⁶¹ Hazara pilgrims,

who are ethnic and religious minorities in Pakistan, reported being treated worse than their non-Hazara counterparts who were also returning from pilgrimage sites. They were, for example, quarantined for over 40 days without adequate sanitation.⁶² The police inspector general in Baluchistan, which is where many returnees were held, also reportedly told Hazara officers to take time off “to prevent the outbreak of COVID-19,” thus reinforcing the message that minorities are responsible for spreading the virus.⁶³

Good practices

While some security forces and armed groups restricted humanitarian access during the pandemic, others increased efforts to help civilians get the medical and humanitarian assistance they needed. In eastern Ukraine, military doctors were on standby to provide medical assistance if hospitals in the area became overwhelmed. According to interviews and an open-source search, however, that capacity has luckily not been needed as of the time of this writing.⁶⁴ In Afghanistan, the police hospital in Balkh opened its doors to civilians, allowing them to be treated alongside police officers and their families. This decision provided important additional capacity, as the public hospital only had space for 300 people.⁶⁵ In Ukraine, individual officers took the initiative to facilitate access to humanitarian assistance for the civilians in their areas of operations, as described in the case study “Ukrainian Civil-Military Cooperation (CIMIC) Officers Innovate to Protect Civilians in Grey Zones.”

While some security forces and armed groups restricted humanitarian access during the pandemic, others increased efforts to help civilians get the medical and humanitarian assistance they needed.

CASE STUDY

Ukrainian Civil-Military Cooperation (CIMIC) Officers Innovate to Protect Civilians in Grey Zones⁶⁶

In Donetsk Oblast in eastern Ukraine, the Kalmius River has become the boundary between Ukrainian government-controlled territory on the west bank and the contested grey zone that starts on the east bank. For one village community in the grey zone, the bridge across the river to its neighboring village on the west bank is the population’s only access to shops, food, and markets. As COVID-19 cases started to rise in the country, the senior military command of the Armed Forces of Ukraine (AFU) issued an order to stop all movement over the bridge as part of wider movement restrictions in the area to contain the spread of the virus.

The AFU’s locally based CIMIC officer was concerned about the impact that the announced restrictions would have on the vulnerable communities stuck in the grey zone. She took the initiative to try and find a solution on the ground that would not contradict the order, but that would still allow civilians access to crucial food and supplies. She reached out to CIVIC staff in Ukraine, who she knew from previous trainings and engagements that CIVIC staff had run with the AFU. They helped her consult a wide range of international organizations operating in the area to discuss how the negative impact of the movement restrictions on vulnerable populations could be remedied.

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CASE STUDY: UKRAINIAN CIVIL-MILITARY COOPERATION (CIMIC) OFFICERS INNOVATE TO PROTECT CIVILIANS IN GREY ZONES (CONTINUED)

The CIMIC officer also contacted the AFU higher command and the local brigade command to try and find a solution. They jointly identified preventing the spread of COVID-19 as the top priority. This led the CIMIC officer to suggest that improving sanitary measures on the bridge could be a potential solution. At the time, masks, hand sanitizers, and temperature readers were hard to come by in Ukraine due to shortages, but an international organization offered to set up sanitation checkpoints on the bridge and to make the right equipment available. Movement over the bridge re-opened with sanitation and identity checks in place, allowing civilians to regain access to food and assistance while satisfying the need to tighten movement restrictions during the pandemic.

Factors for success:

The first factor for success was the individual initiative and resolve of the CIMIC officer who raised the issue with CIVIC and successfully navigated the competing concerns and priorities of vulnerable communities and her chain of command. However, the support that she received from the military and the wider international community were also crucial for ensuring that action was taken quickly to resolve the situation. For example, when the highest levels of the Ukrainian military were not able to resolve the problem quickly, the brigade command stepped in to implement a solution within their authority at the local level. International organizations were also quick to respond to the request for assistance from the CIMIC officer. They were willing to help her reach out to a wide range of stakeholders, as well as to provide flexible support and contribute to joint solutions.

Advice for others:

One key lesson that interviewees took from this process was that lower-ranking officers who are deployed alongside vulnerable communities may be more aware of the challenges civilians face than are their high-ranking counterparts working in headquarters. Supporting those who take the initiative to improve the protection and livelihood of civilians is essential for both the military chain of command and the wider community of civilian organizations who can step in to help find joint solutions to shared problems.

Another key takeaway is that solutions can often be found at the local level even if high-level or national policies are slow to change. Having military officers and civilian counterparts who are willing to be flexible about their mandates means that it is possible to find pragmatic solutions within existing permissions, thus allowing civilian and military agencies to react quickly to respond to potential triggers for harm.

In Latin American contexts, meanwhile, international organizations and their local partners turned their attention to supporting vulnerable migrant, refugee, and displaced populations during the pandemic to ensure that they could access vital healthcare and assistance without the fear of deportation or arrest.⁶⁷

Preventing Radicalization and Increased Tensions Between Civilians and Security Forces

In some countries, proscribed groups, militias, and organized criminal gangs have reportedly capitalized on the pandemic to step up recruitment among vulnerable populations facing critical food and income shortages. For example, announcements of mosque closures due to sanitation measures were instrumentalized by radical groups in Nigeria as evidence of anti-Muslim sentiment.⁶⁸

The Islamic State in Iraq and Syria (ISIS) blamed the Shia community for the first cases of COVID-19 in Iraq and called the outbreak a “sign” that the countries should “abandon polytheism.”⁶⁹ As the virus spread throughout Europe, they added to their messaging. According to statements in its *al-Naba* newsletter, ISIS called the disease a “painful torment” for all “Crusader nations” in the West.⁷⁰ Extremist groups in Mali instrumentalized the pandemic to spread information suggesting that the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) was infecting the population.⁷¹

Restrictions on people’s movements and livelihoods have also been identified as potentially leading to recruitment and radicalization. Before the Taliban took control of Afghanistan in August 2021, for example, UNAMA had raised specific concerns that “an increase in unemployment and poverty due to the COVID-19 pandemic have made children more vulnerable to recruitment and use by parties to the conflict, especially because they are forced to seek employment to support their families.”⁷² In Tunisia, female returnees from ISIS-controlled areas found their access to reintegration centers and services suddenly cut off during the pandemic. As a member of the joint UN Women and UN Security Council Counter-Terrorism Committee expert platform on gender and Preventing and Countering Violent Extremism (P/CVE) described: “Tunisian women returnees [from ISIS-controlled areas] were already marginalized, but COVID-19 has made it even harder for women to find someone to talk to due to social distancing and lockdown measures.”⁷³ When women cannot access services that are meant to help them reintegrate into society, the isolation can be a factor in their re-radicalization. Members of the platform have suggested that “this might lead some of them to think that it would be better to go back to Libya or other hotspots.”⁷⁴

According to interviewees who spoke with CIVIC, lockdowns further exacerbated tensions between security forces and civilians vulnerable to recruitment and radicalization. In Iraq, for example, lockdowns were reportedly strictest in conflict-affected areas such as Kirkuk, Mosul, Sinjar, and Hawija, which interviewees suggested may have raised the communities’ suspicions that security forces were using COVID-19 restrictions to control populations they mistrusted or suspected of collaborating with ISIS.⁷⁵ Signs that lockdowns were used instrumentally to control certain population segments have also been seen in other areas of Iraq. Within Baghdad, interviewees noted that lockdowns were implemented more forcefully in the west of the city than the east, where the government was less willing to confront powerful groups. In general, the implementation of COVID-19 curfews was perceived by interviewees as much more sporadic than the policy of dispersing anti-government protests, an action rigorously (and often violently) imposed regardless of location.⁷⁶

In areas where lockdowns were perceived as partial or aimed specifically at segments of the population at risk of radicalization, they hold the potential to further undermine vulnerable groups’ trust in governments and security forces. Recruitment into armed groups, whether by force or not, can be an immense source of harm both for those recruited and for the communities who bear the brunt of the violence they perpetrate.

Good practices

Work on countering violent extremism and reducing community violence is a long-term process, and reacting to emerging triggers for radicalization and recruitment can be a challenge. In some cases, communities have nevertheless been able to identify the potentially alienating impact of COVID-19 measures on vulnerable populations and have worked to rebuild trust by establishing more effective communication between groups and security forces.

CIVIC's Community Protection Groups (CPGs) in Conflict-Affected Areas of Iraq⁷⁷

The strict enforcement of lockdown measures and curfews in conflict-affected areas of Iraq led to tensions within communities who considered the measures retaliation against civilians for their perceived support of extremist groups.

CIVIC identified that inconsistencies in the approach to enforcing lockdown measures among the wide range of different forces involved in Kirkuk were in some cases due to a lack of training and coordination rather than deliberate discrimination against communities. The Ministry of Defence and the Ministry of Interior issued different instructions to their troops, for example, including whether people should be allowed through checkpoints and what time to begin curfews. These inconsistencies meant that sometimes two neighboring checkpoints would react very differently to civilians trying to cross.

CIVIC's CPGs in Kirkuk began to put sustained pressure on the provincial security forces to adopt a unified system, and after six months the situation began to improve. At the same time, CPGs in Kirkuk and Mosul organized meetings on specific issues to allow security forces and communities to find joint solutions to problems that were contributing to increasingly tense civil-military relationships. For example, when the government announced a nation-wide curfew at 7pm, the forces in conflict-affected areas would start closing roads at 5pm, raising tensions as people got caught out when trying to get home. The groups raised the issue with both the security forces and the local government to try and find a solution, and the subsequent changes to the way that curfew was enforced helped de-escalate tensions with the community.

Factors for success:

One of the reasons the CPGs were able to successfully negotiate with security forces was their recognition that forces were poorly equipped to protect themselves, which had an impact on their ability to protect the population. CPGs therefore made a concerted effort to work with youth groups and civil society organizations to distribute masks and sanitizer gels to the security forces. These activities reinforced the message that security forces are there to protect their communities during the pandemic and need to be protected themselves in order to do so. This helped build trust, which also made security forces more receptive to messages about civilian harm reduction.

Another advantage was that CIVIC had program team members in Kirkuk and Mosul who were able to continue to meet frequently with community groups throughout the pandemic, although the groups also used mobile messaging platforms and virtual meetings to increase the amount of communication held remotely.

Advice for others:

Solutions to tensions between security forces and populations at risk of radicalization need to be community driven and focused on facilitating effective communication between security forces and the community so that solutions are developed and implemented jointly. While these solutions should ensure civilian protection, they should also respond to the security forces' needs for equipment and training. When there is a shortage of protective equipment for the security forces, community and religious leaders can play a key role in supporting the local security forces in terms of maintaining their capacity to protect civilians and ensuring their safety while they do so.

V. MITIGATING THE IMPACT OF COVID-19 ON EXISTING CONFLICT-RELATED PROTECTION ACTIVITIES

As well as posing direct risks to the protection of civilians, the COVID-19 pandemic has had a significant disruptive effect on existing efforts to protect civilians in fragile and conflict-affected contexts. In contrast to civil-military experiences during past medical crises, international troops have not tended to deploy to assist their partners during the frontline response to COVID-19. Instead, many withdrew the majority of their personnel and switched to remote work in order to reduce the risk of infection for their staff and local partners.

This response is unlike the action taken during the Ebola crises in West Africa, which are often put forward as best practice examples of civil-military cooperation in times of health emergencies.⁷⁸ In Sierra Leone, Liberia, and Guinea, international civilian and military agencies deployed directly to the frontlines to support the national emergency responses. In Sierra Leone, the UK took a leading role, setting up a Combined Joint Interagency Task Force (CJIATF) while funding and supporting the National Ebola Response Centre (NERC) and a network of District Ebola Response Centres (DERCs).⁷⁹ The UN created a specific Mission for Ebola Emergency Response (UNMEER) to unify its response to the crisis, and several other countries including Canada, China, the US, Germany, and France provided military and medical teams across the affected region.⁸⁰

In addition, high levels of conflict have continued throughout the pandemic in many places, effectively curtailing the ability of governments and communities alike to respond adequately to the health crisis. In places like Afghanistan, the continued targeting of healthcare facilities and high levels of violent conflict have made it harder for civilians to access critical medical assistance, even as the spread of COVID-19 began to rise in their communities. In many fragile contexts, it is unlikely that accurate figures of virus-related deaths will ever surface, as ongoing conflict has complicated efforts to track these numbers and many people will have died at home rather than in hospitals or health facilities.

Another indirect consequence of the COVID-19 pandemic has been the redirection of aid and assistance toward healthcare priorities, which has had the knock-on effect of reducing the amount of funding available for other areas. Women's networks and associations that were providing valuable protection services for vulnerable populations in conflict-affected areas have reportedly found it particularly difficult to access or maintain funding. This shift has the potential to exacerbate existing risk factors for civilian harm and to compound the disproportionate impact of the pandemic on women, children, IDPs, and minorities.

...high levels of conflict have continued throughout the pandemic in many places, effectively curtailing the ability of governments and communities alike to respond adequately to the health crisis.



April 27, 2020: A Ugandan soldier serving under the African Union Mission in Somalia (AMISOM) checks the temperature of a soldier at a security check point as part of efforts to prevent and respond to the Covid-19 pandemic.

Boots Off the Ground: Lessons from International Assistance Missions

As COVID-19 took root across Europe and North America, many international providers and funders of security assistance, peacekeeping, civil-military cooperation, and protection of civilians programming scaled back activities.⁸¹ Meanwhile, faced with the dual dilemma of ensuring the health of their staff and the protection of civilians in fragile and conflict-affected contexts, international missions attempted to continue core activities remotely or with limited face-to-face contact with local partners.

Nevertheless, in countries affected by persistently high levels of violence, interviewees who spoke with CIVIC reflected that COVID-19 has often come out low on the list of perceived risks to local populations and the security forces in place to protect them.⁸² This seemingly low prioritization has sometimes led to a disparity between the perception of international missions and their local partners regarding the pandemic's risks: as one military interviewee put it, Afghan partners “couldn’t see why we were making such a big deal out of it when we take hits from IEDs and things all the time.”⁸³ In Iraq, an interviewee reported that local partners in places like the Kurdistan Region, who were used to getting frequent visits from international staff, found the withdrawal of this face-to-face support rather abrupt despite understanding why it was happening.⁸⁴ In Nigeria—outside of major

metro areas such as Abuja, Lagos, and Maiduguri—civilians, security forces, and the government remained focused on the serious threat of attacks by armed opposition groups (AOGs), leaving COVID-19 as a secondary concern.⁸⁵

This divergence in perceptions and priorities may have long-term consequences on the ability of international partners to influence key parts of the protection agenda in fragile and conflict-affected states, as sensitive topics such as human rights abuses by members of local security forces require a large amount of mutual trust before they can be broached effectively. Creating a culture of protection requires an ongoing dialogue between civilian and military actors, as well as between international and local communities. However, in at least one international mission, protection advisers were not considered “essential” staff and were therefore withdrawn during the pandemic. Withdrawing protection advisers severely restricts missions’ capacity to engage with their local partners on triggers for civilian harm as they emerge.⁸⁶

Some interviewees who spoke with CIVIC suggested that, in addition to making relationships between international and local partners more difficult, the pandemic has also increased a sense of impunity among security forces. In turn, this sense of impunity has worsened the risk of civilian harm and other abusive behavior. One military interviewee observed local security forces undertaking riskier behaviors for the protection of civilians during COVID-19, noting examples of military strikes against civilian spaces such as marketplaces. This interviewee suggested that such behavior may have been due to inaccurate perceptions that withdrawing staff or working remotely would limit the ability of international organizations to monitor abuses.⁸⁷ Some civilian organizations also noticed an increase in abusive behavior and fraud in areas where they operated once staff withdrew back to capital cities or their home countries. In extreme instances, humanitarian organizations uncovered examples of entire projects that were supposed to deliver relief to communities in field locations being falsified, with implementing partners attempting to exploit what they saw as a decrease in oversight during the pandemic.⁸⁸

However, while the decrease in a visible international footprint during COVID-19 may have contributed to these events, other potential factors include the increasing incentives for corrupt and abusive behavior that have arisen as the economy and security have both declined during the pandemic.⁸⁹ The specific impact of international troop and adviser withdrawals during COVID-19 remains difficult to untangle from these broader dynamics.

Good practices

While international organizations in some contexts reported that human rights monitoring decreased as travel restrictions led to a reduction in assessments,⁹⁰ the impact of COVID-19 in other contexts was less severe. For example, before the Taliban takeover in August 2021, both military and civilian interviewees in Afghanistan reported that they were able to continue monitoring civilian harm without any major disruptions from the pandemic.⁹¹

Recording incidents of civilian harm and reporting on human rights abuses by parties to the conflict are some of the essential ways in which international organizations and assistance missions can contribute to the protection of civilians in fragile and conflict-affected states. Ensuring that accurate records of civilian casualties are kept and made public may increase the chances that new procedures will be adopted to avoid future harm, especially when armed actors have and use internal civilian harm tracking mechanisms. It also increases opportunities for amends or reparations to affected individuals or communities and improves the chances that perpetrators will be brought to account.⁹²

Third Party Monitoring of Civilian Casualties in Afghanistan⁹³

After years of grappling with high levels of insecurity and difficult access to ground sites to verify cases of civilian harm in Afghanistan, UNAMA has developed an effective monitoring network that can be run remotely if required. This network proved to be a huge advantage during the COVID-19 pandemic, as staff were able to continue to verify reports of civilian casualties according to the same standard as before by triangulating sources by phone. Their ability to reach out to contacts with whom they have longstanding relationships was not compromised, though it was noted that it was far more challenging to build new relationships remotely.

Factors for success:

UNAMA has been tracking civilian casualties in Afghanistan for a long period of time, and most Afghan civilians have at least a basic understanding of what the organization does. This means that when UNAMA reached out to Afghans for the first time over the phone during the pandemic, many already recognized the organization and associated the act of speaking to them with getting testimonies out to a national and international audience. This name recognition helped to create residual confidence in UNAMA and helped convince Afghans to share their stories despite the fact that speaking over the phone makes it harder to build personal relationships than meeting face to face.

Relatedly, UNAMA has spent years building and investing in their local networks, which was a crucial factor for why the network continued to be so responsive when used remotely. Previously, UNAMA could meet sources in person at least once or twice a month, which included paying their travel expenses so they could get to a place where they felt comfortable speaking to staff. These strong interpersonal relationships created a high level of trust, which in turn allowed for productive relationships even when face-to-face contact was restricted during the pandemic.

Advice for others:

Organizations trying to monitor civilian casualties remotely need to invest in understanding what factors really motivate people to speak in any given context. For example, in Afghanistan, where truth telling, the acknowledgment of events, and provision of reparations are important pillars of justice, offering individuals the chance to have their story heard is a compelling reason to speak to someone, even if over the phone.

While high-level advocacy on the basis of individual stories and collective data around civilian harm may not always generate public acknowledgement of harm caused or an offer of amends, there are other ways that organizations can help victims get recognition and advocate for a change in behavior by the armed actors in their area. For example, UNAMA provides more data to their sources than they release publicly, meaning that Afghan civilians can use it to advocate for higher standards of protection with their local Taliban or Afghan Defense and Security Force commanders.

In addition, civilian casualty monitors need to really understand the networks in the areas where they work. If one community is cut off from communicating for a period of time, there will likely still be people with access. Travel to highly insecure areas rarely stops completely, even if major international organizations find it hard to access them consistently. Knowing your environment creates opportunities to bypass the need for face-to-face contact in order to understand the protection environment.

These lessons will all be severely tested and become particularly crucial now that the Taliban has taken control of Afghanistan, with many sources likely to be wary of making contact with international partners.

Community-level negotiations and advocacy are an important aspect of effecting lasting change at the local level and ensuring that victims are empowered to use their own experiences to create pressure for positive change—an endeavor that will benefit them and their communities. This community-level negotiation and advocacy is also what CIVIC seeks to do when working with civilians as part of a community-based protection approach, with targeted support to enable civilians to prioritize and advocate for their identified protection concerns with all relevant stakeholders.

As many international assistance organizations were forced to restrict their staff to working from home and reduce travel to rural areas, solutions to pandemic-related protection concerns became increasingly local. Community protection groups in Afghanistan, for example, became frontline responders to the crisis, helping people access healthcare by facilitating communications with local clinics and medical facilities.⁹⁴ CIVIC-led community protection groups delivered presentations to security forces and armed groups on the rights and responsibilities for protecting civilians during the pandemic, sharing information based on IHL, international human rights law (IHRL), and Islamic Law. This information was translated into local languages.⁹⁵

CASE STUDY

CIVIC-Led Community Protection Groups (CPGs) in Afghanistan⁹⁶

Balkh Province has continued to suffer high rates of violence throughout the pandemic, as it is one of the places where the Taliban and the Afghan Defense and Security Forces fought heavily before the Taliban takeover in August 2021. During the periods of intense fighting, a community member from Chahar Bolak District—which was one of the most insecure areas—contacted their local CIVIC-led CPG to report a problem with Afghan security forces who had moved artillery units into their village. They stated, “before the pandemic kills us, that artillery will kill us.” A member of the group called the local chief of police and organized a meeting to share these concerns and remind security forces of their obligation not to use heavy artillery in residential areas.

Later on, the Afghan security forces cut off the water supply to the village in order to put pressure on the Taliban. A joint effort from the CPGs based in Chimtal, Chahar Bolak, and Balkh produced a meeting with the Afghan National Army Corps, who were responsible for the decision, as well as a phone call with the Balkh police chief. After two days of farmers not being able to irrigate their fields, the canal was re-opened.

Factors for success:

Local CPGs were extremely motivated and proactive when it came to adapting their work during the pandemic. Many CPG members participated in other relief efforts in an individual capacity, as well, for example by advocating to international organizations on behalf of the needs of IDPs in their areas.

At the provincial level, CPGs prepared a press release asking for parties to the conflict to reduce the levels of violence and support the healthcare sector during the pandemic. CIVIC helped share this press release with other international agencies. Because groups were well established before COVID-19 and were used to working in difficult circumstances, they were well prepared to continue advocating for the protection of civilians amidst the pandemic.

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April 21, 2021, Bama, Borno State, Nigeria: Civilians and members of local militias are posing for a picture after they engaged together to find solutions to minimize civilian harm during a dialogue session.

CASE STUDY: CIVIC-LED COMMUNITY PROTECTION GROUPS (CPGS) IN AFGHANISTAN (CONTINUED)

Advice for others:

The main challenges for CPGs were patchy internet connections and unreliable phone networks. This unpredictability could make passing material between groups and offices in urban centers very difficult. However, a strategy of making frequent local calls can be enough to maintain regular contact and support. CIVIC gave CPG members additional phone cards and credit top-ups to allow communication to continue as best as possible.

Communication by phone was more than a logistical challenge, however. It also reduced the amount and type of information that people were willing to share in some instances. Information often seemed to be self-censored or given in general terms without naming specific groups or individuals. Only incidents where no one in particular was to blame were reported more freely. This general hesitation was likely due to fears of surveillance, as well as rising fears about reporting information at a time when prominent journalists, civil society workers, and others are increasingly being targeted and killed in Afghanistan.

Once face-to-face meetings resumed, information was given about events from the past months that had not been shared at the time. This sort of delay is an important downside to bear in mind when engaging with local networks remotely.

Civilian protection during conflict often relies on having a direct line of communication between communities and security forces so they can address issues quickly. While face-to-face meetings were complicated by pandemic-related restrictions, radio broadcasts proved to be a good way to continue communications. It provided opportunities for organizations to spread best practices for civilian protection while also giving communities and militaries a forum where they could talk about challenges as they emerged. For more sensitive exchanges over specific allegations of civilian harm, some organizations found that writing letters detailing the accusations was an effective way to spark a conversation that would usually only happen in person and behind closed doors.⁹⁷

CIVIC's Civilian Protection Radio Broadcasts in Nigeria⁹⁸

As movement restrictions tightened in Nigeria, CIVIC decided to step up collaboration with local radio stations in order to amplify messaging on the protection of civilians during the COVID-19 pandemic. This collaboration included adapting training modules for broadcast to explain the rights and responsibilities of both civilians and militaries during the pandemic response. These programs were disseminated weekly over a range of military and civilian radio stations in a variety of local languages. CIVIC also produced radio jingles about COVID-19 in different local languages to play during breaks, meaning that listeners would hear five or six iterations of advice about social distancing measures as well as myth-busting information about the pandemic.

The format of the training modules was adapted to encourage audience participation through phone calls and social media. As the audience was both civilian and military, this format provided callers with the opportunity to engage with each other, as well as to ask questions about how to improve the protection of civilians in their communities. A number of callers also rang in to ask questions about the pandemic, helping to counter local speculation and misinformation about the virus.

Factors for success:

Programs were broadcast across Abuja and its neighboring areas, as well as across Maiduguri, where CIVIC distributed radios to members of civilian protection groups to allow them to engage from rural areas. Ensuring that conflict-affected areas had direct access to the broadcasts was a major factor for their success, as callers in these areas tended to focus more on events that were affecting their communities at that very moment rather than sharing the more abstract concerns more typical of responses to broadcasts in and around the capital. This approach made the broadcasts very valuable to communities, who could use them to highlight immediate protection concerns. It also made them popular among the armed forces, who used the programs as a way to engage with civilians while operations were ongoing.

Advice for others:

Ensuring that target populations can listen to broadcasts in their own language is vital. CIVIC ended up expanding its list of communications partners in order to ensure that regular Hausa programs could be heard by populations in and around Maiduguri and that English-language broadcasts could be heard on military radio stations. Also, because short-wave broadcasting faces severe challenges in areas where the quality of the sound is not clear, ensuring that there is an FM alternative proved critical.

Despite some good innovations in remote communication, many interviewees who spoke with CIVIC mentioned that communicating with individuals over the phone sometimes reduced the amount and type of information that they were willing to share.⁹⁹ Information was self-censored, and people were less comfortable allocating blame for civilian harm to specific parties. This dynamic also had an impact on what topics militaries were willing to discuss with civilians, meaning that some sensitive discussions about controversial issues had to be postponed until parties could be in the same room, with the reassurance that each party could see the other's reactions in real-time rather than through a screen.

Medical Assistance Under Fire: Lessons from Healthcare Provision

Instead of the reduction in fighting hoped for at the beginning of the pandemic—when the UN Secretary General called for countries to establish a global ceasefire to allow communities to focus on tackling COVID-19¹⁰⁰—many fragile and conflict-affected settings continued to experience high levels of violence. In parallel, attacks on healthcare continued to be a persistent feature of many conflicts, which will have long-term consequences for civilian populations and healthcare systems in the countries concerned.¹⁰¹ Although attacks on healthcare are not likely to have been made as part of an intentional strategy to exacerbate the effects of the pandemic on civilians, they have multiplied the risks to civilians seeking access to healthcare during a critical period, as well as risks to medical facilities, patients, and personnel.

In the Democratic Republic of Congo (DRC), the last remaining medical facility in Boga, Ituri Province, was burned down and looted in June 2021, leaving up to 80,000 people without access to healthcare—including children who were dependent on the facility's malnutrition program.¹⁰² In Afghanistan, attacks on healthcare facilities increased by 20 percent in 2020 when compared to 2019.¹⁰³ This shift stands in contrast to an overall reduction in civilian casualties in 2020, as limited ceasefires and a reduction in international airstrikes provided sporadic relief to communities.¹⁰⁴ UNAMA verified 90 attacks impacting healthcare delivery in Afghanistan from January 1 to December 31, 2020, including direct attacks against healthcare personnel and facilities as well as indiscriminate attacks resulting in incidental harm. In total, eight healthcare personnel were killed, 11 injured, and 36 abducted.¹⁰⁵ The Humanitarian Access Group (HAG) in Afghanistan logged 22 instances of health facilities being temporarily closed during 2020, with the longest closure lasting five months.¹⁰⁶ In the northeast of Afghanistan, a humanitarian actor reported that the Taliban had temporarily appropriated one of their health facilities to use as a quarantine camp for their fighters.¹⁰⁷

Especially vulnerable populations such as women and children also faced specific dangers when trying to access healthcare in Afghanistan during this period. In one case recorded by UNAMA, “the head of the Taliban’s so-called vice and virtue department in a district of a northern province beat two women in their twenties with a cable in a bazaar for being outside their homes without a *mahram* (male guardian). One of the women was on her way to seek healthcare.”¹⁰⁸ On January 21, 2020, in Daikundi province, the Taliban set fire to a local health center for women and planted IEDs leading up to the facility in order to prevent women from accessing services funded by non-Muslims.¹⁰⁹

Even when healthcare facilities were not under direct fire, many people were hesitant to access them during the pandemic... This hesitance was reportedly due to mistrust created by the spread of misinformation claiming that health facilities’ death tolls were high and that it was better to stay home.

Even when healthcare facilities were not under direct fire, many people were hesitant to access them during the pandemic. In interviews conducted with civil society and international organization representatives in Ukraine and Afghanistan, this hesitance was reportedly due to mistrust created by the spread of misinformation claiming that health facilities' death tolls were high and that it was better to stay home.¹¹⁰ A newly built health facility with space for over 100 patients on the outskirts of Mazar-i-Sharif was barely used. When asked why, the local governor reportedly said that people did not want to go, despite a series of advertisements showing clean rooms, good facilities, and patient televisions.¹¹¹

Barriers to accessing healthcare during the pandemic could be particularly high for marginalized and minority populations. In Latin America, an interviewee who spoke with CIVIC reported that a few cases of security forces deporting Venezuelan migrants from hospitals and high levels of mistrust in institutions led many migrants to stay away from healthcare facilities during the pandemic for fear of what might happen if they registered their details for treatment.¹¹² In Rohingya refugee camps, interviewees reported that women were more unwilling to go to COVID-19 testing centers than their male counterparts because the facilities were not gender segregated, a situation that is not culturally acceptable.¹¹³

Good practices

Some organizations managed to overcome some of the barriers that populations have faced to accessing healthcare in conflict-affected states during the pandemic. For example, an international organization in Iraq was able to connect and liaise between the WHO, the Iraqi High Commission for Human Rights (IHCHR), the MoI, and MoD to support the WHO with briefing materials and to raise awareness. The IHCHR supported the MoI and MoD with further training on how to enforce lockdown measures, deal with real or suspected COVID-19 cases from a medical health perspective, and deal with communities and social stigmas in connection to COVID-19.¹¹⁴

CASE STUDY

Rebuilding Venezuelan Migrants' Trust in Security Forces and Healthcare¹¹⁵

COVID-19 has challenged the ability of security forces in Colombia, Peru, and Ecuador to respond to large population flows from Venezuela. Tensions between Venezuelans, security forces, and local populations in neighboring countries were already high before the pandemic, but were further exacerbated by a rise in gender-based violence and abuses by security forces against vulnerable migrant populations during COVID-19. This rising mistrust between migrant Venezuelans and local security forces has had a direct impact on the willingness of Venezuelans to access healthcare and assistance during the pandemic for fear that if they register at hospitals, security forces will arrive and deport them. As case rates of COVID-19 began to rise among the Venezuelan population, low trust in security forces became a significant barrier to accessing healthcare.

In response, international organizations working on the regional response to the Venezuelan crisis stepped up trust-building activities with migrants, local communities, and security forces in an attempt to reverse this trend. They identified that much of the mistrust Venezuelans felt toward security forces stemmed from bad experiences with local civilians. Negative interactions with the local population increased their feelings of insecurity and vulnerability more generally, which in turn affected their fear of deportation by security forces. Organizations also identified the damaging impact of information spread on social media about a few cases where Venezuelans were deported

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CASE STUDY: REBUILDING VENEZUELAN MIGRANTS' TRUST IN SECURITY FORCES AND HEALTHCARE (CONTINUED)

from healthcare facilities, which created general unease and further suppressed willingness to access healthcare.

Through social cohesion activities and community engagement campaigns, trust began to improve. For example, international organizations increasingly involved local communities in decisions around the allocation of COVID-19 assistance to Venezuelan populations, and they established trust-building communications campaigns with migrants to counter the message that accessing healthcare would result in deportation. Now, one and a half years into the pandemic, organizations have reported that more Venezuelans are accessing hospitals and people are not afraid to report abuses by security forces when they occur. In addition, integrating topics relevant to Venezuelan communities into training and engagement with security forces as well as conducting high-level advocacy to ensure that Venezuelans are not excluded from local vaccination campaigns has helped lessen the disproportionate impact of COVID-19 on Venezuelan communities.

Factors for success:

One of the main factors for the success of the trust-building campaigns during the pandemic is that they built on existing expertise and programming. For example, before COVID-19, organizations were already doing work to address tensions between migrant and local populations, including organizing cultural events to bring communities together, providing grants to start small businesses between migrants and locals, conducting advocacy and awareness-raising campaigns to ensure locals understand why Venezuelans had to leave their home country, and engaging with local security forces on specific migrant needs. This foundation meant that organizations were well placed to boost activities and help reverse the trend as trust was deteriorating at the beginning of the pandemic.

Advice for others:

Focusing on improving relations between migrant and local communities is often a neglected aspect of trust-building between vulnerable populations and security forces. In many cases, negative experiences from engaging with local civilians can enhance feelings of distrust, which in turn can reduce trust in local security forces. Ensuring that civilian-civilian relations are not neglected when trying to improve civil-military relations can be key to their long-term success.

Leave No One Behind: Women and the Protection of Civilians in Conflict

Whether in Afghanistan, Iraq, Nigeria, Yemen, Somalia, or Myanmar, local and international women's networks have provided key frontline responses to the pandemic despite challenging funding cuts and movement restrictions. During the pandemic, women have, among other things: formed crisis response groups; developed campaigns to raise awareness of COVID-19; expanded outreach to rural and marginalized areas; distributed aid and healthcare; and provided psychological support to women and girls not able to leave the house, including adolescent girls deprived of education or technological means of communication because of customs and traditions.¹¹⁶

Nevertheless, stay-at-home orders during the pandemic reversed key gains in female independence, including by restricting women's ability to engage in protection activities. This reversal held true whether women were working as local community organizers or staff for international missions. For example, an interviewee from an international organization in Afghanistan highlighted the fact that local female staff were often the first to be asked to work from home during the pandemic, as security managers perceived them to be more vulnerable than their male counterparts.¹¹⁷ However,



April 23, 2020: Rohingya women engaged in the production of masks in UN Women-AAB Multi-Purpose Women Centre to protect their community from COVID-19 and earn an income to support their families.

once working from home, women were often expected to do their jobs alongside being the primary caregiver for their families—an expectation not faced by male colleagues, who were less likely to have additional demands placed on them while working remotely.¹¹⁸

While women's networks are often at the forefront of protection activities and services in local communities, their activities during the pandemic have reportedly been hampered by a number of factors, including “government-initiated COVID-19 restrictions that did not class their services as essential; lack of funding; donor requirements such as reporting which were not paused despite a global pandemic; and restricting civil society space.”¹¹⁹ These limitations have occurred despite the fact that women's roles have expanded to providing COVID-19 response services—especially in rural or remote areas with a limited state presence—and to advocating for more gendered local, national, and international responses, including from their local security forces.¹²⁰ Research participants for a study by the Gender Action for Peace and Security network highlighted the fact that women have been consistently unable to access critical COVID-19 decision-making spaces at the national and local level. Governments in a range of fragile and conflict-affected contexts have also relied heavily on local authorities, who are almost exclusively men, to implement pandemic protection measures.¹²¹

A lack of female representation in decision-making spaces was a problem emphasized by female police officers involved in frontline responses to COVID-19 in South Asia.¹²² Their absence was often due to perceptions that the situation was too dangerous for female officers.¹²³ Cited examples involving shortages of female police officers and military personnel included patrolling IDP camps or sites with large concentrations of potentially vulnerable individuals. The female police officers reflected that the lack of female personnel made it harder for women and girls to raise security concerns at a time when gender-based violence was anecdotally reported to be increasing.¹²⁴

In Iraq, interviewees working for international organizations noted that greater female recruitment into the police could be a way to de-escalate tensions and promote non-violent crowd control, but even examples of extreme violence by police against protestors did not advance the case for this strategy.¹²⁵ Female police officers also stressed the need to be involved in decisions made at the strategic level. They report that female officers are not currently able to provide input during planning and decision-making to help shape policing and military operations in a way that prevents exposing women and other populations to disproportionate harm.¹²⁶

Good practices

While many women and women's organizations have faced challenges in getting access to the funding and support they have needed during the pandemic, some donors and international organizations have been able to boost women's protection activities. In these cases, the importance of women's networks in supporting their communities and families has been recognized through the provision of additional funding, training, and equipment. In addition, existing support to female police officers and security forces has been leveraged to ensure that they are able to provide protective services and support to communities in need throughout COVID-19.

CASE STUDY

Supporting Female Refugees in Cox's Bazar in Bangladesh¹²⁷

Cox's Bazar is home to the world's largest refugee camp, which houses over 600,000 of the 854,024 Rohingya refugees who have fled neighboring Myanmar into Bangladesh since 2017.¹²⁸ During the pandemic, international organizations reported a rise in gender-based violence linked to growing tensions within the camp.¹²⁹ These tensions were often linked to shrinking opportunities for economic activities to sustain families.¹³⁰

Self-mobilized Rohingya women's groups stepped up to respond to the challenges faced by the community, pivoting their activities to include homemade face mask production. The government was not able to compensate women financially for their work, but international organizations found a way to provide financial support through the Rohingya Women's Leaders Umbrella Network. International partners also provided the network with sewing machines, material support, and training. They also bought the masks to distribute among the Rohingya community. These actions enabled women to support their families during the pandemic when other income-generating activities were restricted. It also showed how crucial women and women's networks are to frontline emergency response efforts and the protection of their communities.

In addition, international partners provided about 5,000 masks made by Rohingya women to the police, and they supported Women and Children Police Help Desks in camps to ensure that women and girls received crucial services including healthcare, counseling, and support for gender-based violence survivors. The feedback from female refugees inside the camp is that they would never have spoken to security forces unless they included women, showing how crucial female representation in security forces can be to improving the protection of vulnerable populations.

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CASE STUDY: SUPPORTING FEMALE REFUGEES IN COX'S BAZAR IN BANGLADESH (CONTINUED)

Factors for success:

International organizations' support of female refugees during the pandemic built on several years of sustained efforts to improve security for women in the camps. When one such organization started working with camp police in 2018, not a single female police officer was deployed, meaning that women faced significant cultural barriers to reporting or discussing threats such as gender-based violence. Staff worked closely with the police to understand the reasons why women weren't being deployed—which included concerns for their safety and comfort—and to work with partners to address concerns.

Responding to what they learned, international organizations worked together to add spaces for female police officers to do their washing, cooking, and eating separately from male police officers, and they equipped their living quarters and offices with basic cooking, sleeping, and IT equipment. An international organization also added security measures such as bars on the windows of some accommodations and provided male and female police officers with training on how to respond to cases of gender-based violence.

There are now around 60 female police officers deployed full-time in the camps, meaning that women and girls have constant access to female personnel if they would like to report a concern. Contrary to many other government and international agencies, the police remained in the camps throughout the pandemic, which made it possible to continue running Women and Children Police Help Desks. While some initiatives were disrupted by the pandemic, such as joint community-police dialogues, female-friendly markets in the camps to promote relationships between refugees and host communities, and additional training on responding to cases of gender-based violence, field staff continue to visit female police and refugees frequently to provide ongoing support.

Donors in this case were also very flexible, allowing international organizations to take immediate action to promote hygiene awareness, distribute hygiene kits, and pivot to support refugees making face masks.¹³¹

Advice for others:

Supporting women to engage in protection activities is a long-term endeavor. Getting 60 female police officers into the refugee camps of Cox's Bazar took more than two years, and the process faced significant setbacks. High-level decision makers in many institutions continue to be men, and they may not prioritize female-led protection when faced with other security concerns. Engagement can take a long time, and organizations need to be prepared to face challenges such as an unwillingness to deploy women into areas considered insecure and tensions over support that is tailored to predominantly benefit women.

In addition, women may be restricted from engaging in protection activities within their communities by cultural norms around their freedom of movement, their ability to speak directly to the police without going through community leaders, and their inclusion in the workplace. Running training and engagement with male community leaders and male police officers is an essential part of recognizing and supporting women's protection activities and responding to their risks of harm.

Interviewees from other organizations have reflected that they were also able to successfully adapt their work with refugee communities during the pandemic with the help of flexible donors who allowed them to pivot peace-building programming—in Tunisia and Uganda, respectively—to providing crucial needs such as food, soap, and PPE.¹³² When the government of Uganda reduced food rations to refugees during the crisis, an interviewee noted that their organization's pivot toward providing crucial needs was a particularly important lifeline for vulnerable populations.¹³³

VI. CONCLUSION

While the COVID-19 pandemic has not had a universal impact on the protection of civilians in fragile and conflict-affected states, it has nonetheless increased the risk of civilian harm both directly and indirectly in specific contexts. After such an unprecedented global experiment in pandemic policing, stay-at-home orders, and virtual work environments, it is vital to learn lessons and adapt programming to ensure that civilians are better protected as we continue to live under COVID-19 and prepare for the next potential crisis.

In some states, violent crackdowns against civilians in the name of pandemic enforcement will have long-term effects on civil-military relations and levels of trust between populations and the security forces who are there to protect them. In others, it may take a long time for funding for crucial protection services for vulnerable populations to regain pre-pandemic levels—an issue with the potential to compound the disproportionate impact of the pandemic on the protection of women, children, IDPs, returnees, and minorities. International organizations, local security forces, and NGOs will each have to find a way to redress this imbalance and ensure that the protection of civilians and civil-military relationships are built back stronger after the pandemic.

It is not, of course, only global health emergencies that restrict the ability of international organizations, militaries, police forces, and civil society to spend as much time as they would like supporting local communities on the frontlines of armed conflict and other situations of violence. High levels of insecurity, restrictive mandates, insufficient resources, and the proliferation of acute needs and aid priorities each play their part in reducing the presence of different agencies and organizations in conflict-affected locations. Perhaps one of the greatest lessons to come out of the pandemic is the crucial role played by local communities as recognized experts of their situations and able advocates for greater protection, including negotiating with security forces, engaging with armed groups, and educating their peers about their rights and responsibilities. Supporting community-led protection through building the capacity of local civil society, male and female community leaders, and grassroots champions for protection is essential to ensure that a bottom-up protection culture can be fostered and maintained for the long term and in the face of whatever the next crisis holds.

Finally, this research was undertaken while the COVID-19 pandemic was ongoing. While many fragile and conflict-affected states have so far recorded low numbers of COVID-related deaths in comparison to other countries, infections were surging on the African continent and across South Asia as this report was being written. It is unlikely that global rates of vaccination will be high enough to curb the lethality of the virus until at least the end of 2022, with fragile and conflict-affected populations likely to be among the last to receive protection. While the pandemic itself has not yet sparked a significant security crisis in fragile states, lessons from the last eighteen months about the difficulties of accessing healthcare, the vulnerability of specific populations, and the lack of trust between civilians and security forces still create significant risk factors for a double threat of conflict and COVID to emerge. Much now depends on the ability of governments, non-governmental and international organizations, private companies, and communities to work together to ensure that the roll-out of vaccines is truly global, and that the protection it provides is universal.

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