

SILVER LININGS

Mental health & wellbeing in the COVID era



In 2020, on the frontlines of conflicts, disasters and climate change, COVID-19 became a crisis within a crisis – a health, protection, access, and service delivery nightmare.

By the end of 2020, **100% of Protection Clusters reported psychological distress of affected populations as severe or extreme** – the utmost protection concern across all contexts.

If there is a silver lining to be taken from the 2020 storm, the collective recognition that Mental Health and Psychosocial Support (MHPSS) require urgent and at scale humanitarian response, may be it. The humanitarian and protection outcomes we seek will only ever be partially achieved if people and communities do not recover and rebuild mentally.

In 2021 rethinking what aspects of normal we want to return to is essential. The Global Protection Cluster is committed to ensuring that MHPSS is at the top of the agenda as the humanitarian protection response evolves, not reverts. An evolution that guarantees psychosocial support as an integrated aspect of all humanitarian and protection services - all delivery of the material should incorporate the mental.

Getting MHPSS response right across all humanitarian sectors, including protection, is a litmus test for strong and learning humanitarian leadership. Learning from our own resilience or fragility to cope with monumental upheaval in 2020 should lead us all to a more human humanitarian response going forward.



CONTEXT UPDATE

2021 marks some troubling milestones – we have surpassed 100 million people in need of protection assistance due to conflict, violence, epidemics and climate-related disasters, whilst approaching bleak anniversaries – 20 years of war in Afghanistan, 10 years of civil war in Syria, 8 years of conflict in South Sudan, 6 years of violence in Yemen, and a new coup in Myanmar troublingly reminiscent of past events.

The protection landscape is in spiralling complexity – what UN Secretary General, António Guterres, has declared “[a pandemic of human rights abuses](#)”. The work of frontline protection partners in empowering individuals and communities to uphold their rights – at the same time as pre-existing vulnerabilities and inequalities are further exposed and expanded – is at once more challenging and crucial.

In this reporting period, December 2020 - February 2021, violence continues with no signs of deceleration across several countries where Protection Clusters are active. Intensification of attacks against civilian populations is cause for serious alarm and committed political action to protect the lives of people in Central African Republic, Democratic Republic of Congo (DRC), Ethiopia, South Sudan, Sudan, and Yemen. Escalating protection needs, coupled with rapidly shifting frontlines, access constraints from authorities, and the deliberate targeting of humanitarian workers, are stretching protection resources beyond capacity and hindering delivery of essential, life-saving services.

Protection Clusters have recorded attacks against humanitarian colleagues in Afghanistan, CAR, DRC, El Salvador, Nigeria, and Venezuela. On 23 February, in DRC, passengers travelling in a humanitarian convey to visit a World Food Programme school feeding project, were ambushed. The driver, and two passengers - Italy's ambassador to the DRC, and an Italian policeman – were shot and killed. Such blatant disregard for the civilian character of humanitarian work will remain a key obstacle in 2021.

Across operations the climate crisis is translating into immediate and protracted humanitarian crises. Protection Clusters are currently responding to urgent protection needs of populations displaced, sometimes multiple times, by cyclones and flooding in Guatemala, Mozambique, and the Pacific. The people of Somalia are concurrently grappling with floods and drought, desert locust plagues, and the subsequent protection threats that arise through the loss of property, livestock and livelihoods.

Resource scarcity not only fuels violence and displacement, but exhausts affected populations capacity to cope. This is having an inordinate impact upon women and children, as gender-based violence, child and forced marriage, and child labour soar. Food insecurity is affecting many millions of people, increasing protection risks and threatening to derail hard fought for gains in advancing the status of women and girls. Over 16.2 million people in Yemen, 12.4 million in Syria, 8 million in DRC, and 5.7 million in Somalia are food insecure, while hunger has increased fourfold in El Salvador, Guatemala and Honduras. As these profoundly troubling side-effects of the climate crisis cripple populations, the official return of the US to the Paris Climate Agreement this month is a welcome one.

The psychological impact of climate-related disasters and conflict cannot be underestimated. After Cyclone Eloise hit Mozambique in January, children described to responders their fear of not whether, but when, another cyclone will hit them again. The displaced in DRC describe being too hungry to think past tomorrow, while Iraqis sit silently in tents – temporary homes for 6 years – struggling to process the trauma of the horrors they have experienced.

Facing these challenges, 2 months into the year, availability of protection resources remains hard to project in our operations for 2021. If the [High Level Pledging Event](#) on Yemen is to represent a prediction of what is to come in terms of the proportion of available resources compared to the needs and regional solidarity, then we are pushing frontline humanitarian workers to very difficult prioritisation of who would be assisted with what.

With the right support, the human spirit is remarkably resilient. The capacity of crisis-affected people to recover and rebuild when their protection, dignity and agency is prioritised is a reminder that investment in mental health and psychosocial support now is an investment in a stronger, more stable tomorrow.



Emerging Protection Trends

AT A GLANCE

SEVERITY OF PROTECTION RISKS AS REPORTED BY PROTECTION CLUSTERS



Active conflict or violence is occurring in 78% of reporting operations. 17 operations report the situation as severe or extreme.



27 operations report **new forced movement and displacement**, including forced returns. 14 operations classify the situation as severe or extreme.



Explosive ordnance contamination is a risk across 25 operations. In Yemen the risks for civilians are extreme.



77% of operations describe **psychological** distress and growing mental health needs of affected populations. 70% rate the risk of distress as severe or extreme.



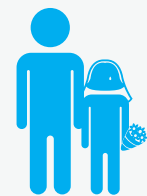
27 operations report an increase in **Gender-Based Violence**; over 80% operations describe the GBV situation as severe or extreme.



25 out of 35 operations report an increase in **violence against children**.



52% of operations report severe or extreme risks related to **housing, evictions, land and property**



50% of Protection Clusters report child marriage as a **severe to extreme risk**.

KEY COUNTRY NEWS

January 2021 began with deplorable security and protection incidents in IDP hosting regions of **Niger**. Non-state armed groups attacked two villages in Tillabéri massacring 105 people, injuring 26, burning houses and granaries, and displacing the civilian population. An attack on civilians days later in Tahoua resulted in the removal of all cattle, the key livelihood source of the village.

Between end 2019 and beginning 2021 displacement doubled in **Lake Chad Basin**. The most reported protection incidents are GBV against women and girls, followed by kidnapp-

ings and killings of men and boys by non-state armed groups. Current protection needs far outweigh the capacity to respond and access. Since August 2020, 'Islamic State' declared humanitarians as targets.

Tens of thousands of people are fleeing escalating violence and military operations in the **Central African Republic**, where almost one third of the population is now displaced. Many are living in deplorable conditions in the bush for fear of fresh attacks. The Protection Cluster is receiving reports of grave human rights violations, including torture, extortion, and sexual violence, including against young children.

Hunger has increased fourfold in **El Salvador, Guatemala and Honduras** in the past two years. More than 1.7 million people are in the emergency category of food insecurity. Hunger and protection incidents are closely linked, with individuals and families resorting to harmful coping strategies including child labour, forced marriage, and the sale and exchange of sex, and human traffickers capitalising on people's vulnerability.

In **Somalia**, acutely food insecure people now number 4.1 million, which includes approximately 840,000 under-age-five children, nearly 143,000 of whom are severely malnourished.





The security situation in **Afghanistan** has been deteriorating since the beginning of peace negotiations in 2020 (Sep). Insecurity is restricting humanitarian access – over 50% of the South is now inaccessible to Protection partners. **Afghanistan** remains the deadliest country to be a civilian.

A Human Rights Council commission of inquiry on **Syria** released a report outlining disappearances, torture and arbitrary detention amounting to war crimes and crimes against humanity. The issue is a “national trauma” that must be addressed.

Three months into the violence in Tigray, **Ethiopia**, the situation remains unstable, unpredictable and in the dark. People continue to flee. Amidst reports of rising hunger, vandalism, and collapsing health services, Protection partners are raising the alarm over horrifying human rights abuses, widespread sexual violence, forced displacement and attacks against civilians. Most rural areas remain out of reach to Protection partners and communication/internet outages are disrupting efforts to gather a clear picture of areas with the highest needs.

At the start of 2021, women and children make up 75% of the displaced population in **Yemen**. Of nearly 1 million people in IDP sites and camp like settings, 55% are estimated to be child heads of households. Almost one third of children exhibit signs of psychological distress. In the past two weeks, 8,000 people were displaced in one governorate alone; rapidly shifting frontlines may displace a further 385,000 people in coming weeks, stretching protection resources far beyond capacity.

The Pacific is experiencing an abnormal cyclone season (Dec-Apr), with alarmingly frequent cyclones, tropical storms and flooding. 3 cyclones have already hit Fiji. The Protection Cluster is responding to urgent needs of displaced people in evacuation sites, in particular Psychosocial Support and services to support survivors of Gender Based Violence.

A continuing increase in violence by non-state armed groups, criminal groups and other armed elements competing for territorial control in **Colombia** is disproportionately impacting populations in rural areas, indigenous and Afro-Colombians. A deeply distressing 162 massacres were registered in 2020, a trend continuing in 2021 – 11 massacres have been registered in the first five weeks.

In January, a surge in inter-communal attacks in West, South and North Darfur states, **Sudan**, forced more people to flee their homes in three days than in the whole of 2020. The numbers continue to rise. Around 60% of those displaced are under 18. Displacement sites are overcrowded, and people are reported to be sleeping without any kind of shelter.

Despite a decrease in hostilities since mid-2020 in eastern **Ukraine**, active fighting is still having profoundly negative consequences on the lives of more than five million people in the conflict-affected areas of Donetsk and Luhanska. Seven years into the conflict, people’s coping mechanisms are exhausted as they live under constant threat of death and injury from shelling and landmine contamination.

Communities continue to flee violence in **DRC**. 5.2 million are displaced, 3 million of whom are children. To date, ongoing brutal attacks by fighters using machetes and heavy weapons, are resulting in entire families being hacked to death, health centres and schools ransacked, and villages set ablaze. 50% of displaced were uprooted in the last 12 months.

The protection landscape is deteriorating in **Mali**, particularly in the centre-south with sharp increase of the number of children killed or maimed, including as a direct result of ethnic strife, rising intercommunal violence, crossfire during clashes among armed groups and incidents with explosives.

Protection monitoring in **Chad** indicates all parties to the violence are committing Gender Based Violence, arbitrary detention, forced labour and collection of illegal taxes. The waterfront departments of Kaya and Fouli bordering Nigeria and Niger remain declared war zones and civilians venturing to these areas for fishing and agricultural purposes are at high risk of being mistaken for members of non-state armed groups and subsequently killed/arrested.

A state of emergency has been declared in Myanmar where the **Myanmar** Armed Forces launched a coup against the civilian government on 1 February. Displaced People and conflict affected communities continue to experience restrictions on freedom of movement, restricted access to protection and basic services, and major threats to their right to life posed by landmines. Extortion remains the highest reported violation impacting access to protection, 53% of victims are women.

The people of **Mozambique** are facing a triple humanitarian crisis due to climate change, rapid communicable disease spread (cholera & COVID-19) and armed conflict. Attacks against the civilian population in the north have displaced 668,000 people, five times the number registered in March 2020. A lack of trust by the local population towards local authorities, inadequate shelter facilities, and burdens on host communities are creating a highly volatile protection environment. Meanwhile in the centre of the country, over 20,000 persons have been displaced from Tropical Storm Eloise

In **Nigeria**, 317 schoolgirls have been kidnaped in Zamfara. This is the second such kidnapping in a little more than a week in Nigeria’s north, which has seen a surge in activity by armed groups leading to a widespread and worsening breakdown of security.



Protection context

Distribution of operations according to reported severity levels of protection risks and concerns

OVERALL RISKS AND CONCERNS	MINOR %	STRESSED %	MODERATE %	SEVERE %	EXTREME %	N/A or no answer
Violence and armed conflict	7	11	19	59	4	0
Social exclusion, stigmatization, discrimination, racism and xenophobia	8	15	50	27		1
Forced movement and displacement of people including forced returns		11	37	37	15	0
Explosive ordnances contamination	20	12	20	44	4	2
Arbitrary or unlawful arrest and / or detention	12	27	38	15	8	1
Arbitrary limitation on freedom of movement	4	23	19	50	4	1
Discriminatory practices by authorities and/ or non-state actors	8	19	42	31		1
Disasters and the adverse effects of climate change	11	22	52	15		0
Attacks on humanitarian, protection and health workers, facilities and services	37	19	15	22	7	0

Based on the results of surveying protection risks & concerns in 27 Protection Clusters

Risks, concerns and adverse coping mechanisms

Distribution of operations according to reported severity levels of protection risks and concerns

SPECIFIC RISKS, CONCERNS AND ADVERSE COPING MECHANISMS	MINOR %	STRESSED %	MODERATE %	SEVERE %	EXTREME %	N/A or no answer
Breach of the right to privacy and data protection	26	35	22	13	4	4
Risks related to housing, evictions, land and property	16	8	24	44	8	2
Early marriage	4	17	29	46	4	3
Family and child separation	4	19	46	23	8	1
Forced recruitment or labor	4	12	52	28	4	2
Gender-based violence or abuse		4	15	67	15	0
Psychological distress and mental health		4	26	63	7	0
Sale or exchange of sex as a coping mechanism	4	32	36	24	4	2
Trafficking of persons	8	21	54	17		3
Violence against children	4	4	31	54	8	1

Based on the results of surveying protection risks & concerns in 28 Protection Clusters



Psychological distress and **mental health** concerns are the highest risk across all operations. Clusters report a critical need for greater investment in mental health services to address high levels of individual and collective fear, trauma, acute and chronic stress, bereavement, and depression. Across several operations, children have known nothing but war. In conflict-affected areas of **Yemen**, suicide attempts are reported among children and caregivers. Suicide attempts among internally displaced women in Ninewa and Dohuk governorates in **Iraq** have also increased; many of these women were forcibly evicted from camps following government camp closures and are now experiencing rejection from communities and secondary displacement. Children fleeing the chaos in **Ethiopia** are acutely distressed as they witness or experience attacks, including sexual violence; rapid assessments indicate many hundreds of children need urgent psychosocial support. In **Chad**, people with severe mental illness are at high risk of being stigmatized and ostracized by their communities, due to a prevalent fear that mental health conditions are contagious. Lack of access to mental health care is creating a market for merchants/medical impostors known as 'Tchoukous' who sell drugs for psychological distress.





The 2020 spike in **gender-based violence** (GBV) shows little sign of abating where Protection Clusters are active in 2021. **More than 67% of operations report GBV as a severe to extreme risk**; with extreme risk recorded in [Chad](#), [Guatemala](#), [Papua New Guinea](#), and [Yemen](#). In [DRC](#), by the end of 2020, 66,962 cases of GBV had been supported by Protection Cluster members – a 94% increase from 2019. In [Mali](#), 6,605 cases of GBV were reported in 2020 – the survivors are 99% women, 61% of whom are girls under 18; sexual violence (rape and sexual assault) accounted for 38% of cases. In [Iraq](#), nearly 30% of people in need of GBV services are children, many of them girls from age 9 and above, and boys from age 12 and above. In research conducted in 15 municipalities in Bangsamoro, the [Philippines](#), four in every five female children were subjected to female genital mutilation. Several operations report GBV service delivery barriers – in [Palestine](#), weak internet and phone connections and limited IT skills created difficulties for GBV survivors participating in online activities, while others expressed concern discussing their situations due to the presence of husbands or family members at home.



Currently, 50% of GPC field operations report child and forced marriage as a severe or extreme protection risk. Several factors are cited for increasing cases of child and forced marriage including food insecurity, perceived protection advantages for the child, loss of family income, loss of land, and displaced population's integration into host communities. Multiple operations indicated Covid-19 related hardships resulted in parents marrying off daughters at younger ages. In Somaliland, [Somalia](#), child marriage remains the most reported protection concern – 12 to 17-year-old girls are the most affected. Similarly, in [Cameroon](#), 70% of recorded forced marriages were of girl children. In [Iraq](#), child marriage was reported in 44% of returnee locations and 21% of IDP locations. In [Nigeria](#), some armed forces protecting IDP camps engage in child and forced marriage, but this is rarely officially reported due to concerns of repercussions. NSAGs in [Niger](#) have declared a new tactic of forcibly marrying all unmarried women (single, divorced, or widowed) to a man chosen from the community; women who refuse are married to armed group members.



16 field operations report concerning levels of sale or exchange of sex as a negative coping mechanism, with severe or extreme levels in 7 operations (28%). The decimation of incomes earned from the tourism industry, coupled with displacement from a severe cyclone season, has resulted in an increase in transactional sex in the [Pacific](#). In [Iraq](#), 63% of female-headed households reported not being able to afford basic needs and resorting to negative coping mechanisms.



Violence against children is a severe to extreme risk in more than 60% of operations, and particularly acute in [North East Syria](#) and [Yemen](#). The closure of schools led to the loss of important early intervention opportunities for protection, mental health and psychosocial support, and nutrition programmes. A rapid needs assessment in [Palestine](#) indicates child labour and violence against children is increasing, with 63% of participants citing stress as the main cause of resorting to violence. **Family and child separation** is severe to extreme risk in about a third of field operations; with lack of financial means to support children is a key reason for separations. In the [Lake Chad Basin](#), 983 unaccompanied children were identified and supported in 2020, in the same year in [Mali](#), 3,568 unaccompanied or separated children were recorded. Family separations due to sudden population movements are a continuous risk in [Cameroon](#) – in the North West and South West regions, a massive 5,816 unaccompanied children and 16,240 separated children were recorded, compared with 2,500 UASC supported in 2019, an 882% increase in cases. Limited alternative care solutions are in place. Following mass returns of [Afghan](#) refugees and migrants in 2020 (824,000 people as of early December), significant numbers of unaccompanied and separated returnee children remain in border areas, many of whom are in dire conditions due to traumatic experiences from their time on the move.



17 Protection Clusters are reporting trafficking in persons as a concerning risk, with associated phenomena of forced recruitment and forced labour reported as a risk in 21 operations also on the rise. Trafficking is a severe concern in [Colombia](#), [Somalia](#), [South Sudan](#) and [Venezuela](#). Trafficking for sexual slavery is particularly concerning in [South Sudan](#), where women and girls continue to be abducted, raped, gang-raped, and sexually enslaved. In [Afghanistan](#), the traditional practice of baad or badal, the sale or exchange of girl children to resolve disputes remains common.



Forced recruitment, particularly of children, is an ongoing issue in [Afghanistan](#), [Cameroon](#), [Chad](#), [Colombia](#), [DRC](#), [Iraq](#), [Mali](#), [Nigeria](#), [Somalia](#), [Syria](#), and [Yemen](#). Although Al-Shabaab, engage in the widespread and systematic conscription and recruitment of children in [Somalia](#), results from focus group discussions indicate state-armed actors are the primary recruiters of children, particularly IDP children. In [Mali](#), the recruitment and use of children by armed forces and groups represents 42% of serious violations documented in 2020. In [South Sudan](#), boys continue to be abducted and forced to fight, in some instances, rival groups capture young fighters and forcibly assimilate them into new groups, completing erasing their former identities. There was a threefold increase in cases of recruitment and use of children by armed forces in [Afghanistan](#) in 2020, though these figures are assumed to be an underrepresentation of the widespread scale of the issue.



Explosive ordnance contamination is a risk across 20 operations. In [Yemen](#) the risks for civilians are extreme. Antipersonnel mines have been detected in 300 municipalities of [Colombia](#) continuing to restrict mobility and protection access. Children in [Colombia](#) and [Somalia](#) continue to be the main victims of explosives. In [Afghanistan](#), in 2020, 57% percent of civilian casualties were due to improvised mines, 41% due to ERW from the ongoing conflict and 2% from traditional anti-personnel landmines, making the clearance of improvised mines and ERW a priority for humanitarian mine action. Eastern [Ukraine](#) remains heavily contaminated with mines, UXOs and explosive remnants of war. Despite the ceasefire, shelling and other violations continue to take place, with civilian infrastructure affected as collateral damage.



Risks related to housing, **land and property** remain very high with 52% of operations reporting severe to extreme risks. The threat of forced eviction in IDP sites are continuous and imminent in [Iraq](#), [Somalia](#), and [Yemen](#). In [Palestine](#), after a brief freeze on demolitions during Covid-19 lockdowns, Israeli authorities have resumed house demolitions, displacing families, and impacting livelihoods and access to protection services. Gender discriminatory beliefs about women's right to inherit, own and manage property and land continues to disproportionately exacerbate women's need for HLP support. In [Libya](#), women and non-Libyans do not have leverage when negotiating rent contracts which results in having no documentation to present when disputes occur. Discriminatory attitudes of landlords/agents towards people living with disability in [Somalia](#) restrict people with specific needs from accessing housing.



Improving protection monitoring to better understand the specific vulnerabilities of **people living with disabilities** (PLWD) and older persons is an ongoing area of work. Almost all operations indicate that the needs of PLWD increased during 2020, at the same time as services, if they existed, were massively disrupted. In sudden onset disasters, abrupt violence, and active hostilities, PLWD are often left behind. In [Chad](#), those faced with mobility issues are often among the first to be targeted during attacks on villages by non-state armed groups; similarly reported in [Cameroon](#). In [Yemen](#), some IDPs have reported leaving behind family members with disabilities, including in areas of active hostilities, due to the abrupt nature of armed attacks or logistical challenges. In extreme cases, people were abandoned while chained. PLWDs who manage to flee are often forced to undertake taxing journeys, in most cases without assistive devices. In certain instances, the journey worsens their condition, or leads to disability. In the event of secondary or further displacement, PLWDs are forced to repeat these journeys.

Following Cyclone Eloise in [Mozambique](#), some PLWD who were unable to move or be evacuated in advance are now living in damaged or destroyed homes, exposing them to risk of theft and violence. Disability inclusion in disaster preparedness efforts in the [Pacific](#) is seeing positive results this cyclone season – displaced PLWD in Fiji are reporting being well-supported in evacuation centres.

In [Somalia](#), PLWD and older persons are neglected for skills building tailored to their specific condition/specialized programs such as livelihood programs that enables them to cope with and recover from shocks. Older people in non-government-controlled areas of the [Ukraine](#) continue to be restricted from crossing the contact line – after 11 months of no access to pensions, social services or medicines, older people are resorting to other survival methods, including selling belongings.



IN FOCUS – Tackling Trauma and Prioritizing Mental Wellbeing to Deliver Protection Outcomes

“When I was a young girl, I was captured and taken into the bush. I witnessed so many bad things.

When I came home, I had nightmares. I dreamt that we were in the bush and fighting could erupt at any moment. I used to imagine the people who abducted us. They were the ones in my dreams beating us in the most horrible way. I dreamt that I’d be shot and killed. I was just constantly dreaming of extreme violence. Another nightmare I often had is that they’d beat me and then chop me in half with a machete.

After we were demobilised, we were given toys, games, and other things to help us stay happy. The nightmares have now left my mind.”



Excerpt from the new UNICEF series *“When I close my eyes”* about violations suffered by South Sudanese children and the physical and psychological support they receive by social workers to overcome trauma.

Photo credit: @UNHCR Media

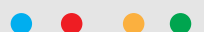
THE NEEDS

One of the most significant consequences of crisis contexts – whether climate-related disasters, armed conflict, or other situations of violence – is their impact on the mental health and psychosocial well-being of the people affected. Needs may arise as a result of the crisis, or be exacerbated by it, and include social problems, emotional distress, bereavement, common mental conditions (such as depression or anxiety), severe mental health conditions (such as psychosis), alcohol and substance abuse, and intellectual, developmental or cognitive disabilities.

The widely used acronym ‘MHPSS’ (mental health and psychosocial support) refers to any type of support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions. Shifting MHPSS away from specific health or protection programmes and towards integrating social and psychological considerations into provision of all services and security, will more comprehensively address people’s needs.

THE RESPONSE

Protection Clusters work to build up local capacity to stabilize and improve the mental health and ensure the emotional well-being of individuals and communities affected by crises. Many protection case managers are trained in MHPSS skills such as psychological first aid, basic psychological support, advocacy on behalf of their clients, referrals, and accompaniment of at-risk persons. In most countries, Protection Clusters are a co-lead of, or an active part of, multisectoral MHPSS Working Groups – there are currently 50 working groups in crisis affected countries. In some operations, humanitarians provide the only available psychosocial services.





Palestine

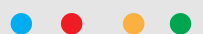
Children and young people, who make up 41% (0-14 years) and 29% (15-29 years) of Gaza's population, are high-risk groups for mental health issues. Over half of the children may be affected by post-traumatic stress disorder¹, while an estimated 187,000 (almost one in ten people) need humanitarian support due to severe or moderate mental health disorders². In 2020, helpline data from one protection partner indicates suicide attempts and suicide threats doubled compared to 2019, especially in the 15-35 years old category. Suicide and attempted suicide among women are also a rising concern and made harder to address due to the impact of certain conservative social conditions and cultural taboos. In December 2020, the Gaza Inter-Cluster Coordination Group published the findings of their rapid multi-sectoral assessment of people and families in home quarantine in Gaza. Nearly 60% of households reported that at least one family member showed symptoms of psychological distress; over 80% of respondents were unaware of where to receive psychosocial support. The mental health system in Gaza is in urgent need of reform and is under-funded, under-developed, frequently inaccessible to those requiring care, and lacking proper resources. The system of referral is poor, there are chronic shortages of drugs, and fragile social structures, which are essential towards improving the accessibility, need building and strengthening.

South Sudan

Three years after a peace agreement was signed in South Sudan, thousands of people continue to be impacted by conflict, violence, and forced displacement. Few people are untouched by trauma, loss, psychological distress, or chronic stress. Despite this, across a population of over 11 million people, 8.3 million of whom require humanitarian support, there are very few trained psychiatrists and mental health services are scarce. South Sudan has the 4th highest suicide rate in Africa and remains a key risk among youth. COVID-19 related lockdowns denied over 2 million children access to school, not only decimating learning opportunities, but destroying the protection that schools provide from domestic violence, child labour and child marriage, as well as the physical and psychological health benefits derived from school meals and peer group support. Around 1.4 million South Sudanese children under the age of 5 are acutely malnourished, meaning school meals become an essential service to reverse negative effects on their health, mental wellbeing, educational outcomes, and livelihood opportunities in the future. A devastating consequence of the pandemic will be the children who do not return to school – child and forced marriage spiked rapidly across the country in 2020⁴. In only 8 months, 1,500 girls were married off or impregnated in the Equatoria region alone³. A lack of options for redress, compounded by few counselling services for victims of forced marriage and other pervasive forms of gender-based violence (GBV), entrenches feelings of isolation and helplessness. As many as 45.8 per cent of households experienced an incident of GBV directed against females in 2020. Psychosocial support for men, the elderly, and people living with disability is limited, and where it exists, stigma about receiving treatment prevents people coming forward.

Ukraine

As Ukraine goes through its sixth year with an active conflict in the Eastern regions of Donetsk and Luhansk, people living in affected areas face critical problems related to physical and mental well-being. In the areas surrounding the contact line - separating government-controlled area (GCA) and non-government-controlled area (NGCA) - people still live in fear, under constant threats of death and injury from shelling and landmine contamination. Almost 40% of the residents of the Donetsk and Luhansk regions reported having suffered a traumatic experience, including 27% who witnessed hostilities or civilian casualties, resulting in stress, depression, anxiety, and post-traumatic stress disorder⁵. More than 10,000 children experienced psychological violence⁶. As a result of psychological distress, people, including children, often resorted to negative coping strategies, including alcohol and drug consumption. The consequences of the COVID19 pandemic only added an additional burden and psychological stress. Entry/exit checkpoints separating GCA and NGCA have been closed since March 21, 2020, resulting in people being stranded on either side of the contact line and being unable to visit families or access services. Older people constitute 38% of all people in need of humanitarian assistance and experience heightened levels of mental and psychological stress. The isolation, limited mobility, heightened risk of abuse and limited access to livelihoods and basic services contributed to their vulnerability and increased threats to their safety, security, as well as physical and mental health. In 2020, an assessment conducted by HelpAge International indicates that 96% of older people in the Donetsk and Luhansk regions have conflict-related psychosocial issues (persistent memories of conflict, sleeping disorders) and 100% reported feeling anxious due to the COVID-19 pandemic⁷.



Protection Access

Protection access refers to the the ability of humanitarian protection actors to reach affected people, as well as the affected population’s ability to access humanitarian protection assistance and services in a timely and unimpeded manner. Multiple constraints varying from armed hostilities or physical difficulties, to excessive and time-consuming administrative requirements, hampers humanitarian protection access in different contexts.

The most common access restrictions faced by Protection Clusters relate to security, logistical challenges, and/or constraints from local authorities, including non-state actors.

Although successful delivery of any humanitarian service requires trust from affected people and host communities, the nature of protection work, in supporting individuals to access their rights, requires sustained presence and trust in communities.

This reporting period, 5 operations – Guatemala, Iraq, North West Syria, the Philippines, and South Sudan – have a mere 25% or less protection access.

10 operations – [Afghanistan](#), [Burundi](#), [Cameroon](#), [Chad](#), [DRC](#), [Mali](#), [Nigeria](#), [the Pacific](#), [Somalia](#), and [Syria](#) – have between 25-50% protection access.

Increasing attacks against protection actors and health workers have been recorded in a number of these operations. Only 50% of southern [Afghanistan](#) is accessible to humanitarians, and even areas currently considered accessible are prone to attacks – over the past two months, ambulances have been attacked and protection cluster partners have been arrested at Taliban-managed checkpoints. Such insecurity along roads, coupled with weak road infrastructure, is particularly problematic in [DRC](#), [Mali](#), [Nigeria](#), and [South Sudan](#). In North-East [Nigeria](#), road travel is now totally restricted – only air travel is permitted, while the entirety of west [Cameroon](#) is inaccessible to humanitarians.

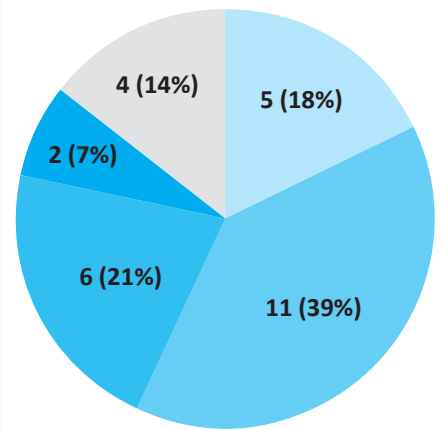
Serious and arbitrary limitations on people’s freedom of movement are recorded in [Myanmar](#) and [Nigeria](#). The ongoing presence of antipersonnel mines in 300 municipalities of [Colombia](#) continues to restrict mobility.

This year, protection access has been drastically reduced in [Central African Republic](#) (CAR) where clashes, military operations, and blockades along the main road connecting CAR to [Cameroon](#) are preventing the delivery of supplies, causing prices in affected areas to skyrocket as much as 240%.

This also impacts the delivery of humanitarian relief from the capital Bangui with dire consequences for people in urgent need. In January, 66 targeted attacks against humanitarians were recorded.

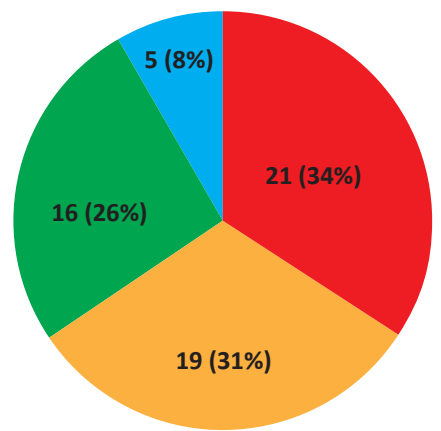
On 12 February, 53 international staff were approved to move to Tigray, [Ethiopia](#). Despite this, much of the population in need remains completely cut off from humanitarian protection assistance. The Protection Cluster continues to call for unimpeded access for supplies and personnel to the region.

The Global Protection Cluster is working establish systems to better monitor access for protection to help improve our reach to vulnerable communities.



Protection Access

- Approx. 25% or less
- Between 25% and 50%
- Between 50% and 75%
- Approx. 75% or more
- Do not Know



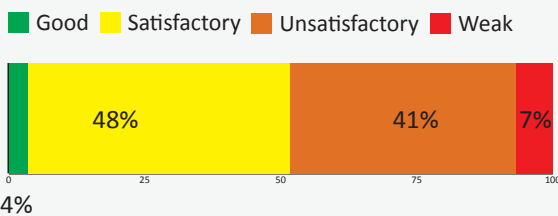
Main Critical Access Issues

- Security (on-going armed violence, attacks, or threats on humanitarian actors)
- Constraints from local authorities, including Non-state actors
- Logistical (no flights, no roads, access impossible due to poor road conditions, rainy season, etc)
- Other

Field Coordination and Operational Response

Over the past three months, the GPC has continued its efforts to develop and enhance the implementation of its Operational Footprint. In December, the 2020 the Cluster Coordination Performance Monitoring (CCPM) was launched in all field Clusters and Sectors. 425 coordinators and operational partners, including more than 150 NNGOs from the Cluster and AoRs in 28 operations responded to the new CCPM online survey. Field operations are currently planning series of workshops to finalize their analysis on collective performance and identify priority actions and support from the GPC and AoRs. In addition, the GPC team developed a new internal (non-public) online platform to facilitate the monitoring of the implementation of the Operational Footprint. As the GPC continues to refine its standards and promote best practices under the Operational Footprint, the online platform will also integrate the results and priorities from the CCPM processes to monitor the implementation of field operations action plans.

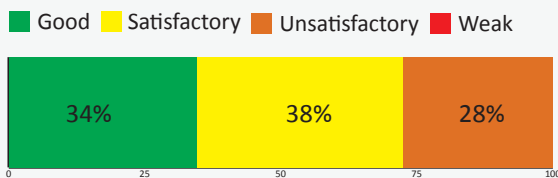
1. DELIVER ESSENTIAL QUALITY SERVICES TO POPULATIONS IN NEED



Protection partners continue to deliver critical life-saving protection services despite dire operational contexts and particularly funding gaps impacting significantly the coverage of essential protection services.

As a result, half of field operations report that most of their services reach less than 30% of target populations or are not implemented at all. Yet, despite those challenges, in 11% of field operations most services remain available to more than 65% of target populations.

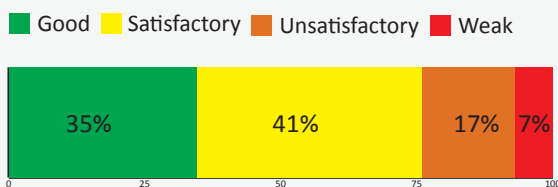
2. COORDINATE SERVICE DELIVERY



All operations have a system tracking who is doing what where when to track progress and coverage of activities, with more than half producing a monthly dashboard. However, about half of them need to ensure all partners share data more regularly.

About 2/3 of operations have services mapping and referral pathways in place. Nevertheless, progress remains to be made to ensure greater coverage, harmonization and information sharing within the cluster and with other clusters.

3. INFORM HUMANITARIAN STRATEGIC DECISION-MAKING



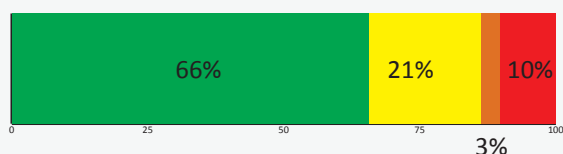
With protection analysis as a key priority for the GPC, 2/3 of field operations report having protection monitoring and needs assessments systems in place. Efforts remain to be made to harmonize of methodologies, increase coverage and timely data sharing to strengthen data collection and reporting.

79% of operations report undertaking joint and collective protection analysis. While all operations conduct regular analysis, only half do it at least on a quarterly basis and produce regular reports. More than half of all operations provide briefings to HCT at least quarterly.



4. PLAN AND IMPLEMENT CLUSTERS STRATEGIES

Good Satisfactory Unsatisfactory Weak

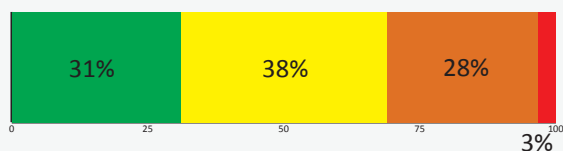


Strategic planning remains a strong point of field operations. Virtually all field operations have a specific strategy. All promoted the Centrality of Protection in inter-sectoral needs analysis and planning, and report at least some level of success.

All operations engage in interagency funding processes such as Pooled Funds and CERF. Most operations actively engage in durable solutions processes. Although still limited, operations show good practices in engaging with development and peace actors.

5. MONITOR AND EVALUATE RESPONSE

Good Satisfactory Unsatisfactory Weak

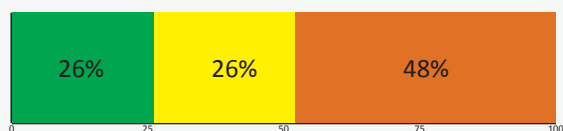


76% of operations conduct reviews of progress against objectives, targets and requirements, two third of those do it at least quarterly.

However, there are important gaps in relation to mechanisms to monitor the quality of protection services. Field operations actively are actively engaged in the CCPM process to review performance in coordination in 2020, and identify collective priority action to enhance the quality of field coordination and response.

6. BUILD NATIONAL CAPACITIES IN PREPAREDNESS AND CONTINGENCY PLANNING

Good Satisfactory Unsatisfactory Weak

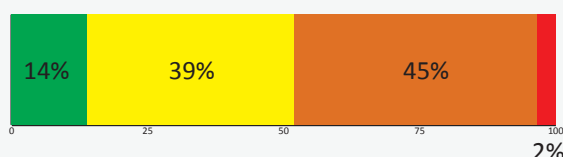


More attention needs to be given at ensuring preparedness and contingency plans, with a strong component of localisation through capacity building of local authorities, civil society, local partners and communities for different type of recurrent hazards (i.e. conflict/violence, natural hazards, diseases outbreaks).

Similarly, a small number of operations have developed transition/exit strategies. Although this may well reflect operational environments not ripe for transition, it is nevertheless a point of improvement.

7. SUPPORT ROBUST ADVOCACY

Good Satisfactory Unsatisfactory Weak

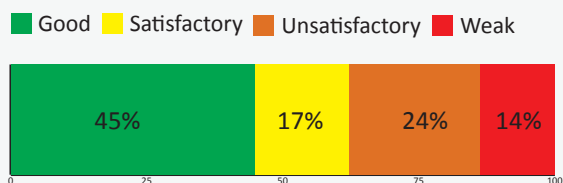


About half of reporting operations have an advocacy strategy in place, many operations produce regular advocacy briefing notes. Almost all operations contribute to HCT advocacy messaging, with half of them contributing or advising systematically the HCT on advocacy.

About half of field operations conduct multilateral meetings with donors. Most of them engage on a wide range of topics such as protection risks, needs, response, advocacy and/or funding. However, only a little over a third report engaging donors collectively at least quarterly.



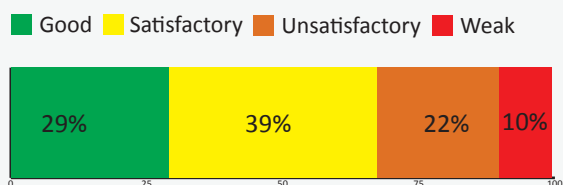
8. ENSURE ACCOUNTABILITY TO AFFECTED POPULATIONS AND STRONG ENGAGEMENT WITH COMMUNITIES



76% of operations report facilitating training for partners on Code of Conduct, PSEA or Child Safeguarding. 40% required adherence to at least one of those policies as a condition for cluster membership.

Only a third of field operations report facilitating trainings on AAP and feedback mechanisms highlighting lingering lack of clarity on the role of the cluster. Finally, while rights awareness-raising and community-based protection constitute some of the strongest programming in field operations, only 24% of field operations have developed harmonized approaches for community engagement and RCCE.

9. CLUSTER RESOURCES AND LEADERSHIP



Effective protection coordination requires dedicated resources, appropriate structures and collective ways of working. While 71% of field operations report having a dedicated coordinator, only 38% count on a dedicated IMO. Half of field operations have established UN-NGO co-ordination. While Child Protection and GBV AoR are active in all operations, only half have set up a formal HLP coordination.

Last but not least, half of field operations have a Strategic Advisory Group in place. 76% include representation of local NNGOs and more than half meet at least quarterly showing recent progress towards ensuring inclusive, participatory and collective approaches to coordination.

The Global Protection Cluster is a network of NGOs, international organizations and UN agencies, engaged in protection work in humanitarian crises including armed conflict, climate change related and natural disaster. The GPC ensures well-coordinated, effective and principled protection preparedness and responses, and that protection is at the core of all humanitarian action and recognized as essential in any nexus with development and peace. The GPC unites members, partners and communities working on the full gamut of protection activities, including in four specialized Areas of Responsibility: Child Protection, Gender-Based Violence (GBV), Housing, Land and Property and Mine Action. The GPC contributes to and benefits from the broader IASC system.



