

Risk Management for Preventing Violent Extremism (PVE) Programmes – Guidance Note for Practitioners: Supplementary Note to support revision of risk management strategies in context of COVID-19

Purpose: To help PVE colleagues to update their risk management strategies

This document complements UNDP's [PVE risk management guide](#) with:

- **Additional guidance on specific potential risks to consider, and**
- **Compilation of otherwise fragmented information about the many assessments, data sources, and resources** (financial and human) that can help colleagues to update their risk management strategies.

This document incorporates 'UNDP's Quick Guide to Managing COVID-19 Risks in UNDP Programming', derived from UNDP's [Programme and Project Management](#) and [Enterprise Risk Management](#) guidance. It also incorporates analysis, key messages and recommendations of the Executive Committee core group assigned to "suggest[ing] advocacy, policy and operational efforts to respond" to the human rights impacts of the pandemic (EC Decision 2020/15 (5)). It is a living document to be updated as the latter evolve.

Rationale: Risk management strategies must be updated in changed context of COVID-19

Changed context; new risks and opportunities: To ensure that PVE projects do no harm, and that UNDP remains a relevant and trusted partner in the changed context created by COVID-19, we must consider the effects of our programming on communities and the SDGs, and adjust to respond to these rapidly emerging needs and risks.

Risk management strategies must now be updated to manage COVID-19 risks, and programmes 'fine-tuned', including through investment in monitoring to enable on-going risk screening.

Risks must be regularly screened, actions taken to manage them, and their impact monitored. UNDP has a [PVE risk management guidance note](#) to facilitate this, as well as a [PVE M&E toolkit](#) to help to design M&E processes that continually supply data needed for effective risk management.

New data is now being produced to support risk identification. UNDP is leading the system on support to assessments on many issues directly relevant for PVE. These will produce relevant data to support risk identification, analysis, evaluation, treatment and monitoring. Many reputable institutions are also producing useful, quality data.

Background: PVE efforts are essential as part of COVID-19 response

The impacts of COVID-19—economic recession, school closures, increased exposure to hate speech online, emergency measures that restrict civil liberties and undermine fundamental freedoms, service delivery that discriminates against already vulnerable groups and deepens inequalities—exacerbate the drivers of violent extremism. The co-existence of these factors in many countries risks creating a 'perfect storm' that replaces the COVID-19 crisis with another: the spread of violent extremism.

Violent extremist groups are seeking to benefit from COVID-19: their propaganda now advocates for intentionally spreading the virus as a form of terror (e.g. by spitting on people), to understand the pandemic as a punishment for not following religious instruction or as divine vengeance against the enemy, and to take advantage of diversion of authorities' attention and resources to contain its spread to enable a surge in violent extremist activities. There is evidence that they are succeeding: a number of sources—from tech firms to think tanks—have observed a significant spike in racially and ethnically motivated terrorism and hate speech globally.

Where governments fail to provide for people's basic health and economic needs, violent extremist groups are in many cases filling the gap; providing food packages and health care in return for signing-up. In these countries, COVID-19 looks set to shape the social contract in a way that undermines the bases of peace and development: trust lost by government institutions is gained by violent extremist groups, swelling their ranks of fighters and building loyalty among vulnerable communities.

A large increase in gender-based violence and reinforcement of patriarchal norms and values in many countries feeds the narrative of grievance that some violent extremists use to recruit women and girls; with material co-opting the message of women's empowerment and promising better socioeconomic conditions for them. Women are also on the frontlines of the COVID-19 response. This increases their health and social vulnerabilities, and also creates an opportunity for them to become the architects of post-COVID-19 societies that are 'built back better', with more resilient systems and equitable service provision underpinning peace and development.

Counter-terrorism legislation used to imprison people without due process risks promoting violent extremism, by feeding into narratives of grievance. Counter-terrorism capacities are being used as part of COVID-19 response in many countries. While those responses may include prisoner releases, counter-terrorism legislation used to imprison people without due process risks creating the same grievances (human rights violations committed by law enforcement entities) that are, research shows, the 'tipping point' for recruitment to violent extremist groups. Further grievances and instability may be created by the stalling of formal return and reintegration processes, and returnees' movement through informal channels. These risks are also aggravated by timing: research shows that the commencement of the Holy Month of Ramadan is usually accompanied by an increase in violent extremist attacks (and severe security responses to them). The data so far shows that this year is no exception, with for example a rise in violent extremist violence in West Africa.

There is a need to invest in prevention of violent extremism (PVE), as part of an effective response to the wide-ranging impacts of COVID-19. UNDP can leverage its relationships with national governments and diverse actors at community level to ensure a dual focus that: 1) mainstreams PVE and human rights within immediate COVID-19 response strategies and 2) promotes effective preventive measures within longer-term planning. For example, UNDP's efforts to train security actors on prevention and protection issues, and to link security actors with communities, helps to create the checks-and-balances necessary to avoid repressive responses that aggravate the drivers of violent extremism. UNDP's PVE networks at community level combine support to innovative local solutions to COVID-19 that promote resilience and recovery among neighbors, with the state-society dialogue necessary to ensure that local needs are factored into planning, policy-making and budgeting from the immediate and the long term. In this way, UNDP's PVE programmes—situated as they are to enable 'whole of society' approaches—can leverage the COVID-19 crisis to 'build back better'. Specifically: to build trust within and between communities and national authorities by creating channels of communication that are the foundation of a vibrant social contract, effective service provision and management of diversity. This is the core of the challenge to prevent violent extremism, and consistent data sets from multiple crisis contexts show that this resilience can be built—especially where there is support to build the neighbour-to-neighbour, community-to-community, and community-to-(local and national) government bonds that UNDP is ideally positioned to create. Importantly, data also shows that interventions to address violent extremism are most effective when they begin early: when people are vulnerable to, but not yet actively engaged with violent extremist groups. That time is now. It is imperative to ensure that the present rise in hate speech and misinformation does not lead to a rise in radicalization and recruitment. Action on the part of UNDP—and the wider international system—is necessary to disrupt that causal pathway.

In the changed context created by COVID-19—including changing messaging by violent extremist groups, and repressive measures in response to the pandemic—risk management strategies must be updated and programmes 'fine-tuned' to the new risks and opportunities. The ['Risk Management for Preventing Violent Extremism \(PVE\) Programmes - Guidance Note for Practitioners'](#) sets out the process for this. It describes each step to develop a risk management strategy that enables human-rights based and conflict sensitive programming: 1) Establish context; 2) Identify risks; 3) Analyse risks; 4) Evaluate Risks; 5) Treat risks (i.e. programmatic adjustments to take account of identified risks). The GN also highlights particular issues that PVE risk management strategies must consider—such as freedom of expression, civic space, 'blue washing' of interventions that perpetuate discrimination or violations—and these are also relevant to 'fine tuning' or developing PVE programming in the context of COVID-19. In conclusion, the risk management guide remains relevant and useful to support PVE programmes' adaptation in the context of COVID-19.

NB: COVID-19 risks can be categorized under 'Social and Environmental/ Health and Safety,' or any other category that you determine most suitable to categorise the nature of the specific risk. If there is not a clear risk category, the "Social and Environmental/Health and Safety" category should be applied:

- Programme Risk Register = Update [IWP Risk Register](#) with new programme/unit level risks
- Project Risk Register = Update [Atlas Project Risk Register](#)

Additional guidance on specific issues to consider when revising the risk management strategy is provided in the following list and resources. These can inform step 2 of the process—noting of course that there are specific contextual variations between regions and countries (see [here](#) for specific regional and country trends):

- Adoption/use of emergency measures (further) restricting civic space, particularly freedom of expression, including on dissemination of information on COVID-19 and criticism of State response.
- Increased vulnerability and marginalization of and discrimination targeted against specific groups (migrants, IDPs, older persons, refugees, returnees, persons with disabilities, indigenous peoples, LGBTI and certain ethnic groups and minorities), in some regions exacerbated by mounting discrimination and intolerance, lack of information and proper communication on COVID. Human rights violations - which may arise from government responses - can feed into the exclusionary narratives of violent extremist groups. Violent extremist groups may see a window of opportunity to strike while government attention is focused on the pandemic.
- Lack of adequate government communication and sensitization of the population contributing to non-compliance of restrictive measures, leading to excessive, disproportionate and discriminatory use of force, arrests and detention while enforcing movement restrictions (lockdowns and curfews), including by the military.
- Movement restrictions limiting access to economic and social rights including health, livelihood, food and water, housing, independent living; exacerbating poverty, exclusion, ageism and marginalization, especially in countries without strong social safety systems.
- Limited access to education globally for millions of children, increasing risk of economic exploitation and abuse, and increased burdens on women and girls. Adverse effects on the learning of girls and children belonging to vulnerable groups, as well as specific effects for the most vulnerable, including: malnutrition, gaps in childcare, as well as to social isolation, and economic costs for parents. Online/tele learning is exacerbating the learning gap for vulnerable children who do not have access to these online systems. Young people kept out of school are also more vulnerable to exposure to online hate speech and digital recruitment efforts for violent extremist groups.
- Growing trends of gender-based violence, and violence against children, with more limited access to protection mechanisms and services. In certain contexts, men are most impacted by COVID-19, including due to gendered behaviours such as delayed health seeking, smoking (in certain contexts). Scaled down sexual and reproductive health services, including access to pre-natal and antenatal care, access to contraceptives, provision of comprehensive sexuality education.
- Social exclusion and stigmatization against people infected/suspected of being infected by the virus; discouraging people from seeking treatment and exacerbating community tensions. The absence of triage policies based on clinical assessment, medical need, scientific evidence and ethical principles to guide medical personnel to create administratively managed decisions about allocating resources.
- Growing trends of stigmatization, hate speech and hate crimes against specific groups and anti-foreigner sentiment, as internationals are perceived as 'vectors' of the virus.
- Restrictions of access to territory, with some states making no exception for access for asylum seekers. Suspension to the right to seek asylum (with risk of refoulement), limitations on reception of asylum-seekers and the processing of asylum claims. Migrants stranded in countries of destination or transit due to border closure facing lack of access to accommodation and other basic necessities. Public health and

other responses do not always include refugees, internally displaced, stateless persons, and other marginalized groups. Forced return and displacement as vulnerable populations flee areas infected by the virus, quarantine measures or excessive use of force by security forces.

- Overcrowded quarantine and detention centres with inadequate supplies of food, water and hygiene facilities.
- Severe impact on expression of identity, with a broad range of cultural and intangible cultural heritage practices, including rituals, rites and ceremonies, both religious and non-religious, on hold, cultural institutions, facing full, partial or eventual closure, with great economic loss and other risks, and the livelihoods of many artists and creators threatened.
- The political impacts of the pandemic (e.g. stalled peace processes; changes to electoral/referenda calendars; erosion of trust in public institutions if the response is mishandled; the potential for civic unrest; opportunistic actions by political/armed actors) have potentially significant implications for peace and security, and for fulfilment of human rights. Insecurity may impede humanitarian access of medical and other life-saving assistance to conflict-affected populations. Surges in attacks and diminishing protection space in conflict-affected areas with further risk of parties to conflict taking advantage of the pandemic to create or aggravate insecurity and harm certain populations, including in conflict-affected situations where affected populations are more vulnerable and isolated and health systems are already compromised due to the conduct of hostilities. Increased xenophobia and likelihood of targeted attacks against foreign nationals, including UN and INGO personnel.

Additional resources to guide steps two and three (identification and analysis of specific risks that PVE practitioners must consider) include:

Human rights impact of policies and practices aimed at preventing and countering violent extremism: Report of the Special Rapporteur on the Promotion and Protection of Human Rights while Countering Terrorism, [A/HRC/43/46](#), 21st February 2020.

Report on best practices and lessons learned on how protecting and promoting human rights contribute to preventing and countering violent extremism: Report of the United Nations High Commissioner for Human Rights, [A/HRC/33/29](#), 21st July 2016.

COVID-19 and its human rights dimensions, [OHCHR](#) Guidance, undated. Additional information about UNDP's approach to risk management (ppt presentation, FAQs and webinar recording) are in Teams, COVID webinar 10.

UN DESA [Webinar](#) -Economic and Social Impacts of COVID-19 - 9 April 2020.

UNDP COVID-19 risk management 'quick guide' (derived from UNDP's [Programme and Project Management](#) and [Enterprise Risk Management](#) guidance) provides these key questions to screen for risks:

Relevance of existing or new programme/project:

- Has there been a change in national priorities and context?
- Are the original assumptions and theory of change in the project (e.g. vulnerable or marginalized groups, drivers of change) still valid?
- If you need to reprioritize existing programming and rapidly deliver a new offer to help countries respond (see [UNDP's COVID-19 Programme Offer](#)), what are the implications of such changes?

Potential harm to people and/or the environment (NOTE: you may need to revisit Social and Environmental Screenings for projects to help identify risks, refer to [SES Toolkit](#)):

- Potential impacts on vulnerable or excluded groups from the virus itself, as well as the impact of measures taken to curb the spread, and the protection and enjoyment of human rights (e.g. restrictions on freedoms of movement, privacy and surveillance measures)?

- Potential health and safety, including exposure, risks for communities and partners, including the project workforce (e.g. personnel, third party workers, volunteers, cash for work)?
- Potential impacts related to gender equality, including socio-economic and Gender-Based Violence, especially domestic violence (see [Gender and Recovery Toolkit](#))?
- Potential impacts on the environment, including immediate impacts of medical waste, suspension of environmental monitoring and protection services, and longer-term impacts related to socio-economic recovery?

Monitoring and evaluation:

- Uncertainties or constraints around planned M&E activities due to restricted movement and safety measures?
- Risks related to existing or planned Third-Party Monitoring activities?

Partnerships and external relations:

- Potential reputational risks that need to be managed?
- Issues related to existing partnerships/donor relationships (e.g. risks related to repurposing funds)?
- Opportunities for new partnerships, including with women's grassroots organizations, private sector, CSOs, etc.?

Financial resources:

- Potential diversion or delays of anticipated funding sources due to COVID-19 response?
- Are there new sources of funding for COVID-19 response and UNDP COVID-19 Programme Offer?
- Will the commitment to 15% expenditures on gender specific interventions be maintained?

Operations:

- Potential issues related to Business Continuity and the safety, security and well-being of personnel?
- Impacts from sustained remote working arrangements, or travel restrictions?
- Procurement risks (including procurement of medical supplies) and local markets/supply chains?
- Challenges related to cash requirements/banking arrangements, particularly for remote areas?

Safety and Security:

- Escalating security environment, e.g. riots, anti-UN rhetoric and/or attacks, increase in crime and impacts on staff?
- Potential effects of programming activities on security stability, including local non-acceptance or negative perception etc?

The quick guide also provides these questions to guide identification of risk management measures:

- Revision of programme or project.
- Reallocation and mobilization of resources.
- Temporary suspension of certain projects or activities.
- Rapid development of new bankable projects or activities.
- Donor/partner relations management.
- Update business continuity plans.
- Virtual and remote methods for working and implementation (e.g. for monitoring, stakeholder engagement).
- Human rights assessments and protection measures.
- Ensure a gender-responsive approach and engagement of women.
- Measures to prevent Sexual Exploitation and Abuse.
- Community and occupational health and safety safeguard measures.
- Waste management and environmental protection measures.
- Regular risk monitoring and assessment of changing local context.
- Frequent reporting on implementation of risk mitigation measures.
- Monitoring personnel wellbeing during crisis/telecommuting.

NOTE re: community health and safety risks: Projects that involve close engagement with communities, partners, or involves a project workforce needs to have clear procedures and safeguards in place to protect people (not only UNDP personnel) and prevent the spread of COVID-19. This can include the use of remote methods when possible, protective equipment, maintaining social distancing, and other measures recommended by WHO and national authorities. Such safeguards need to be conveyed to all partners, third parties, contractors. If adequate safeguards are not or can not be put in place then such activities should be suspended until a time when appropriate safeguards can be implemented.

[WHO's library of country and technical guidance for COVID19](#) should be referenced.

UNDP will conduct a number of assessments (subject to country need and demand). These will produce data to support risk identification and analysis (steps 2 and 3); in many cases the assessments are linked with tools to support risk treatment (step 5) - programmatic adjustments to take account of identified risks. PVE programme staff can also feed into these processes. These assessment options (and hyperlinks to more information about them) are:

- [Health systems' critical capacities](#); (info on assessing critical health care deficiencies using country data also provided [here](#)).
- [Supply chains, SMEs and rural livelihoods](#);
- [Stigma, discrimination and human rights](#);
- [Social transfers, insurance, paid leave and care policies](#);
- [Recovery and Peacebuilding Assessment \(RPBA\) adjusted to COVID-19](#);
- [Post-Disaster Needs Assessment \(PDNA\) tailored to COVID-19](#);
- [Gender and recovery](#);
- [Digital Household Socio-Economic Impact Assessment of COVID-19 adjusted from the Household and Building Damage Assessment \(HBDA\)](#);
- [Inclusive governance responses to address C-19's impact on fragility, peace and development](#);
- [Social cohesion](#); and
- [Overall socio-economic assessment](#), and country examples of socio-economic impact assessments [here](#).

A regularly updated excel sheet with information about knowledge products that can support assessments in each of these areas is available [here](#). There is also a [webinar](#) and [Q&A](#) about the overall UNDP socio-economic assessment package. For information and help with any aspect, please contact george.gray.molina@undp.org

NOTE ONE: [GPN/ExpRes One Roster](#) consultants have been identified and will be “pre-contracted” to remotely support assessments and assistance options in multiple countries; please contact [@Rita Missal](#) for information.

NOTE TWO: Social cohesion assessments will generate a great deal of relevant data to support revision of the [risk management strategy](#), such as trust in institutions, government responsiveness, tolerance and affirmation of minorities. These assessments and will shortly be implemented in 30-40 countries, as a significant component of humanitarian and recovery assessments. Technical and financial support (seed funding and support to further resource mobilization) and capacity building activities are available for this. A global/regional study on the virus outbreak and its impact on social cohesion will also be conducted. For more information about these opportunities, please see [here](#), and contact Monica.rijal@undp.org

OHCHR field presences will also shortly begin monitoring the human rights impacts of the COVID-19 pandemic: the data they gather can help to inform revision of the PVE risk management strategy, as well as monitoring. A follow-up communication will be sent when this is ready, to support outreach.

Additional data—much of it country specific—to support risk management strategy revision include:

- [The Global Partnership for Sustainable Development Data](#) has compiled C-19-related data resources in one page, including data trackers, visualizations/maps, calls to action, research and analysis, and tools.

- The [World Bank](#) has compiled 276 C-19-related datasets that can be useful for analysis and modelling. They have also developed a [dashboard](#) to visualize case data (and compare countries) against several population (age and gender disaggregated), health and economic indicators.
- [Data2X](#) has compiled resources and current reporting on gender and gender data as they relate to COVID19 preparedness and response.
- The [International Monetary Fund](#) has summarized countries' policy responses to C-19, including key economic responses governments are taking to limit its human and economic impact.
- [Relief Web](#) has produced a report on the health, protection and human rights, IDPs, and refugee impacts of the epidemic.
- The [International Labour Organisation](#) has assessed the economic impact of COVID-19.
- [UNCTAD](#) has assessed COVID-19's impact on global FDI and global value chains.
- [Peace Direct](#) and Humanity United have produced a report on the impact on COVID-19 on local peacebuilding, and ways in which many local peacebuilders are adapting their work to respond to the crisis; spotting opportunities to advance peace, unite communities, and reconnect.
- [ACAPS/Humanitarian Experts network \(HEN\)](#) conducted a global survey to identify the main concerns expressed of the impacts of COVID-19 in each region.
- At [this link](#), there is a compilation of quality data from a number of universities and institutions (IOM, OECD, Google, etc) on the impact of C-19 on conflict, peace, development, governance, gender, civic space, access to information, freedom of movement, protests, government responses, security sector reform, specific marginalized groups, peace building, etc.
- Here is a useful overview of [digital qualitative data collection tools](#).

To ensure that programming is risk sensitive, human rights based, and effective over time, it is important to investment in monitoring mechanisms. The need to fine-tune PVE risk logs and programming to respond to the specific impacts of the COVID-19—as well as the abundance of data that is and will soon be generated to 'feed' monitoring systems—as an opportunity to make this investment. The UNDP-International Alert [Improving the Impact of Preventing Violent Extremism \(PVE\) Programming: A Toolkit for Design, Monitoring and Evaluation](#) can assist with this. Participatory monitoring systems—wherein CSOs (including women's organisations) help to produce, collect, and analyse relevant data, and support its use to inform policy and programming are recommended, as these facilitate monitoring while also supporting realization of PVE-related objectives concerning inclusivity, representative decision-making, and civil society 'voice'. These participatory approaches are also well suited to identifying practical solutions. Processes exist to ensure the safety and security of all participants: for advice on these matters, please contact OHCHR colleagues in country, or HQ: lucy.turner@undp.org

The Executive Committee has tasked a core group of UN entities (OHCHR, UNICEF, UN Women, UNFPA, UNHCR and IOM) to “make suggestions on advocacy, policy and operational efforts to respond” to the impacts of the pandemic (EC Decision 2020/15 (5)). The PVE HQ team will share this guidance as soon as it is available, to support step 5 of the risk management strategy revision (elaboration of programmatic responses to the specific implications of the pandemic). Its initial output is listed [here](#); key elements are set out in the Annexes below.

Annex 1: Additional, region-specific guidance to support identification of risks

Africa general trends

- (Increased) restrictions of public freedoms under states of emergency / special measures (e.g. Senegal; Cameroon including introduction of sanctions for publishing “fake news” (e.g. Kenya, Liberia, Sudan, Somalia, Tanzania, Burundi).
- Various levels of restriction on international movements, from total (e.g. Tunisia) to partial border closures, with risk of refoulement, limitations to access to asylum, as well as limitations to the return of refugees and IDPs (e.g. impact on potential movements of Malians, Nigerians, Nigeriens, Cameroonians and Sudanese seeking international protection. Cameroon has halted humanitarian aid flights).
- Excessive and disproportionate use of force, including by the police and military, to enforce movement restrictions, including in situations of protracted conflict (e.g. Chad, DRC, Guinea, Guinea-Bissau, Kenya, Liberia, Mauritius, South Africa, Zambia).
- Movement restrictions and price increases (e.g. Chad, DRC, the Gambia) already significantly impeding / further limiting access to livelihood, food and water and / or exacerbating deprivation, poverty and marginalization, including in large informal settlements, IDPs sites.
- Mounting discrimination / intolerance towards migrants, refugees, IDPs (e.g. Djibouti, Ethiopia, South Sudan, Sudan). Mounting tensions, xenophobia against UN personnel over perceived spread of the virus (South Sudan). (Increased) anti-foreigner sentiment, including online and verbal harassment, intimidation, stone throwing and even acts of violence (e.g. in CAR, Ethiopia, South Sudan, Chad, Cameroon, DRC, Nigeria).
- Increasing sexual and domestic violence (e.g. 700% increase to GBV hotline in Tunisia).
- Humanitarian access to IDPs, already limited because of insecurity (e.g. Burkina Faso and Mali), now further complicated by COVID-19-related movements restrictions.
- Lack of access to basic services, including health exacerbated by already weak institutional infrastructure.

Examples of good practice by States

- Fiscal and economic measures to mitigate the negative impact of COVID 19 on the population (e.g. Botswana, Ethiopia, Eritrea, Kenya, Madagascar, Mauritania, South Africa). For example, Tunisia was the first country to benefit from the COVID-19 induced change of rules of the IMF Rapid Financing Instrument (RFI). This has allowed for a series of measure to be put in place to support vulnerable people, overseen by the Ministry of Social Affairs and others.
- Release of prisoners and detainees (e.g. more than 1400 in Tunisia, and significant numbers in Djibouti, Côte d’Ivoire, DRC, Ethiopia, Kenya, Niger, Senegal, Somalia and Sudan).
- Exemption for humanitarian flights from suspension of air travel (e.g. CAR and Guinea). Creation of a humanitarian corridor announced as an exception to borders closure (e.g. Cote d’Ivoire).
- National COVID-19 response plan includes refugees and health facilities in refugee camps (e.g. Tunisia, Chad).
- Good practice by non-state armed group: Southern Cameroons Defence Forces, a non-state armed group in Cameroon’s Anglophone region, declared a COVID-related ceasefire, in response to the Secretary General’s call.
- Trend by governments and opposition groups to foster national cohesion and a unified approach in mitigating and responding to the crisis (Benin, Cabo Verde, Niger).

Asia Pacific general trend

- States of emergency and misuse of extensive and overbroad powers to the executive (**Cambodia**, Philippines, Thailand); restricting civic space and freedom of expression (e.g. in Bangladesh, Cambodia, Indonesia, Laos, Sri Lanka, Thailand and Vietnam, journalists, political opponents, healthcare workers and other citizens have been arrested and detained for allegedly spreading fake news; aggressive cyber policing and online surveillance have increased, resulting in removal of critical information online, detention of journalists and critics of the Government, and expelling foreign reporters) (China).

- Extensive restrictions of movement and punitive law enforcement (e.g. China, India, Malaysia, Philippines, Sri Lanka).
- Increased used of AI for monitoring (RoK, Singapore, Hong Kong).
- International borders sealed or partially restricted, making access to asylum more difficult
- Negative impact on the overall economic situation depriving millions of workers in the formal and informal sectors of livelihood, affecting access to health care, food, water, adequate housing.
- Increased vulnerability of migrants, IDPs and refugees (thousands of migrants returning from Thailand to Myanmar, Cambodia, Laos and Vietnam, or from India to Nepal; mass returns to Afghanistan from Iran and Pakistan; large-scale reverse labour migration from urban centres to villages. IDPs and refugees, especially in highly dense areas, at risk due to overcrowded conditions, with limited access to sanitation facilities and health care services; many are targets of xenophobic acts (Rohingya refugees in Cox's Bazar, Bangladesh, and in closed IDP camps in Myanmar). International sanctions creating more difficulties for some to host refugees (e.g Iran). Increased GBV and domestic violence (PNG, Pakistan). Africans being forcefully evicted from their homes and discriminated against amid coronavirus fears (China).
- Increased vulnerability of religious and ethnic minorities (e.g. Muslims targeted in India); mounting stigmatization and intolerance towards foreigners, with COVID-19 being labelled as a "foreigner's disease" by political leaders (e.g. in Cambodia and Myanmar) and religious leaders (e.g. Bangladesh).
- Scale down of sexual and reproductive health services (Sri Lanka, Malaysia and Myanmar), provision of prenatal and antenatal care, and difficulties and interruption of provision of contraceptives (Myanmar), including in countries manufacturing contraceptives (China, India, Malaysia).

Good practices by States

- Release of prisoners: In India and Pakistan, courts issued orders encouraging authorities to release several categories of prisoners due to their vulnerabilities and to reduce overcrowding (Supreme Court in Pakistan blocked the releases). In Afghanistan, the Government released prisoners affiliated and non-affiliated with the Taliban on humanitarian grounds. In Sri Lanka, a special Presidential Committee has been appointed to review the situation in prisons and recommend releases. In Indonesia, the Government has agreed to release some 50,000 inmates.

Middle East and North Africa general trends

- Use of emergency measures to (further) limit civic space, including freedom of expression (e.g. Algeria, Jordan, Lebanon and Morocco); detention for violation of curfew (e.g. Iran).
- Increased vulnerability of large populations of migrants (Libya, Gulf countries and Yemen), IDPs (Iraq, Libya, Syria, Yemen) and refugees (Lebanon, Tunisia) who have limited access to any rights and face heightened discrimination and stigmatization from host communities (e.g. Lebanon, Syria, Yemen).
- Increased gender-based violence.
- Restricted/curtailed movements resulting in limited access to livelihoods and basic services by refugees and asylum-seekers, thereby increasing their vulnerability.
- Concerns over pushed returns or deportations of refugees (e.g. Syrians in neighboring countries; Somalis/Ethiopians in Yemen), in light of the rise of stigmatization as well as increased economic pressures in host communities.

Examples of good practice by States

- Release of prisoners (e.g. Algeria, Bahrain, Iran, Libya and Morocco).
- State support to employers to ensure workers unable to work due to quarantine or isolation get full salary (e.g. Qatar).
- Sharing information in accessible formats on COVID-19 for persons with disabilities (Ministry of Social Development and UNFPA)

Annex 2: Key messages and recommendations to respond to the impacts of the pandemic

1. Protecting people's lives is the priority; protecting livelihoods helps us do it

We must deal with the economic and social impact alongside the public health response

The focus is rightly on saving lives, for which universal access to healthcare is absolutely necessary. But the health crisis is also an economic and social crisis that is hitting individuals, families and communities hard. This impact results not only from the disease itself but also from the measures that have been necessary to bring the disease under control. Governments must take – and many are taking – steps to mitigate the worst impacts on jobs, livelihoods, access to basic services and family life. Effective mitigation can protect people's lives and livelihoods, as well as enable people to comply with public health measures and ease recovery once these measures can be lifted.

Recommendations

- As states impose restrictions on people that hinder their basic needs, governments must take reasonable steps to ensure: access to food; access to basic healthcare including for non-COVID related emergencies; access to essential services and social protection
- States should also do their utmost to mitigate the economic impact of the crisis, especially on the most vulnerable, ensuring a minimum income. ***PVE projects can be leveraged to achieve this.**
- Those on the frontline in combatting the virus, including health workers, but also those continuing to provide essential services, must be protected through the provision of personal protective equipment and compensated for their extraordinary work
- Universal access to healthcare and to a future vaccine.

2. The virus does not discriminate; neither should we

Inclusive responses to a global threat to ensure no one is left behind

We are all in this together: responses need to be inclusive, equitable and universal otherwise they will not beat the virus which respects no status. If the virus persists in one community it remains a threat to all communities, so discriminatory practices are not an option. There are indications that the virus is disproportionately affecting certain communities, highlighting underlying structural inequalities and pervasive discrimination that need to be addressed in the response and aftermath of this crisis.

Recommendations

- States must take action against any incidents of discrimination, hate speech, xenophobia and racism, and attacks against foreigners and others blamed for the spread of the virus. ***PVE projects can be leveraged to achieve this.**
- Governments must take steps to ensure that everyone is covered by measures taken to protect people against the virus and to treat those with COVID-19 without distinction. *
- Urge states to take measures that could alleviate the situation of some vulnerable groups who may find themselves blocked in States' borders, rather trying to leave a country (i.e. to get home, voluntary repatriations), escaping from some States (refugees, asylum seekers), trans-border workers engaged in essential activities, etc.

3. Involve everyone in your response

Participation in open, transparent and accountable responses

We are all in this together. To effectively combat the pandemic, we all need to participate in the response, even though it will bring hardship. People need agency and voice to join the fight against the pandemic. Effective participation in the response requires people to be kept informed with the facts, involved in decisions

that affect them and see that any measures taken are based on the best available scientific knowledge to combat the virus and save lives. We all have a role to play but the most effective way to maximize participation is through reason, persuasion and collective ownership. This is a time when, more than ever, governments need to be open and transparent, responsive and accountable to the people they are seeking to protect.

Recommendations

- Guarantee freedom of information and ensure the public are kept regularly and accurately informed on the status of the pandemic, the rationale, scope and limits for any restrictions or other measures imposed and support available to affected people. ***PVE projects can be leveraged to achieve this.**
- Guarantee freedom of expression, including freedom of the press, so that information can be disseminated, gaps in the response identified, and impact monitored. *
- Take measures to ensure that misinformation is not disseminated. *
- Guarantee to the greatest extent possible political participation in upcoming elections. Where the public health emergency requires it, elections should be postponed, to take place at the earliest opportunity, not cancelled outright.

4. The threat is the virus, not the people

Emergency measures, if needed, must be proportional and aimed at protecting people

The pandemic poses a serious public health threat with wide-ranging implications for peace and security and emergency powers may be needed in many countries. Broad executive powers, swiftly granted with minimal oversight, may carry risks. Law enforcement has a role in supporting the effort to combat the disease and protecting people. If their response is heavy-handed, or if the pandemic is used as a pretext to repression, it can exacerbate existing threats to peace and security or create new ones. The best response is one that aims to respond proportionately to immediate threats whilst protecting human rights under the rule of law. This is a time for peace, to focus on beating the virus, not a time for conflict or abuse of power.

Recommendations

- Any state of emergency, emergency powers legislation or derogation or limitation from human rights standards should be strictly justified as necessary for the response to COVID-19, proportionate, necessary, temporary and time-limited. ***PVE projects can be leveraged to achieve this.**
- Governments and private companies must ensure that safeguards are in place where new technologies are used for surveillance in the fight against the COVID-19, including purpose limitations and adequate data protection.*
- Security forces should exercise maximum restraint and abide strictly by human rights standards, particularly when using force
- Reiterate SG's Ceasefire call

5. No country can beat this alone

Global threats require global responses.

International solidarity is essential in the global response –no one country can beat this alone and some countries are better equipped to respond than others. Just as no country can afford for individual to be left behind, the world cannot afford for one country to be left behind if the virus is to be beaten.

Recommendations

- Richer countries should consider making contributions to the COVID-19 Global Humanitarian Response Plan so that it can help stem the impact of COVID-19 in already vulnerable humanitarian contexts.

- As efforts to create an effective vaccine or other treatments for COVID-19 progress, plans should be developed, including by addressing intellectual property issues, to ensure that these treatments are made available to everyone country in the world on an affordable basis.
- Urge States to allow humanitarian personnel (and related goods and services) to cross borders to provide essential support.
- Reiterate SG “appeal for the waving of sanctions that can undermine countries’ capacity to respond to the pandemic.”

6. When this is all over, it will not be over

The crisis has revealed weaknesses that human rights can help to fix.

In what world do we want to live when this is all over? The way in which we respond now can help to shape that future –for better or for worse. We must ensure that we do not do harm whilst we focus on the immediate crisis. It is critical to consider the long-term whilst planning our short-term responses.