



COVID-19 AND CONFLICT SENSITIVITY



OXFAM

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Conflict sensitivity is a critical part of safe programming. This guidance can help staff teams identify and mitigate conflict risks as part of the COVID-19 humanitarian response and broader safe programming risk analysis and risk management processes. It should be used alongside (and not instead of) the Gender in Emergencies toolkit. The context of each community and region will be different, so there may be other risks that can be identified for each specific response, which should form part of the analysis.

THIS TIP SHEET COVERS:

- A. Anticipating risks and opportunities;
- B. Undertaking a rapid conflict analysis;
- C. Conflict sensitive monitoring, accountability and feedback mechanisms.

A: ANTICIPATING RISKS AND OPPORTUNITIES

COVID-19 will affect every country in the world. Conflict-affected contexts will be uniquely impacted given the lack of health infrastructure, lack of access to water, population density in some areas (such as camps for refugees or displaced people in urban areas), and limited access to clear and trustworthy information. Within those contexts, **women may face increased risk and vulnerability**, not only from the impact of COVID-19 and a rise in tensions within communities, but also from increased risks of gender-based violence and sexual exploitation.

In conflict-affected contexts, trust in civil or military authorities is likely to have been low even before the COVID-19 crisis. **Concerns and misinformation** about how COVID-19 can spread and **lack of access to basic resources** could exacerbate existing tensions and lead to more violence, and some people will try to exploit the situation for their own personal gain. With governments and military actors getting more involved in the response and using strong measures to try and prevent the spread of the virus, this could also lead to **increased restrictions and a lack of trust in public health advice**, as well as the potential spread of misinformation, as in previous Ebola responses.

At the same time, we have seen **global calls for a ceasefire** and various rebel groups calling for a temporary cessation of hostilities, and speaking out against attacks on health workers, in an attempt to prevent the spread of the pandemic and allow humanitarian response. While this would be an important first step, in the absence of inclusive peace processes, any cessation of violence is likely to be temporary and the risk of resurgence high.

It is therefore critical that Oxfam **mainstreams conflict sensitivity as part of any COVID-19 response** to ensure that we try to anticipate the conflict-related impacts of our interventions. We also need to ensure that the strategies we use for supporting humanitarian assistance do not play a role in exacerbating tensions and potential violence within communities, and are not seen as supporting coercive action by civil or military authorities. We should also, where possible, support existing structures and capacities for peace in communities (such as forums where rival groups come together to resolve conflicts) and continue to fund local as well as women-led peace-building organizations.

For Oxfam staff and partners, this means **conducting a rapid analysis of the context** in which we are operating (including rapid conflict and gender analysis); and a rapid analysis of how programming decisions interact with local conflict dynamics. We should use analysis to avoid exacerbating existing conflicts and to support capacities for peace.

SOME OF THE KEY RISKS WE NEED TO LOOK OUT FOR IN COVID-19 RESPONSES

Humanitarian assistance and basic services

- Increased tensions and violence during humanitarian assistance, distributions or against movement of goods, including the differential impact these may have on men and women.
- Actual or perceived inequalities in the geographic or community distribution of COVID-19 humanitarian assistance exacerbating existing tensions or leading to new forms of conflict.
- Increased incidence of gender-based violence, particularly intimate partner violence.
- Unique challenges that people with disabilities and/or those who have difficulty with mobility may face in accessing healthcare (and information).
- Diversion of humanitarian assistance to serve one particular group or purpose, which could jeopardize Oxfam's reputation of impartiality in a conflict-affected context and possibly lead to backlash.
- Disparities in treatment facilities and accessibility between rural and urban communities resulting in rural communities not receiving high-quality healthcare or any healthcare at all.
- Health centres or basic services catering for particular populations or groups and discriminating against others could exacerbate tensions and mistrust.
- Localised tensions or violence that result from longer term development temporary halts to longer term development programme and community fears that others have greater access to assistance than they do.

Information management

- Misinformation about how the virus is spreading or how assistance is being provided, leading to tensions or violence against one particular group or individuals, including Oxfam staff or public health providers.
- Misuse of surveillance data by different groups.

Role of governments and military forces

- Measures involving self-isolation and social distancing (which are simply not viable in many contexts), if imposed by security sector actors, in violent and suppressive ways, exacerbating existing tensions or negative sentiment towards such actors (and the state).
- Increased military presence by governments, rebel groups or peacekeeping forces enforcing restrictions on movement or alongside humanitarian operations leading to greater risks of sexual and gender-based violence.
- Use of a COVID-19 State of Emergency to suppress civil liberties and legitimate political activity, with no space for civil society to debate or oppose these restrictions.
- Refusal of governments to lift internet restrictions and permit people full access to reliable information related to the emergency.
- Concerns from countries and coalitions providing peacekeeping troops regarding the risk of contagion among their troops; subsequent troop withdrawals and halting of training missions could put communities at greater risk of violence and instability.
- Border closures and movement restrictions leading to shortage of goods and rising food prices, resulting in tensions and conflict as communities are less able to acquire basic goods.

Mitigating against conflict: Where possible, identify existing conflict resolution mechanisms between groups to ensure that these groups can be engaged with early on to pre-empt any increase in tensions or violence. Some conflict resolution mechanisms may exclude women, so it is essential to find different ways of engaging with women's groups to involve them in conflict mitigation activities.

B. UNDERTAKING RAPID CONFLICT ANALYSIS

These rapid conflict analysis questions can be used as part of a rapid analysis (which includes gender and safe programming considerations) with partners and field teams when planning the intervention. They can also be used on a weekly or daily basis to understand how the situation is unfolding, and to take rapid decisions on how to change the intervention strategy.

Understanding the conflict context

1. What is the history of conflict and violence in this community/between surrounding communities? Is there anything recent that we need to be aware of?
2. Where are the divisions and tensions in this community or between surrounding communities? (That is, who could we inadvertently agitate in our response?)
3. How does the conflict impact different groups (for instance, are women uniquely impacted, or are minority groups disproportionately affected?)
4. Are there new conflicts or tensions arising? If so, who is most at risk?
5. Are there any formal or informal mechanisms in place for governing or managing water sources or existing conflict resolution mechanisms that we could work with?

Understanding the evolving COVID-19 situation

6. How are concerns about spread or treatment of COVID-19 manifesting themselves throughout the area of intervention?
7. What kind of information are people receiving about the spread and prevention of COVID-19? How do women receive information? Do they trust the information sources they receive?
8. How are preventive measures being implemented and enforced? And by whom?
9. Is the government trusted or seen as legitimate in all communities it is supposed to serve? And is it using the crisis to withdraw political or civil rights in an excessive manner, not consistent with COVID-19 mandated response?
10. Are health centres controlled by or only serving one particular group?
11. How have (local) armed groups responded to the COVID-19 outbreak? Do they seem open to providing access for humanitarian aid and health workers? Are there increased risks for aid diversion? Is there an increase in sexual and gender-based violence?
12. Are (local) armed groups using movement restrictions and a potential decrease in security force presence as an opportunity to increase their control over certain areas?

Thinking about our intervention

13. Are markets still accessible? Is access restricted/prevented by or for specific groups?
14. Are water sources or water infrastructure being controlled and dominated by one particular group?
15. How do communities perceive public health providers or local actors leading on the response?
16. How is Oxfam and/or its partners perceived?
17. What could go wrong and what tensions could erupt as a result of our intervention? (For instance, where we distribute, which communities we serve first, how we communicate about our response, any feedback mechanisms used, who we hire?)

C. CONFLICT SENSITIVE MONITORING, ACCOUNTABILITY AND FEEDBACK MECHANISMS

What to monitor

- The rapid conflict analysis questions can be turned into monitoring indicators and analysed consistently throughout the response.
- Monitoring, evaluation and learning (MEAL) teams already collect a huge amount of data. Teams can review what is the **most important data to collect** to better understand quick-changing conflict dynamics. Where possible and relevant, the questions can be adapted for conversations with affected populations. Existing surveys can be reviewed to measure access to water and healthcare. Phone surveys can be used to explore the answers to questions such as 'How is your daily life being impacted by COVID-19 restrictions? Are any tensions arising as a result of these restrictions? How is the situation changing, what are you most concerned about?' Phone surveys will need to have safeguards in place to ensure confidentiality and ensure that they are safe and inclusive in each context.
- **Track any conflict-related incidents** arising in communities and/or as a result of the response. Be aware of shifting power dynamics between health authorities, government authorities and traditional leaders or religious leaders. These shifts can lead to tensions that will affect community members. To track these incidents and dynamics, you can link to existing Protection Cluster Group monitoring to ensure that this is done in line with sectoral standards to safeguard against the collection of personal information, and other data rights concerns.
- If not already in place, **include a risk analysis on MEAL methodologies in MEAL frameworks.**¹ Means of verification, and data collection in the MEAL framework need to be weighed against:
 - use of information
 - safety and security of enumerator and respondent
 - data rights
 - possibility of surveillance by repressive governments.
- Where possible, ensure that mapping of COVID-19 response is disaggregated across different conflict groups to aim for some parity in assistance.

Using digital or remote technology

- **Phones:** Use of networks may be heavily monitored, some networks may be owned by and/or benefiting military shareholders in repressive environments.
- **Internet shutdowns:** Internet use may be limited or completely cut off in some areas, further restricting our ability to access marginalized groups. Data collection should take into account measures imposed by authorities to limit communication with conflict-affected groups.
- **Social media:** Use of Facebook, in some contexts, has been well-documented as contributing to conflict. Therefore, we need to be careful when engaging with certain platforms, especially to collect sensitive feedback data from conflict-affected communities. In most countries, social media is heavily monitored, or there are specific laws banning political content.

MEAL Quick Tips:

Feedback mechanisms should be prioritized (particularly focusing on perceptions of the response).

Monitor how our programming interacts with the conflict, and how the conflict interacts with our programming.

Prioritize safety of staff, enumerators, partners and community members by limiting face-to-face data collection and assessing conflict sensitivity-related risks.

Analyse risks of using digital and remote technology. It is not the time to pilot new technology; however, if necessary, we should weigh up issues of protection, inclusion and accessibility of communication channels.

Review existing MEAL tools and ways of working to ensure that they capture changes in conflict dynamics and are appropriate during COVID-19 restrictions.

Accountability

There will be a lot of misinformation going around about how COVID-19 is spread, who is getting assistance and what treatments are available. **Clear and transparent communication** about how Oxfam selects conflict-affected community members for help, in line with our principles of impartiality, will be more critical than ever.

Accountability is important during the response, especially to capture **and remain responsive to changes in conflict dynamics** within communities. Although this is not the time to launch extensive new feedback mechanisms, it is critical that community voices, of men and women, are integrated into any delivery of programming. Only by ensuring participation, transparency of decision making, and integrating voices of those affected by changes in conflict dynamics will Oxfam and its partners deliver programming that is adaptive and responsive.

It is critical to get **feedback mechanisms** and accountability done right ahead of response programming, as this will signpost key issues of inclusion, reach and access. One of the key difficulties in the COVID-19 response is how to access new groups of people and new communities without face-to-face interaction. Having effective feedback mechanisms will ensure that we can take referrals, and address issues of those not included in registration lists. Accountability can serve as a key mitigation measure for Oxfam and partners to ensure conflict sensitivity in who has access to programming.

Community perceptions tracking (CPT):

In previous responses in conflict-affected contexts – such as the Ebola response– Oxfam has piloted a new approach to community perceptions tracking (CPT). This involves a digital tool to enable technical staff to hear and systematically collate data, listening to communities and capturing their perceptions to changes in the wider context, as well as around the response itself. Using CPT enables response teams to:

- better document ongoing context analysis and key changes in the context
- swiftly adapt programmes based on communities' perceptions
- do evidence-based advocacy on behalf of communities
- effectively monitor changes in communities' understanding of the virus spread, impact, treatment and behaviour change.

The experience so far of using the CPT is that it has been user-friendly and replicable at scale. The mobile technology (using SurveyCTO) has been tested across several Oxfam programmes and the database can be adapted to different contexts. The training of the team itself can be used as an opportunity to contextualize the categories to reflect major trends of the response (e.g. vaccination, outreach, case management, etc.). The team collects this information through ongoing community-level interactions (meetings, sessions, visits, etc.) and, where applicable, using remote access strategies, records the data using the application. Once there is internet connection, the data is automatically uploaded to the database, which then generates regular reports for further analysis (type of perceptions, increase or decrease of trends in perceptions according to age, gender and location).

The CPT approach requires initial support from information communication technology (ICT), a strong collaboration with and support from MEAL, a Public Health Promotion lead ensuring that analysis is triangulated with epidata and shared with all sectors (which are also collecting data and provide insightful analysis). The CPT is a simple approach but needs adequate capacity and active programming on the ground.

The newly developed CPT tool for the COVID-19 response includes specific questions around protection.

For more information

For more information on this please get in touch with:

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Endnote

¹ See an example of a MEAL Framework used to monitor Safe Programming here: <https://compass.oxfam.org/communities/humanitarian/groups/safe-programming-humanitarian-responses/wiki/meal-framework>

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Centers for Disease Control and Prevention (CDC)



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