# Aid Security and COVID-19

Latest available information on COVID-19 developments impacting the security of aid work and operations. Access the **data on HDX** to see the events referred to in this bulletin.

**Health workers face security threats while accusations against the international health effort circulate on social media:**

- In March 2020, aid agencies expressed concerns about anti-foreigner sentiments during the emerging fear of COVID-19 spreading and shared information about security incidents where staff were threatened or harmed. For example, in Tanzania a staff member of an international INGO was threatened with a knife during a robbery that included the words '**Corona, go home**.'

- Since lockdowns have been in place in many countries, the number of reported aid agency security incidents has fallen sharply as few aid workers are exposed to potential incidents on the streets. Insecurity Insights' **Aid in Danger Monthly News Brief** for March 2020 reported very few aid security incidents for the second half of the month. The fall in directly experienced aid agency security incidents followed after many aid agencies had repatriated international staff, and local staff, including staff members of local partners, limited their movements to a few necessary journeys.

- By contrast, health workers are at the forefront of addressing the disease and the number of threats and violent incidents affecting health providers and individual health workers **rose**. While ceasefires appear to have reduced the number of air strikes in some **countries**, health workers continue to be shot at or **threatened**. Local health providers receive little help from the international community in protecting their staff. The relationships between international and local NGOs around security risk management is **generally not well developed**.

- Misinformation and accusations against the international health effort circulate on the internet. These include the belief that the international community is trying to suppress the cure discovered by an African scientist working in Madagascar, is artificially creating the problem to profit financially or is planning to use Africans for vaccine testing. Misinformation can also be directed at local elites such as accusations of profiteering or limiting access to vital equipment, such as ventilators, to the wealthy elites. This information ranges from freely expressed opinions, to hate speech and false accusations, as well as what appears to have been **incitement to violence**.

**This information bulletin provides the latest available information on COVID-19 developments impacting the security of aid work and operations to help aid agencies meet duty of care obligations to staff and reach people in need.**

It is published by Insecurity Insight using verified security incidents from aid agencies and information available in open sources.

It covers threats and violence against aid organisations, and health providers and general insecurity related to COVID-19.

Visit our **Aid Agency and COVID-19 website** for more security related information..
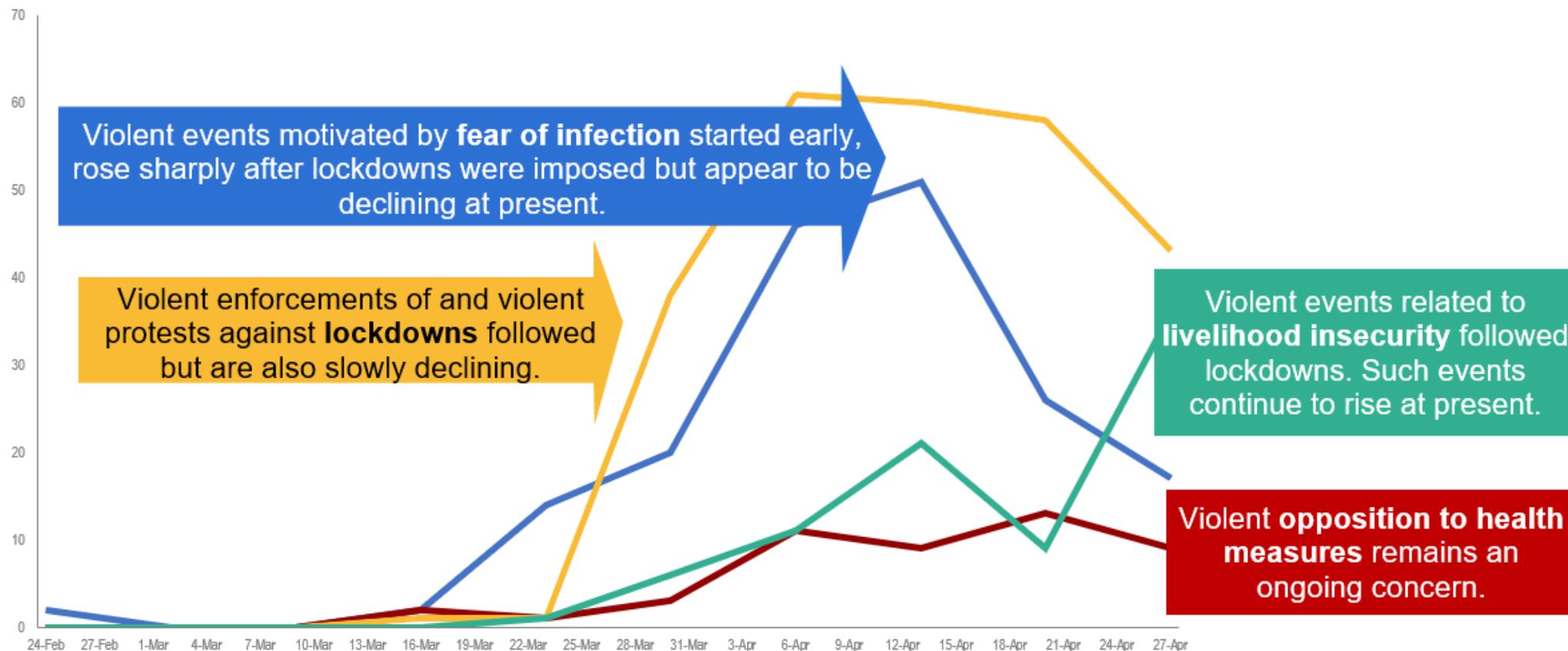
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**Insecurity Insight**
Data on People in Danger

# Violent events affecting aid access and aid security between 24 February and 27 April

Insecurity Insight has been monitoring reported violent or potentially violent events that could affect the delivery of aid since March 2020.

This bulletin summarises the current trends visible in the 590 identified events reported in the media. The events are classified by context and the reported motive for violence. Events are coded by what motivated the violence, distinguishing between the **fear of the infection spreading** and **violence** around the **enforcement of** or **protests against** the **lockdowns.** A further distinction is made between events related to **livelihood insecurity** and opposition to **health interventions**, such as testing, quarantining or prohibiting contact with COVID-19 positive persons that generate threats and violence against health providers. **Access data**

Violent events motivated by **fear of infection** started early, rose sharply after lockdowns were imposed but appear to be declining at present.

Violent enforcements of and violent protests against **lockdowns** followed but are also slowly declining.

Violent events related to **livelihood insecurity** followed lockdowns. Such events continue to rise at present.

Violent **opposition to health measures** remains an ongoing concern.

*Have you or your organisation experienced a COVID-19-related security incident? Are you interested in sharing information?*
*Get in touch info@insecurityinsight.org*

## Fear of Infection

- Since the spread of the pandemic, local communities have blocked roads to limit incoming travelling, blocked access to hospitals, and attacked buildings being converted into hospitals and isolation centres ready to admit COVID-19 patients.

- Health workers suspected of being infected with COVID-19 have been subjected to physical assault - including the attacks with liquid bleach and beatings; verbal harassment; and forms of discrimination, such as being refused transport and being evicted from their homes.

- Reports suggest that acts of discrimination, threats, violence towards health workers continue to be a serious and pervasive issue despite the fact that the overall number of violent events related to fear of infection has been falling.

## The Lockdown

- Violent enforcement of COVID-19 lockdowns by security forces included assaults on civilians found to have flouted lockdown or curfew rules, resulting in injuries or deaths. These events are included when they affected health workers or occurred in public places where they could have affected local aid workers.

- Violent protests against lockdowns led to civil disorder and disturbances of collective violence and rioting that also affected health workers or could have affected local aid workers had they been near the event.

## Livelihood Insecurity

- Lockdown measures have an adverse impact on civilians' incomes, especially in developing countries where significant shares of the working population are engaged within the informal economy or have temporary and casual employment.
- The last weeks have seen the first reports of violent events around food distribution. These events have consisted of:

  - **Demonstrations calling for authorities to organise food supplies**: This occurred in Honduras, Mexico, Panama, South Africa, Tunisia, and Venezuela.

  - **Attacks and looting of food distribution**: To date, these attacks, which occurred in India, Nigeria, Pakistan, and South Africa, appear to have solely impacted distributions organised by local actors, many with political or religious connections.

## Health Interventions

**Health measures related to COVID-19 have been met with resistance often with direct consequences to health workers enforcing or carrying out these measures.** This category consists of reports of threats or violence used in direct opposition to specific health interventions, including:

- **Burials:** This includes protests against changes in local burial customs and practices, including prohibiting relatives from attending burial procedures and from seeing the deceased before burial.

- **COVID-19 screening:** This includes resistance used against health workers carrying out medical tests to check for COVID-19 cases.

- **Hospitalisation:** This includes violence targeting health workers tending to COVID-19 patients within hospital wards.

- **Quarantine measures:** Reports include cases of violence used against health workers escorting possible COVID-19 cases to quarantine centres, as well as riots and attacks within quarantine centres.

- **Sensitisation campaigns:** This includes resistance used against health workers working within local communities in order to increase awareness about COVID-19 and how to decrease its spreading.

## Recommendations

- Monitoring of developments will be important in preparation for resuming or scaling up aid efforts as lockdowns are eased or lifted. Local experiences during the lockdown may have changed attitudes and aid access may have to be carefully renegotiated in some places. Join our **Aid Agency and COVID-19** mailing list.

- Misinformation about, and in particular hate speech and incitement to violence against, the health efforts on social media should be monitored and considered in planning and implementation of aid operations. Join our **Security Media Trends** mailing list.

- Violence and threats of violence that local health workers are exposed to during the response raises important questions regarding security risk management and the localisation agenda, in particular when aid agencies support the local health effort. Better approaches to support local actors in protecting health workers are needed. To **join the general discussion** on security risk management and localisation, follow GISF's process of understanding the perspective of LNGOs in security risk management.