



COMMISSION ON HUMAN RIGHTS
REPUBLIC OF THE PHILIPPINES

**HUMAN RIGHTS STANDARDS ON THE PROTECTION OF
INTERNALLY DISPLACED PERSONS (IDPs) DURING THE
COVID-19 EMERGENCY**

CHR (V) A2020-004

Responding to the social and economic impact of COVID-19 on the well-being of vulnerable families and communities, particularly in the case of Internally Displaced Persons (IDPs), the protection of their rights related to the provision of food, shelter, and access to protective equipment and health services shall be guaranteed and their rights respected by the government to the fullest extent;

Recognizing the Interim Guidance issued by the Inter Agency Standing Committee (IASC) as regards the COVID-19 readiness and response operations in humanitarian situations, which points out that IDPs, host communities, asylum seekers, refugees and returnees, and migrants, are frequently neglected and often encounter difficulties in terms of gaining access from health services that are readily available to the general population.

Cognizant of the fact that health is a fundamental human right protected under the World Health Organization (WHO) Constitution and in other relevant declarations, resolutions, and frameworks, upon which the States are reminded of their responsibility to safeguard the rights of the vulnerable sector, which include the IDPs, and ensure their involvement in the protection considerations and response plans of the State;

Bearing in mind the Universal Declaration of Human Rights which establishes the right of every individual to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services; ¹ that everyone, as a member of society, has the right to social security and is entitled to realization of the economic, social and cultural rights indispensable for his dignity and the free development of his personality; ² that all are equal before the law; ³ and that everyone has the right to receive and impart information and ideas through any media and regardless of frontiers;⁴

Guided by the United Nations Guiding Principles on Internal Displacement, which highlights the important role of the state insofar as providing protection to IDPs, specifically in terms of granting support and in ensuring that the government and its

¹Art. 25, Universal Declaration of Human Rights.

²Art. 22, Universal Declaration of Human Rights.

³ Art. 7, Universal Declaration of Human Rights.

⁴ Art. 19, Universal Declaration of Human Rights.

instrumentalities provide timely information and assistance in light of the rapid increase of COVID-19 cases in the country;

Taking into account the recently adopted 2030 Agenda for Sustainable Development and Health Coverage, which asserts a rights-based approach to health shall be adopted by the States and see to it that national stakeholders – including non-state actors – are meaningfully involved in all phases of programming: assessment, analysis, planning, implementation, monitoring and evaluation;⁵

Emphasizing that the 1987 Philippine Constitution provides the protection of the rights of all individuals under all circumstances, including the obligation of the State to protect the dignity of every person and to fully respect human rights;⁶ to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all persons and prioritize the needs of the underprivileged, sick, elderly, disabled, women, and children;⁷ to protect and promote the right to health of the people and instill health consciousness among them;⁸ to ensure that no person shall be deprived of life, liberty, and property without due process of law;⁹ to regulate the acquisition, ownership, use, and disposition of property to the end that Congress gives highest priority to the enactment of measures that protect and enhance the right of all to human dignity, reduce inequalities, and remove cultural inequities;¹⁰ to protect and strengthen the family as a basic autonomous social institution;¹¹ to allow the free exercise and enjoyment of religious profession and worship;¹² to ensure that no urban or rural poor dweller shall be evicted and/or resettled except in accordance with law and with adequate consultation;¹³ and to protect the rights of indigenous cultural communities to their ancestral lands to ensure their economic, social, and cultural well-being;¹⁴

Reiterating the various legal obligations and human protections enshrined in our domestic laws such as Republic Act No. 11223 or “An Act Instituting Health Care for all Filipinos” and Republic Act No. 10606, otherwise known as the “National Health Insurance Act of 2013”, setting forth the policy of the state to promote the right to health of all Filipinos and provide a wider coverage of health care, which shall include indigents, and shall be applied without discrimination on the grounds of race, age, ethnicity, or any other status.

Hopeful that various government agencies, such as the Department of Health (DOH), Department of Interior and Local Government (DILG), the Department of Social Welfare and Development (DSWD), and the National Disaster Risk Reduction and Management Council (NDRRMC), are cognizant of the fulfillment of their respective mandates on addressing the plight of the IDPs as there are potential health risks associated with their movement or displacement;

⁵ 2030 Agenda for Sustainable Development and Health Coverage

⁶ Art. II, s 11, 1987 Constitution of the Republic of the Philippines.

⁷ Art. XIII, s 11, 1987 Constitution of the Republic of the Philippines.

⁸ Art II, s 15, 1987 Constitution of the Republic of the Philippines.

⁹ Art. III, s 1, 1987 Constitution of the Republic of the Philippines.

¹⁰ Art. XIII, s 1, 1987 Constitution of the Republic of the Philippines.

¹¹ Art. II, s 12, 1987 Constitution of the Republic of the Philippines.

¹² Art. III, s 5, 1987 Constitution of the Republic of the Philippines.

¹³ Art. XIII, s 10, 1987 Constitution of the Republic of the Philippines.

¹⁴ Art. XIII, s 5, 1987 Constitution of the Republic of the Philippines

Consistent with its mandate as a National Human Rights Institution (NHRI), created under the 1987 Constitution to promote and protect human rights in the Philippines, the Commission on Human Rights issues the following advisory with regard to the situation of the IDPs during the COVID-19 emergency.

I. CONTEXT

1. On 31 December 2019, the Chinese government reported to the World Health Organization (WHO) a cluster of 41 patients suffering from pneumonia-like symptoms such as fever and difficulty in breathing.¹⁵ This was later on identified by the Chinese health authorities as a new type of coronavirus called novel coronavirus or nCoV.
2. The Novel Coronavirus, otherwise known as nCoV or COVID-19, was suspected to have originated in a seafood and poultry market in Wuhan, China. The COVID-19 had since reached at least 160 countries, killing more than 10,000 and infecting hundreds of thousands of people across the globe in a matter of weeks.
3. Based on a situation report ¹⁶ presented by the WHO, the first confirmed cases outside mainland China occurred in Thailand, Japan, and South Korea.
4. The Chinese government sealed off the borders of Wuhan, China last 23 January 2020 after more than 570 individuals were infected.¹⁷
5. On 11 March 2020, the coronavirus outbreak was formally declared a pandemic by the WHO due to the rapid increase in the number of cases in various countries, and to the sustained risk of further global spread.¹⁸
6. Based on a COVID-19 case tracker report ¹⁹ published by the Center for Systems Science and Engineering of John Hopkins University, there are a total of 424,048 confirmed global cases and 18,947 casualties as of 25 March 2020.
7. The Philippines confirmed its first case of COVID-19 last 30 January 2020. The first three cases were all Chinese nationals with a history of travel from China.²⁰
8. As confirmed cases of the novel coronavirus continue to rise in the Philippines, President Rodrigo Duterte, pursuant to Proclamation Nos. 922 and 929 (s. 2020) and Republic Act No. 11332, ordered the “enhanced community quarantine” of the Luzon island, and placed the entire Philippines under a state of calamity.

¹⁵ A timeline of the coronavirus, *New York Times* Accessed from: <https://www.nytimes.com/article/coronavirus-timeline.html>

¹⁶ World Health Organization Novel Coronavirus Situation Report accessed at https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4

¹⁷ *Ibid*

¹⁸ WHO declares novel coronavirus outbreak a pandemic. CNN accessed from <https://edition.cnn.com/2020/03/11/health/coronavirus-pandemic-world-health-organization/index.html>

¹⁹ COVID-19 Global Case Tracker, John Hopkins University Resource Center from <https://coronavirus.jhu.edu/map.html>

²⁰ Coronavirus in the Philippines. Accessed from <https://www.who.int/philippines/emergencies/covid-19-in-the-philippines>

9. Given the government's island-wide order effective from 17 March 2020 until 12 April 2020, all local government units (LGUs) in Luzon – 38 provinces, 72 cities, and 699 municipalities – are on “enhanced community quarantine”, which means strict home confinement in all households, suspension of transportation lines, regulation of provision for food and essential health services, and heightened presence of uniformed personnel to enforce isolation procedures, are strictly enforced by the government authorities.²¹
10. Following the Luzon-wide lockdown imposed by the president, local governments in Visayas and Mindanao likewise declared their own lockdowns, and imposed curfews to prevent the entry and transmission of the coronavirus disease in their respective areas.
11. Per the latest figures (as of 25 March 2020), the Department of Health (DOH) have reported 84 additional COVID-19 cases, bringing the national total to 636. Of these cases, 38 have died and 26 recovered.²²
12. Based on the aggregated figures from the reports of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), more than a million displaced Filipinos are at risk of contracting the COVID-19 disease.²³

II. ADVISORY

A. Principles of Humanity and Do No Harm

1. Taking into account the crowded and fragile living arrangement of IDPs in evacuation centers, spontaneous settlements, or transitional sites, the Commission reiterates that international humanitarian standards on the provision of food and in-kind items and the provision of protection services to displaced persons must remain in place in times of public health emergencies;
2. National agencies and local government units are encouraged to review, and if possible adopt, the best practices of other countries in addressing the COVID-19 pandemic, particularly on mass testing, provision of regular social services for affected groups, use information in crafting policies related to outbreak response, coordination, and preparedness that take into consideration the vulnerabilities of IDP communities;
3. People affected by humanitarian crises are often challenged with specific vulnerabilities such as lack of adequate food and potable water, dismal housing arrangements, and threats to safety and security. The Commission appeals to all government and non-government service providers to ensure that all IDPs are included in all COVID-19 outbreak readiness and response strategies;
4. Individual health screening and continuous access to essential health care services should be granted to all IDPs, particularly to those suspected and

²¹ *Ibid*

²² Department of Health COVID-19 Case Bulletin from <https://www.doh.gov.ph/2019-nCov>

²³ United Nations Office for the Coordination of Humanitarian Affairs Displacement Board <https://data.humdata.org/organization/ocha-philippines>

confirmed cases of COVID-19. When possible, testing must be readily available, with testing facilities located near IDP sites, for rapid diagnosis and immediate isolation.

B. Humanitarian Standards on Protection and Aid Provision

Mobility and access to assistance

5. The implementation of community quarantine and lockdown limits the mobility of IDPs, thus the need for specific protocols that would address the needs of IDPs, i.e., securing permits from the host barangay/municipality for their movement when they need to buy necessities.
6. IDPs must be oriented on the regulations of any community quarantine or lockdown procedures so that they may be able to find ways to ensure dignified living amidst lack of mobility;
7. Access to humanitarian assistance for IDPs must remain unhampered, and all in-kind support to IDPs should remain accessible, with consideration to the health and safety of both IDPs and service providers;
8. IDPs should also be informed of curfew hours, when implemented;

Food and nutrition

9. Livelihood activities of the IDPs and host populations are impacted by the lockdown. There is a foreseen need for food assistance particularly for IDPs who are minimum wage earners such as laborers, vendors, pedicab drivers, carpenters, those who are in the informal sector, and others who have no capacity to earn a living.
10. Vitamins, supplements, and medications should be distributed to each household in all IDP sites;

Safety and security in IDP camps

11. Humanitarian actors are discouraged from conducting on-site monitoring activities in IDP sites. This is in line with the “Do No Harm” principle, as physical presence of humanitarian actors in IDP communities can spread the virus should such actors be virus carriers. Face-to-face interaction with IDPs could also put humanitarian actors at risk when an infected person interacts with the service providers. Remote monitoring through calls or messages is encouraged, when possible. Should there be a pressing need for on-site monitoring, humanitarian actors should use protective clothing and equipment to make sure that viruses will not be transmitted to the IDPs, or vice versa.

12. A site-specific epidemiological risk assessment of the IDP camps should be conducted by the local government authorities, in partnership with relevant stakeholders to determine the risk of COVID-19 propagation and introduction;
13. Government authorities should see to it that the living arrangements in IDP camps and evacuation centers are in conformity with the COVID-19 readiness and response measures implemented for the general population;
14. Camp management, in coordination with the local government, should identify mechanisms for self-quarantine or community quarantine and social distancing;

Water, Sanitation, and Hygiene

15. IDPs have the right to access sufficient, safe, acceptable, physically accessible, and affordable water for personal and domestic uses. IDPs should also have accessible and safe sanitation facilities. The water, sanitation, and hygiene needs of the affected population must be assessed and met by providers, and that the affected population is consulted on the planning, management and maintenance of the water and sanitation facilities, where appropriate;
16. IDPs should have access to clean water and hand washing facilities given that proper hygiene and effective hand washing are critical practices in preventing the transmission of COVID-19;
17. Camp managers and government and non-government providers should designate disinfectant areas in certain areas in IDP sites. Likewise, IDPs should be provided with personal hygiene kits such as alcohols, sanitizers, and face masks;

Healthcare

18. Displaced persons must have access to effective, safe, timely, and quality health services. Concerned government agencies, particularly the DOH, must be able to provide health services to IDPs, with particular attention given to those with pneumonia-like symptoms. Thermal scanners, and when possible COVID-19 testing kits, should be readily available in all IDPs sites. Regular monitoring of temperature and testing allow health service providers to determine the type of care the IDPs need, and help them take measures to reduce the probability of infecting others;
19. Lockdowns and quarantines take a toll on a person's mental well-being. Due to the high stress environment and the traumatic events that the displaced persons may have experienced, and coupled with the anxiety and depression that could be caused by the quarantine procedures, psychosocial support must be included in the health services to be provided by the government and non-government agencies. Coordination and referral pathways must be activated to enable management of psychosocial health cases;

C. Right to information, and establishing identities

20. Access to information during crises is a basic humanitarian need. In times of public health emergencies, the government must communicate critical risk and information to all communities. Governments must also counter misinformation and propagation of fake news (disinformation) to ensure that IDPs access credible information related to the COVID-19 emergency.
21. The government and camp management should provide timely and important information regarding relief assistance, safety and security, and other humanitarian concerns of IDPs. Information should be in accessible forms and appropriate languages.
22. Government authorities should see to it that the communication needs of IDPs who are classified as Persons with Disabilities (PWDs) are met and integrated into all parts of public health emergency planning at the local and national level. It is of extreme importance that information pertaining to COVID-19 particularly on public alerts and warnings are fully accessible and easily understood by the IDPs.
23. Displaced persons who lost their identity documents must be able to access legal documentation through the local civil registry. Government agencies must come up with identification processes wherein IDPs who lost their identity documents will be able to prove their identity. Local government units must also include IDPs in their distribution of quarantine passes.

III. CONCLUSION

More than fifty years ago, the right to health was recognized in the World Health Organization Constitution as a fundamental human right. Since then, the right to the highest attainable standard of health has been honoured in various international laws, along with over 100 constitutions worldwide including the 1987 Philippine Constitution.

However, in a study published by the World Health Organization last 2017, it was found that at least half of the world's population cannot obtain essential medical and health services. In the case of the Philippines, the country ranked 53rd out of 195 countries based on the 2019 Global Health Security Index in terms of health security capabilities.

It is relevant to take note of the current situation of IDPs who are exposed to multiple risks of contracting COVID-19 and other respiratory diseases. Compared to the general population, their access to nutrition, water and sanitation, healthcare, and adequate and safe shelter needs remain largely unmet. The Philippine government has not adequately addressed these concerns and lacks a specific policy and legal framework for their protection in general. With this in mind, the Commission strongly advocates for the passage of the IDP bill and the implementation of the UN Guiding

Principles on Internal Displacement as a framework for providing protection and assistance to the displaced communities.

As a National Human Rights Institution, the Commission is mandated to provide appropriate legal measures to address discrimination in all forms and stand up for those in need of protection. For this reason, the Commission urges all stakeholders, especially local government units, relevant housing and legal authorities, the security sector, and other government agencies, as well as non-government service providers, to adopt the standards and guidelines contained in this advisory. In this difficult time of responding to the COVID-19 health emergency, the cooperation of the general public is vital in the success of the government's response to the crisis. The government, for its part, must ensure that human rights of all persons, including IDPs, are respected, protected, and fulfilled particularly in times of emergency.

The Commission may convene a hearing to monitor the compliance with the laws and standards prescribed in this advisory. Furthermore, the Commission, particularly the Center for Crisis, Conflict, and Humanitarian Protection (CCCHP) and the CHR Regional Offices are on the ground to monitor the situation of IDPs, based on the constitutional mandate of the Commission to protect human rights. Specific notices may be issued for this purpose.

LET THIS ADVISORY be adopted and circulated as widely as possible.

ISSUED this 1st day of April, 2020, Quezon City, Philippines.

JOSE LUIS MARTIN C. GASCON
Chairperson

KAREN S. GOMEZ DUMPIT
Commissioner

GWENDOLYN L.L. PIMENTEL-GANA
Commissioner

LEAH C. TANODRA-ARMAMENTO
Commissioner

ROBERTO EUGENIO T. CADIZ
Commissioner