Weekly update around the *Global Humanitarian Response Plan*

14 August 2020

*In Rwanda, a boy listens to a radio. Credit: UNICEF/Kanobana*

Since the outbreak of the COVID-19 pandemic and despite constraints, the UN has been working together with partner organizations and local NGOs to provide assistance to the most vulnerable people around the world. As a result, the global humanitarian response to the pandemic is continuing to show results.

For its part, UNICEF has shipped more than 12.4 million gloves, 22.5 million surgical masks, 5.2 million N95 respirators, 1.5 million gowns, 342,425 goggles, 1.2 million face shields, 2,858 oxygen sets and 1.3 million diagnostics tests to 118 countries to support their response to the pandemic. To meet the expected demand for personal protective equipment (PPE) from countries in August and September, UNICEF has secured more than double the amounts listed above of PPE from key suppliers globally.

Over the course of the pandemic response, UNICEF has been coordinating with authorities and Risk Communication and Community Engagement (RCCE) partners to track and respond to misinformation and ensure that children and their families know how to protect themselves from COVID-19 and seek assistance. To date, UNICEF has reached 2.6 billion people with messaging on COVID-19 prevention and access to services. UNICEF is also using RCCE interventions to reach people with activities and information on acute watery diarrhoea/cholera, gender-based violence (GBV) concerns, how to live healthy lifestyles, the importance of proper nutrition and handwashing with soap, among others.
UNICEF is also supporting infection prevention and control (IPC) in communities by ensuring access to water, sanitation and hygiene (WASH) services for households living in affected and high-risk areas, at vulnerable collective sites, in reopened schools and in public spaces. Since the onset of COVID-19, more than 2.8 million health-care facility staff and community health workers have been trained in IPC.

Together with local markets and entrepreneurs, UNICEF is also working to develop and implement local solutions, particularly in difficult contexts with low resources, limited water, and high population density. In partnership with the company LIXIL, UNICEF has developed an affordable “low-flow”, hands-free handwashing station for water scarce settings. As a result of these innovations and other efforts, more than 54.4 million people have been provided with critical WASH supplies and services.

In an effort to scale up universal handwashing in public spaces, UNICEF and WHO have launched the global Hand Hygiene for All initiative, which brings together a range of partners to ensure affordable products and services are available, especially in disadvantaged areas, and to enable a culture of hand hygiene.

With COVID-19 prevention and control measures, GBV services have been adapted and modified to reach survivors, and women and girls at risk using remote modalities. Argentina and Chile have developed Silent Chats, a programme that allows women and girls the opportunity to communicate concerns through secure text chat, rather than voice.

In Libya, Bangladesh and Nigeria, GBV data are being managed through Primero/GBVIMS+, which includes a mobile application to allow front-line staff to securely track GBV incidents and individual survivors’ progress as they receive case management services. As a result of these and other efforts, more than 11.5 million children and adults have access to safe and accessible channels to report sexual exploitation and abuse.

In terms of education, UNICEF and Microsoft have expanded Learning Passport, a global learning platform, to help children and youth affected by COVID-19 continue their education at home. The initiative was originally designed to provide education for displaced and refugee children through a digital remote learning platform. It has now undergone a rapid expansion to facilitate country-level curriculum for children and youth whose schools have been forced to close due to COVID-19. The platform also provides key resources to teachers and educators.

Children and young people in Timor-Leste, Jordan and Puntland, Somalia, are already accessing their local courses via the platform, and 18 more countries are at various stages in the deployment process. To date, through a variety of digital and remote outreach, more than 227 million children have been supported with remote home-based learning.

The framework for reopening schools, developed jointly with UNESCO, the World Bank, WFP and UNHCR and the series of webinars to support the framework, has supported many countries in their policy development and planning processes for reopening schools. Currently, almost 200,000 schools are implementing safe school protocols to enable the reopening of schools.
Since the beginning of the COVID-19 pandemic, OCHA has been assessing the use of Country-based Pooled Funds (CBPFs) at the field level to help channel immediate support to COVID-related and other needs and responses through the Global Humanitarian Response Plan.

In July, CBPFs allocated $118.5 million to humanitarian partners, and women and girls were 57 per cent of all recipients. The majority of CBPF funding was directed to national and local NGOs ($42.7 million, or 36 per cent) and to international NGOs ($41.2 million, or 34 per cent).

CBPFs allow donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts. This enables humanitarian partners in crisis-affected countries to deliver timely, coordinated and principled assistance to the most vulnerable people.

In July, UN Humanitarian Coordinators launched seven CBPF allocation rounds in the following countries:

- **Central African Republic**: $9 million reserve allocation for a multisectoral response to humanitarian needs of internally displaced people and to support access, coordination and duty of care for humanitarian personnel.
- **Democratic Republic of the Congo**: $2 million reserve allocation to address humanitarian needs in Mbandaka region.
- **Ethiopia**: $1.5 million reserve allocation to respond to the humanitarian needs of internally displaced people and returnees, including preventing the spread of COVID-19.
- **Jordan**: $400,000 reserve allocation to provide health services.
- **Myanmar**: $7 million standard allocation to respond to the protracted humanitarian crisis in line with the Humanitarian Response Plan (HRP).
- **Sudan**: $500,000 emergency allocation to respond to floods.
- **Syria**: $40 million standard allocation to address humanitarian needs in underserved and priority areas in alignment with the HRP.

The Syria Cross-Border Humanitarian Fund allocated a record $67.3 million to humanitarian partners in July, thus finalizing the allocation process of a large-scale standard allocation of $75 million released in June to ensure the delivery of life-saving services and dignified living conditions of the most vulnerable people in north-west Syria. To date in 2020, the Syria Cross-Border Fund has allocated $161 million to humanitarian partners, of which the vast majority benefited national and local NGOs.

The Global Humanitarian Response Plan (GHRP) is targeting nearly 250 million people in 63 countries with COVID-19 assistance. In some countries, such as in Yemen, the health system is
on the verge of collapse following the rapid spread of the pandemic, with far-reaching and life-threatening consequences for women and girls in particular. In view of the disproportionate impact of conflict and crisis on women and girls, UN Women has been supporting projects in Yemen that build women’s self-reliance through livelihoods and protection interventions, vocational training, cash-based project activities and start-up packages for women with small enterprises.

UN Women has been working with the Government and development partners in Yemen to prioritize and integrate women’s and girls’ needs into the national COVID-19 crisis response plan. Ensuring an immediate ceasefire, boosting women’s access to paid work, and improving service-providers’ capacity to provide comprehensive services for survivors of gender-based violence are among the critical recommendations made by UN Women.

UN Women is also supporting Dr. Christine Sadia in her current role as a Gender and Public Health Adviser for the State Department for Gender Affairs of Kenya, to advise on the country’s national emergency response for COVID-19. Dr. Sadia is a gender and public health expert with more than 30 years’ experience advising governments on health and gender issues, such as the psychosocial needs of women in the aftermath of the Rwandan genocide and HIV programming during the Indonesia tsunami. As of mid-July, Kenya has recorded 12,750 positive cases of COVID-19, and has implemented several measures, including social distancing, mandating masks in public spaces, and night-time curfews to stop the spread of the virus.

In the occupied Palestinian territory (oPt), the NGO Palestinian Center for Human Rights, as part of a joint programme with UN Women, the UN Development Programme (UNDP) and the UN Children’s Fund (UNICEF), has been training young lawyers in Islamic family law to provide legal representation to the most vulnerable Palestinian women in court. Since measures to fight COVID-19 were introduced in March, the Center provided legal representation and consultations to more than 150 women, by phone, until in-person meetings were allowed.

And in South Sudan, UN Women, in partnership with Change Agency Organization, has been running a livelihood and gender-based violence protection programme to help women grow their small businesses. As a result of COVID-19, UN Women has shifted gears to support women by providing training to women on business management and on diversifying their businesses to create products that can continue to sell even in the context of the pandemic.

In a round-up of the first 100 days of its response to the COVID-19 pandemic, World Vision reports that thousands of staff, volunteers and partners have already reached 44 million people with support, including more than 18 million girls and boys. World Vision and partners have adapted to remote response coordination; quickly scaled up community, health worker and faith leader mobilization, as well as mass media and social media; reimagined refugee camp operations; and pivoted its development funds to respond to the crisis.

24 July 2020
The humanitarian response around COVID-19 is continuing to show results – in part through funding from the UN Central Emergency Response Fund (CERF). On 24 June, CERF announced that it has allocated US$5 million to the non-governmental organizations (NGOs) International Rescue Committee (IRC), International Medical Corps (IMC), the Alliance for International Medical Action (ALIMA) and Médecins d’Afrique (MDA) to scale up the COVID-19 response in the centre, east and north of the Central African Republic, where the selected NGOs have been implementing life-saving programmes for years. While the response to COVID-19 in the capital Bangui and the western regions of the country, where COVID-19 started, have been scaling up, the rest of the country still has low levels of response capacities, notably for treating patients and maintaining adequate water, sanitation and hygiene (WASH) facilities to prevent the spread of the virus. The funding is part of a global CERF envelope of $25 million intended for NGOs working on the front line and implementing life-saving activities in the health and WASH sectors, with the International Organization for Migration (IOM) serving as the grant manager. It is aligned with the priorities set forth in the COVID-19 Global Humanitarian Response Plan.

In other recent developments, IOM medical teams in Libya led two focus group discussions for migrants on COVID-19 and its impacts on migrant communities, covering mental health and infection prevention.

In Colombia, IOM is providing support to health authorities and the hospital network in the development of health information and education activities, through face-to-face and virtual meetings. These actions have benefitted 65,052 people so far, including officials from municipal/departmental health secretariats, hospitals/health posts and coordination committees, as well as host communities and the refugee and migrant populations in shelters across the country.

In Sudan, IOM’s Rapid Response Fund (RRF), through its partner, Concern Worldwide, have trained 32 community volunteers on community hygiene promotion and COVID-19 prevention awareness in 10 gathering sites in El Geneina, West Darfur. The community volunteers used megaphones to share information about basic sanitation and COVID-19. To date, at least 27 of these sessions have been conducted, reaching at least 2,350 people.

In Egypt, IOM organized a week-long collaboration with migrants and community leaders as part of the “1,000 Kits for 1,000 Families” campaign. IOM contributed 1,000 colouring books on nutrition and hygiene, and 3,000 flyers on COVID-19 and mental health and stress management during the pandemic. Migrants in Cairo from Sudan, Yemen, Ethiopia, and Eritrea participated. In parallel, IOM Egypt also conducted COVID-19 health awareness session for Sudanese, Syrian and Yemeni community leaders.

In Indonesia, as part of the coordinated emergency response with government and civil society responders, IOM organized sessions on risk communications and community engagement on COVID-19 with 99 Rohingya women, men and children who disembarked in Aceh on 25 June after a purported four months at sea.

In Viet Nam, IOM has been assisting IOM UK to translate COVID-19 information targeting Vietnamese migrants abroad. And in Cox’s Bazar, Bangladesh, IOM arranged for community
members to visit an isolation and treatment centre to improve community perceptions of such centres, and WASH staff completed 39,310 door-to-door awareness-raising visits for 143,691 beneficiaries.

17 July 2020

Today the UN’s humanitarian chief, Mark Lowcock, launched an updated US$10.3 billion appeal to fight the coronavirus in low-income and fragile countries. Since the plan was first launched on 25 March, $1.7 billion in generous donor funding has been raised.

The updated plan released today includes a supplementary $300 million to bolster rapid response from NGOs, on top of their specific requirements in each country; a new famine prevention envelope of $500 million; and a sharper focus on preventing gender-based violence. With funding of $10.3 billion, the plan will support 63 vulnerable countries and cover the global transport system necessary to deliver the relief.

One essential element of the fight against the virus in fragile country and the continued delivery of humanitarian assistance in areas affected by pre-existing crises is the ability to move humanitarian workers and goods. To that end, the World Food Programme (WFP) in May launched the Common Services – the logistical backbone of the humanitarian system – to support operations worldwide. Since then, WFP has provided more than 800 passenger and cargo flights to destinations across Africa, Asia, Latin America and the Middle East – with more than 9,000 humanitarian and health responders from over 200 organizations flown to destinations where their assistance is urgently needed. Cargo and passenger services have reached 145 countries around the world so far (more than 70 per cent of the world) and have enough cargo to fill 188 jumbo jets waiting to be transported in coming weeks. However, only 19 per cent of WFP’s US$965 million requirement for common services in 2020 has been received, meaning the services could grind to a halt without additional funding.

In June, WFP reported that funding for the Common Services would run out by the third week of July, but there has been no significant funding as of yet. Demand for WFP’s common services continues to grow week on week, with three times more cargo and passengers transported in the last 30 days than in the first six weeks of the operation. A reduction in market rates has meant that resources can now be contracted at lower rates, enabling the extension of both cargo and passenger services for an additional few weeks.

At the current pace of operations, WFP only has funding to sustain the cargo and passenger services for the next few weeks. A humanitarian response cannot function without support in terms of transport, medical evacuation systems and health centres to treat humanitarian workers, especially in areas where commercial aircraft are not flying, and health systems are collapsing due to the impact of the pandemic. WFP continues to ensure that services are as efficient as possible and that all available resources are stretched, with a focus on road and ocean transport where available.
The world over, humanitarian organizations continue to respond to the needs of the most vulnerable affected by the global coronavirus pandemic and by pre-existing humanitarian crisis due to conflicts, and climate change. From Yemen to Rwanda and from Mexico to Pakistan, awareness-raising continues apace through a variety of strategies and support to national and local health authorities in surveillance, contact tracing, training of staff are just few examples of the work undertaken.

In Yemen, the International Organization for Migration (IOM) organized 802 hygiene promotion sessions in Aden, Taiz and Shabwah. An IOM-produced video highlighting key COVID-19 transmission prevention measures was promoted on Facebook, reaching more than 350,000 Yemenis across the country. The audio message from the video will continue to play three times a day for two weeks on 34 radio stations, 28 of which cover the entire country. An additional 35,000 individuals were reached through RCCE activities conducted through IOM-supported health facilities and 1,069 were reached through IOM protection teams.

In Rwanda, IOM mobile teams have reached 270,000 individuals in the border areas with its awareness campaign. IOM, together with UNICEF and the RCCE Working Group, also developed COVID-19 risk communication materials for truck drivers, border officials and UN premises. In Djibouti, awareness-raising activities on COVID-19 continued in the Ali Sabieh region. Some 686 truck drivers were sensitized on the prevention of COVID-19 and IOM raised awareness on COVID-19 for 3,775 persons in Ali Sabieh city. Meanwhile, in Iraq, IOM organized 102 awareness sessions on COVID-19, reaching more than 1,300 individuals in camp and non-camp settings in over eight governorates. Moreover, IOM developed and printed materials to mainstream RCCE through IOM programmes and activities.

In Lebanon, the World Health Organization (WHO) is supporting health authorities in establishing a contact tracing system. Contract tracing is a main pillar of the national COVID-19 surveillance system, through field investigation to identify people exposed to contacts of confirmed cases, combined with rapid deployment of health response teams for COVID-19 testing and daily follow-up over phone. Contact tracing and follow up is also done through a mobile application developed by the Ministry of Public Health.

IOM Mozambique continues its support to Ministry of Health surveillance activities through its network of community health workers and workers associations, by screening and raising the awareness of Mozambican migrant workers who continue to return from South Africa to the southern provinces. Since early April, IOM community health workers have called more than 9,000 migrants, and spoken with family members of each migrant, inquiring on the health of over 43,000 relatives. A total of 116 reported symptoms and were referred for further assessment by health authorities; 5 of them were tested for COVID-19, and 1 patient was diagnosed with the disease.

The focus on preventing and responding to COVID-19 does not eclipse the risk posed by other threats to the health of millions of people. WHO is supporting countries in Africa as the COVID-19 pandemic accelerates in the region. As well as providing equipment and expertise to support
the response, WHO is also helping countries to minimize disruption to essential health services and to restore a full range of services as lockdowns are eased to protect people from preventable diseases like malaria.

Mass distribution of long-lasting insecticide treated bed nets is underway in Sierra Leone’s capital city, Freetown and its suburbs to complete a nationwide household distribution of 4.6 million mosquito nets. The campaign started in mid-May with nets distributed in 14 of the country’s 16 districts. The remaining two districts (Western Area Urban and Western Area Rural), in the capital and its suburbs account for about one fifth of the 7 million population and has also been accounting for nearly 60 per cent of the confirmed COVID-19 cases. A special strategy was needed to carry out the distribution of the bed nets in these COVID-19 hotspot communities.

During the almost two years fighting the Ebola virus, WHO and its partners helped strengthen the capacity of local health authorities to manage outbreaks. The Democratic Republic of the Congo (DRC) is now better, smarter and faster at responding to Ebola and this is an enduring legacy which is supporting the response to COVID-19 and other outbreaks.

The gains made during this response are already being applied to other public health emergencies in the DRC. Many of the key approaches in tackling Ebola such as contact tracing, infection prevention and control and isolating patients and suspected cases are at the core of COVID-19 response in the country, where more than 6,000 cases have been confirmed so far. Meanwhile, IOM organized a COVID-19 training session for front-line workers deployed at the displacement sites managed by IOM in the North Kivu province. This training included guidance on how to recognize COVID-19 clinical symptoms, prevention of disease transmission among internally displaced populations, and site management and coordination related to COVID-19. A total of 15 people were trained, including 9 women.

2 July 2020

COVID-19 has heightened inequalities across every part of society, increasing the vulnerability of already vulnerable groups, including women and girls. The pandemic is heightening the risk of gender-based violence (GBV), setting back women’s and girls’ social, economic and educational development, and threatening their sexual and reproductive health.

The COVID-19 Global Humanitarian Response Plan puts a strong focus on meeting the needs of women and girls and empowering them in all aspects of its programming. This starts with understanding what those needs are. UN agencies and non-governmental organization (NGO) partners such as the International Rescue Committee and CARE are taking this approach.

CARE’s gender analysis in Libya, for instance, showed that women are 12 times more likely than men to have lost employment due to the pandemic. The UN agency UN Women is working with Governments around the world to ensure they integrate women’s needs and leadership in their COVID-19 response.
As food production systems break down and cross-border trade is constrained, the pandemic is worsening hunger levels for women and girls. Women form the bulk of agricultural labourers but the minority of farm owners, and they are rarely represented in decision-making around food production or distribution. As a result, they are less able to buy nutritious food for their families, and they and their children face a greater risk of food insecurity and malnutrition.

In response, the World Food Programme (WFP) and its partners are prioritizing female-headed households and vulnerable women and girls in their household vulnerability assessments. From Colombia to the Democratic Republic of the Congo, from the occupied Palestinian territories (oPt) to Yemen, WFP, the UN Refugee Agency (UNHCR) and NGO partners including Oxfam, NRC, Mercy Corps and Save the Children are targeting female-headed households and at-risk girls in their food voucher or cash assistance.

The International Labour Organization (ILO) estimates that 195 million jobs could be lost globally due to the pandemic, the majority of them in sectors predominated by women. At the same time, as incomes contract, household consumption needs are rising with more members at home, and with an increase in costs of food and other essentials. There is a critical need for income-generating projects that target women. In Bangladesh, UN Women is working with microfinance organization BRAC and NGO ActionAid to provide Rohingya refugee women’s groups with sewing machines and training so they can make and sell masks to generate an income while helping to prevent COVID-19 from spreading.

As of May this year, UNESCO estimated that 1.54 billion children and youths – including 111 million girls living in low-income settings – were out of school because of COVID-19-related school closures. Girls are far more likely than boys to never return to school. Many are called on to manage household duties or take care of family members, including the sick and elderly, or they are pushed into early marriage or work, including exploitative labour to cope with economic stress. Girls with disabilities who are poor or live in rural areas are most at risk of being out of school. The UN Children’s Fund (UNICEF), its partners and networks of thousands of community mobilizers are spreading awareness of the need for girls to continue with their schooling.

Many agencies working in education are strengthening distance learning wherever possible. Lessons are now delivered over the radio in Burkina Faso, Ghana, Rwanda and scores of other countries; on TV in Ethiopia, Libya and beyond; and on e-learning platforms, such as in oPt and Syria.

Women and girls are at greater risk of GBV, including intimate partner violence due to the economic insecurity and lockdown measures linked to COVID-19. Calls to hotlines have increased between 30 and 75 per cent in some places – the national GBV hotline in Zimbabwe recorded a 75 per cent increase; Colombia and Mexico recorded 50 per cent increases. In other places, including Bangladesh and Iraq, calls have stopped partly because women don’t have safe access to telephones in confined spaces, referral pathways are interrupted, and helplines have undergone temporary shutdowns. Nineteen safe spaces for women and girls in Syria had to temporarily close due to lockdown measures.
Most country response plans include GBV prevention-and-response activities. In north-east Nigeria, mobile teams with the International Organization for Migration (IOM) go door-to-door to raise awareness of GBV services, rather than gathering women in groups, to respect physical distancing. Aid agencies are also adapting safe spaces to meet physical-distancing protocols so they can stay open wherever possible. For example, also in Nigeria, IOM is converting safe spaces into tele-health centres equipped with individual phone booths where women can speak to counsellors.

UN agencies such as UNICEF and the UN Population Agency (UNFPA), and NGOs including Oxfam and CARE are building and extending community networks to raise awareness of protection risks to women and girls to identify cases of GBV and other violations, and to support response. In Myanmar, UN Women gave mobile phones to 60 social workers from the Department of Social Welfare to operate 24/7 GBV and COVID-19 hotlines. In Ethiopia, Action Against Hunger is working with Oromia Broadcasting Network to run a weekly radio programme on GBV risks.

However, GBV prevention-and-response programmes are difficult to deliver, as they are chronically underfunded, with only 8 per cent of global programmes funded.

COVID-19 has arrived on top of already unprecedented humanitarian needs across the world. It is imperative that resources are not diverted from existing ongoing humanitarian work, including health programmes aimed at women and girls. Aid agencies such as UNFPA and their partners are trying to keep up life-saving sexual and reproductive health services around the world, adapting them to meet physical-distancing needs. At clinics in Syria, for instance, patient numbers have been reduced and staff are required to wear personal protective equipment in some clinical settings.

26 June 2020

UNICEF Ethiopia is strengthening accountability to affected populations via the use of monitoring and complaint mechanisms that focus on protection from gender-based violence and sexual exploitation and abuse.

Non-governmental organizations (NGOs) in Iraq have adapted their activities to help protect against the COVID-19 pandemic. Through its project in Hamam Al-Alil camp, the NGO Mercy Hands has produced 48,000 face masks and will start the same project in Salamiyah camp.

In Syria, the Cash Working Group and REACH are working collaboratively to monitor how markets in the north-east and north-west are responding to the impact of COVID-19. The monthly assessment, initiated in March 2020, focuses on the availability and prices of key goods, including plastic gloves and antibacterial gel. It also considers the functionality of local markets, including vendors’ supply and financing challenges, and mitigation measures imposed on communities and taken by shopkeepers to slow the spread, such as limiting crowds and the use of face masks.

The Education Cluster in Venezuela, in collaboration with Radio Fe y Alegría and the Ministry of Education, produced a series of audio messages (“radio capsules”) to inform teachers and
educators about protection and psychosocial support during lockdown. Five topics have already been covered in live broadcasts: (1) mental health and psychosocial support; (2) promoting well-being and learning for children in their homes; (3) promoting mental health and psychosocial support through education; (4) key messages on COVID-19 for public workers and the general public; and (5) child protection in the context of COVID-19.

Food security concerns in Myanmar are being addressed through increased market monitoring, the provision of two months of food rations at a time, and increasing the volume of distribution from 70 per cent to 100 per cent of need in critical areas.

In Mali, community outreach agents in the three OCHA sub-offices (Mopti, Timbuktu and Gao) are working with local communities to distribute appropriate messaging in local languages on humanitarian activities and principles to sensitize local communities on COVID-19 and prevention measures. Community agents are also collecting opinions on people’s perceptions on the humanitarian response at the local level.

In Afghanistan, a humanitarian helpline, Awaaz Afghanistan, operates daily for 12 hours to help provide information about assistance to Afghans (internally displaced people, returnees) and refugees affected by conflict and natural disasters. The organization has also developed a dedicated dashboard for community feedback relating to COVID-19. The operators work closely with the health clusters to share inquiries from communities and help design awareness-raising for communities.

In Bangladesh, humanitarian communities continue to address misinformation, rumours and stigma around COVID-19 in camps. For example, some Rohingya communities believed, as per the perception studies carried out, that they were immune to the virus due to their religious beliefs. In response to misinformation, aid agencies have actively adapted messages and are working through different channels, including religious leaders, to ensure trust-building among the communities. The Communication with Communities Working Group also continues to produce information and communication materials using relevant formats and languages.

Humanitarian organizations in the Central African Republic have integrated preventive measures into sectoral and intersectoral humanitarian programmes, including social distancing and handwashing.

More than 423,000 people have received multisectoral humanitarian assistance in the Central African Republic, and more than 1.2 million people have benefited from awareness-raising campaigns on COVID-19. Humanitarian partners are prepositioning stocks and creating isolation areas, especially in sites for internally displaced people; monitoring market prices and cash-based interventions; analysing gender-based violence trends; providing additional water, sanitation and hygiene supplies; engaging with communities; and providing radios to sustain remote education.

19 June 2020
A third humanitarian air shipment arrived at Venezuela’s main international airport near the capital, Caracas, on Friday, 19 June. The plane carried 94 tons of medicines, medical supplies, personal protective equipment for front-line health workers, water purification tablets, water tanks, hygiene kits and nutrition support packages for the response against COVID-19. The supplies will help strengthen the health system, improve access to safe water for thousands of families and ensure continued assistance in other critical areas, including women’s health. This is part of a joint effort by the United Nations and Switzerland, and includes supplies from PAHO/WHO, UNICEF, UNFPA, IOM and other humanitarian organizations.

Such supplies are vital for people like Rosa, a single mother of six in San Felipe in the Western state of Yaracuy. Rosa worries every morning about how to feed her children as the COVID-19 related restrictions are hampering her capacity to put food on the table for her family. Even the informal jobs she had before are no longer available. “This disease has affected everything in my life. I can’t go out and look for work. I feel like I’m drowning, locked up, worried … I need to work to support my children.” In the meantime, Rosa and her family receive food, hygiene kits and nutritional supplements from humanitarian organizations.

To date, humanitarian actors have reached more than 1 million people as part of the COVID-19 response and ongoing assistance in other critical areas such as shelter and non-food items, food, protection, education and nutrition, including for returnees and local communities.

Meanwhile, earlier today, an aircraft carrying 43 tons of laboratory supplies, ventilators, test kits, PCR machines and vital PPE to fight COVID-19 arrived in Yemen. This important milestone occurred thanks to a donation to WHO facilitated by Hayel Saeed Anam Foundation on behalf of the International Initiative on COVID-19 in Yemen, a collaborative partnership of multinational companies and the United Nations.

Logistics and supply chain management play a key role in making aid shipments like these a reality. With much of the world’s commercial transport systems having been grounded by the COVID-19 pandemic, the World Food Programme (WFP) – the world’s largest humanitarian organization fighting hunger and a global leader in supply chain and logistics – has stepped in to provide a range of transport and other services on behalf of the humanitarian community worldwide, known as Common Services. The service is provided in support of UN agencies, including the WHO/PAHO and other humanitarian partners, under the terms of the UN’s Global Humanitarian Response Plan launched in March 2020.

While sustaining its own global food assistance operations, WFP has established air transport links to guarantee the movement of aid workers and of life-saving medical and humanitarian cargo. The network consists of Global Humanitarian Response Hubs in Guangzhou (China), Liège (Belgium) and Dubai (UAE), near where supplies are being manufactured, and regional hubs in Ethiopia, Ghana, South Africa, Malaysia, Panama and Dubai. From there, aid workers and humanitarian cargo – including medicines, ventilators and PPE – can be transported by WFP Aviation to final destinations in Africa, Asia and Latin America. Cargo transport between global and regional hubs is provided free to users.
These common services are needed now more than ever because the pandemic, which has exacerbated already record-high humanitarian needs, has at the same time precipitated disruptions to supply lines and reductions in international normal transport across the world. This makes humanitarian aid providers and health workers’ ability to move essential staff and goods across borders, access communities, and provide live-saving services, wholly dependent on the maintenance of the Common Services.

To date, the Common Services have operated 375 passenger and cargo flights flown to destinations across Africa, Asia, Latin America and the Middle East. More than 2,500 responders from more than 80 aid organizations have been flown to destinations where their assistance is urgently needed. On the cargo front, some 45 humanitarian partners have used the Common Services, and there are currently 67,901 m3 of supplies in the pipeline for the next few weeks. That is enough to fill of 120 Jumbo Jets.

This week, WFP indicated urgent funding needs to maintain its global network of passenger and cargo services in support of the humanitarian community. Unless a substantial injection of funds is provided by donors by the end of the first week of July, WFP will have no choice but to ground most of its humanitarian air fleet by the end of July. Of the Common Services budget of $965 million until the end of the year is, only $178 million has so far been confirmed or advanced.

12 June 2020

The COVID-19 pandemic is affecting communities the world over. But its disruptive force disproportionately affects the most vulnerable people in societies. From the elderly to people on the move, from women and children to people with disability, vulnerable groups require special attention and tailored assistance. The pandemic is changing the way aid organizations are able to operate, forcing the humanitarian community to adjust its interventions. Here are some examples of how humanitarians make a difference for the most vulnerable.

The COVID-19 pandemic is causing untold suffering and anxiety for older people across the world. Older people face a wide range of risks from coronavirus. Rates of serious illness and death are highest among older people. Older people also face significant secondary impacts. Already high levels of income and food insecurity, poor access to health services and threat of violence and abuse among older people are likely to worsen due to COVID-19. They are also experiencing anxiety about the virus, as well as increased distress due to physical distancing measures.

In Idleb, Syria, HelpAge International is working with SEMA to support local health structures and adapt home-based care approaches to ensure community-level care is available to older people at home, including those with COVID-19. With a potential decline in care and support because of movement restrictions, they are also supporting family caregivers with information about how to care for older people at home, including at the end of life.
People are having to stay at home more because of movement restrictions that have been introduced to reduce COVID-19 transmission. That is significantly more challenging when your home consists of a tent or sub-standard building of just a room or two! Overcrowding was already a problem in Lebanon, in particular for families that have fled conflict. Restrictions and the deteriorating economy have also restricted even the small options that existed for earning income – people are struggling to get enough food to feed their families.

**Medair has stepped up to the challenge** and shifted its programme rehabilitating migrants and refugee shelters to building centres where the most vulnerable people affected by COVID-19 can stay for self-isolation.

The pandemic is forcing many migrants and refugees to move again. In Latin America, as countries hosting Venezuelan migrants implement COVID-19 containment measures, many are returning home after losing their jobs. Kariani, a 27-year-old mother and her two young children returned from Colombia after losing her job as a hairdresser. “We are exhausted, after 23 days of travel it is like a victory, we are almost at home.” **Aid organizations are stepping in** to support shelters and isolation centres with food, clean water, medicine and other basic services.

**OCHA in Nigeria reports** that although men’s health seems to be more affected by the COVID-19 virus, vulnerable households with women and girls, especially those from IDP communities, are particularly affected by the lasting secondary impacts of the pandemic. With that in mind, aid workers in north-east Nigeria have already adapted their programmes. They sharpened a rapid gender analysis to evaluate early responses and identify specific needs, as the pandemic and the virus are presenting new and unprecedented challenges. This is leading to the adoption of interventions that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls, and safeguard their dignity.

Mercy Corps in Nigeria is prioritizing female recipients in its interventions by selecting female-headed households for food, cash and shelter assistance. It is also selecting more women as community hygiene promoters and nutrition promoters for house-to-house COVID-19 sensitization. An electronic platform for food assistance showed that 70 per cent of people who did not turn up for food assistance are pregnant and breastfeeding women, as they returned home early to prepare meals, care for their children and do household chores. Mercy Corps is now ensuring that these women are prioritized during the monthly food distribution.

**5 June 2020**

Humanitarian workers are delivering on their commitment to fight COVID-19, from providing health workers with critical personal protective equipment to helping vulnerable families meet basic needs.

Here are some highlights from this past week: UNICEF delivered 330 COVID tests in Palestine, while IOM provided ventilators and dispatched health specialists to the main hospital in Mogadishu, Somalia. FAO is sending electronic vouchers to buy seeds for the ongoing planting season by phone text message to about 40,000 farming households. In Beirut, UN Habitat is
distributing hygiene kits to 1,000 families. And in Rwanda, World Vision and its partners conducted 47 live radio talk shows to raise awareness on child protection during the pandemic. With thanks to WFP and donors, the logistical backbone is gaining strength, helping to move planeloads of life-saving equipment and humanitarians to places where they are needed the most.