

## Updates on the [Global Humanitarian Response Plan](#)

22 February 2021



*Oumar Gadiaga, a community relay in the Socoura displacement camp in Mopti, central Mali, leads a sensitization session about COVID-19 prevention at a UNICEF-supported Child-Friendly Space, May 2020. © UNICEF/Harandane Dicko*

In the nearly one year since the United Nations launched the [COVID-19 Global Humanitarian Response Plan \(GHRP\)](#) to address the humanitarian consequences of the pandemic, the virus has swept across the globe, impacted entire economies and societies, and pushed millions of people to the brink of survival.

As detailed in [final GHRP Progress Report](#) published today, despite the initial shocks to supply chains and challenges of mobility restrictions, humanitarians were able to quickly adapt and scale up operations, and have continued to ensure that aid reaches those people most in need around the world.

Even with limited funding, this scale-up was possible due to the rapid initial injection of flexible funding, innovative approaches to aid delivery, and a dynamic prioritization process that highlighted the immediate needs of the most vulnerable.

In the Central African Republic, for example, humanitarian organizations reorganized camps for internally displaced people, creating zones to isolate cases, and grouping families with cases into designated zones within camps to provide specific and specialized assistance.

In Somalia, the World Food Programme (WFP) launched a home delivery e-Shop that became a key component of the COVID-19 response. In Afghanistan, OCHA, WFP and the Cash and Voucher Working Group worked with the World Bank on a complementary national cash/food assistance programme aimed at reaching non-humanitarian caseloads with safety-net support due to the impact of COVID-19.

Additional highlights of assistance provided through the GHRP include the provision of personal protective equipment (PPE) in 87 per cent of GHRP countries (55 out of 63); gender-based violence prevention messaging to address the spike in gender-based violence in 100 per cent of GHRP countries; distance learning for 129 million children in 60 GHRP countries who benefited from virtual or home-based education; and essential health services for 57 million people in 60 GHRP countries.

Importantly, funding for the GHRP was fundamental for the design and establishment of the Global Common Services to transport humanitarian staff and cargo and overcome travel restrictions. The Common Services System played a vital role in enabling the UN and non-governmental organizations to resume services, and demonstrated flexibility and agility to scale up and draw down as commercial air travel resumed.

Between March and January 2021, through the Global Common Services, WFP transported almost 28,000 health and humanitarian personnel from 426 organizations.

The GHRP Response Plan (GHRP) for COVID-19 was launched by the UN on 25 March 2020 to address the immediate humanitarian consequences of the pandemic.

For the latest data on the COVID-19 pandemic, OCHA, in collaboration with IASC partners, developed the [COVID-19 Data Explorer](#), an open data-sharing and data-visualizing platform that provides an up-to-date overview of the humanitarian crises, including relating to the pandemic, in the 63 countries that are part of the GHRP.

## **20 November 2020**

In the eight months since the humanitarian community came together in the COVID-19 Global Humanitarian Response Plan (GHRP), the virus has swept across the globe and impacted entire economies and societies. Millions of people have been pushed to the brink of survival, and the extent of the effects is still unfolding.

Despite shocks at the onset of the pandemic and ongoing access constraints, humanitarian partners have made necessary adjustments, reprioritized when necessary, and implemented innovative programming to allow the continued and safe delivery of humanitarian assistance.

This has helped stave off an even worse situation and prevent greater loss of lives. The common services system set up by WFP has been a major enabler for the continuation of humanitarian operations. In addition, UNFPA's GBV and sexual and reproductive health programming expanded significantly in comparison to 2019 (138 per cent increase in the number of people reached with GBV services compared to 2019). Efforts such as these and others set forth in the

GHRP must be maintained and expanded even further in many places as the pandemic continues to spread.

There is promising news on safe and effective vaccine developments in the next year, although there are no firm confirmations on timelines for approval of promising candidates. It will be essential to make vaccines available for widespread distribution in the most fragile humanitarian settings. This includes vaccines for the most vulnerable populations, including refugees, internally displaced persons and asylum-seekers, who must be fully incorporated into national planning processes. Support from and collaboration with the private sector on the production and distribution of vaccines to the most vulnerable people will be indispensable.

The humanitarian community will continue to stay and deliver a comprehensive COVID response where the needs are greatest. This will require action on three key asks. First, immediate financial support from Member States is required to mitigate further direct and indirect consequences of the pandemic. This is particularly urgent in the most fragile settings and countries that are at risk of famine. Second, Member States and non-State armed groups must provide safe and unimpeded humanitarian access to serve the people who so desperately need assistance. Third, all parties must respect international humanitarian, human rights and refugee law. The COVID-19 virus has no borders. We must leave no one behind.

Additional information on how humanitarian partners have continued to ensure that assistance reaches those in need can be found in the latest [GHRP progress report](#).

For the latest data on the COVID-19 pandemic, OCHA, in collaboration with IASC partners, has developed the [COVID-19 Data Explorer](#), an open data-sharing and data-visualizing platform that provides an up-to-date overview of the humanitarian crises, including relating to the pandemic, in the 63 countries that are part of the GHRP.

### 13 November 2020

The unprecedented spread of COVID-19 has not spared the world's displaced communities. In refugee camps in Cox's Bazar, **Bangladesh** – the largest refugee settlement in the world – women leaders have been on the front lines responding to the deadly outbreak's impact on their communities, as part of a project managed by the International Organization for Migration (IOM).

In camp settings, misinformation about COVID-19 can spread quickly and hinder women and girls from seeking essential health services. The Women's Committee – which comprises more than 100 female Rohingya refugee and host community members – is on a mission to change this.

After receiving training on COVID-19 public health and physical distancing measures, the women have been leading the outreach and awareness-building efforts in the camp and the nearby host community. They have disseminated information about COVID-19 to more than 700 women and adolescent girls through COVID-19 awareness sessions in the district.

The Women's Committee members are also dedicating themselves to elevating the voices of others through the Women's Participation Project, which began in 2015 as part of the Safe from the Start initiative, managed by the Global Camp Coordination and Camp Management Support team at IOM headquarters.

With the objective to improve women's participation and representation in displacement, mainstreaming prevention and mitigation of gender-based violence in camp management operations, the project has been implemented in the past five years in Ecuador, Bangladesh, South Sudan, Somalia and Nigeria.

### 30 October 2020

One of the strategic priorities of the [Global Humanitarian Response Plan for COVID-19](#) is to protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the COVID-19 pandemic.

For its part, IOM continues to advocate for these vulnerable populations in regional and national preparedness and public health planning, as well as national health systems and other basic services. In **Afghanistan**, for example, IOM has successfully advocated for the inclusion of migrants and mobility in COVID-19 preparedness planning, including the National Multi-Sector Response Plan.

UNHCR has also continued reaching refugees, internally displaced people and host communities with risk information through community-based protection groups and community mobilizers, information sessions, flyers and leaflets, and radio spots. In **West and Central Africa**, the largest campaign has been in the **Democratic Republic of the Congo**, thus far reaching nearly 2.6 million people, including more than 37,000 people in a two-week period in September.

Globally, 66 per cent of UNHCR country operations have reached all geographic areas inhabited by refugees, internally displaced people and others of concern with pandemic risk information campaigns.

IOM continues to work with counterparts in 49 countries to ensure that mobility is taken into account in public health messaging, and to ensure that information is contextualized and communicated effectively to migrants and mobile populations, as well as aiming at preventing panic, xenophobia and/or discrimination. Using interventions such as public sessions, door-to-door visits, peer discussions and mass media, IOM has reached more than 3.5 million people globally in communities, points of entry, camps and camp-like settings, and health facilities, with information campaigns on COVID-19 at the household and community levels.

UNFPA has disseminated information on COVID-19 risks in 45 GHRP countries. In **Lebanon**, UNFPA is working with national partners to strengthen risk communication on pregnancy, breastfeeding, contraception and COVID-19. In the **Philippines**, UNFPA has intensified its risk communication targeting women and girls through mobile phone text blasting and radio broadcasts to include key messages on COVID-19 prevention.

In **Afghanistan**, UNFPA will soon be launching a referral booklet for multi-sectoral service provision with a focus on disabled women and girls, and those who cannot read. And in **Jordan**, UNFPA has distributed dignity kits which included leaflets with information on hotlines, as well as a card with phone credit, as this was mentioned to be one of the main obstacles to seeking help.

### **23 October 2020**

As the world waits for a COVID-19 vaccine, the UN and partners are diligently working to prepare for its arrival and ensure equitable distribution.

Earlier this week, UNICEF announced that it plans to stockpile 520 million syringes in its warehouses, part of a larger plan of 1 billion syringes by 2021, to guarantee initial supply and help ensure that syringes arrive in countries before the COVID-19 vaccines.

Initial preparatory work – in partnership with Gavi, the Vaccine Alliance and WHO – will include purchasing boxes for the safe disposal of syringes and mapping out cold chain equipment to ensure delivery of effective vaccines.

To make sure that vaccines are transported and stored at the right temperature, UNICEF, along with WHO, is also mapping out storage capacity in the private as well as public sector, and preparing necessary guidance for countries to receive vaccines.

UNICEF will work with manufacturers and partners on the procurement of vaccine doses as well as freight, logistics and storage of COVID-19 vaccines for 92 low- and lower-middle-income countries, whose vaccine purchases will be supported by the mechanism through the Gavi COVAX.

UNICEF will also serve as procurement coordinator to support procurement by 80 higher-income economies, which have expressed their intent to participate in the COVAX Facility and would finance the vaccines from their own public finance budgets.

### **16 October 2020**

The COVID-19 pandemic has necessitated even greater collaboration between the Education and Child Protection sectors. School closures and home isolation exacerbate existing risks to children's protection, well-being and learning. At the same time, the pandemic has also required collaboration and innovation in the humanitarian response – an opportunity to generate new ways of working.

Across GHRP countries, the Education and Child Protection sectors, regions and globally, have stepped up to jointly address children's needs and risks during the pandemic. To strengthen the adoption and coordination of inter-sector approaches, the [Global Education Cluster](#) and [Child](#)

[Protection Area of Responsibility](#) have jointly developed a [Collaboration Framework](#) and provide support to enhance Child Protection-Education in Emergencies (CP-EIE) collaboration during the current response and beyond.

Recognizing the central role of teachers and schools in protecting and supporting students during this time, the UNICEF **East Africa and the Pacific** Regional Office has developed a suite of practical materials, targeted at the school level, to support the integration of child protection during school reopening. Resources include [Tips for Teachers and School Management](#), [Messages for Children and Adolescents Return to School](#) and a [Template for Child Protection Referral Pathway between Schools and Child Protection Authorities](#).

In **Somalia**, schools have established a system of remote follow-up to children on an individual basis through a network of head teachers and teachers. This channel has provided continued access to children during school closures, so the Education and Child Protection sectors in Somalia have maximized the opportunity to re-establish connection to child protection and psychosocial services to children through this system. Teachers have been supported to deliver psychosocial and child protection messages to their students via WhatsApp, and have identified and reported children in need of child protection services through updated referral pathways and their school child protection focal point.

### 12 October 2020

Since the COVID-19 pandemic was declared, OCHA's [Country-Based Pooled Funds](#) (CBPFs) and the [Central Emergency Response Fund](#) (CERF) have provided substantial support to ensure that funding of gender-based violence (GBV)-related programmes is prioritized.

CERF has allocated US\$15.5 million from its Underfunded Emergencies Window to programmes for women and girls, including GBV and reproductive health, in 10 countries. Most of the money (\$10 million) has been allocated to UNFPA in **Yemen** for programmes for women and girls, and the remaining \$5.5 million has been allocated for GBV priorities in nine countries. The CERF team has worked closely with GBV lead experts to make sure the allocation is aligned with the GBV strategic objectives.

Several innovative initiatives on addressing GBV and sexual exploitation and abuse have been carried out in humanitarian contexts. In **Colombia**, UNFPA has developed a new protocol to provide remote GBV case management through helplines in five municipalities that provide psychosocial support and safe referrals.

In **Nigeria**, GBV actors continue to build on new ways of supporting communities experiencing an increase in GBV during COVID-19. UNICEF and partners in Nigeria have remodelled women's and girls' safe spaces into phone booth stations, which not only helps to maintain physical distancing but also provide confidential GBV counselling in a safe environment. While on door-to-door awareness missions on COVID-19, IOM mobile teams in Nigeria also inform displaced people about GBV prevention and where to access related services. A GBV hotline in several local languages was also made available in conflict-affected states in north-east Nigeria.

In **Bangladesh**'s Cox's Bazar, UNICEF supported the development of a mobile application for adolescents to keep them engaged and informed virtually of GBV services available during COVID-19 lockdown restrictions. Since its development, more than 4,000 adolescent girls have accessed the application.

In **Kenya**, UNFPA continues to work with partners in the informal sector to strengthen male involvement in addressing female genital mutilation and teenage pregnancy. In **Burkina Faso**, UNFPA facilitated the integration of COVID-19, PSEA and family planning themes in the training of 40 members of women's groups. In **Ethiopia**, IOM, WFP, UN Women and the GBV Sub-cluster are working closely with the PSEA Advisor to develop draft protocols for reporting in quarantine centres.

Throughout its operations globally, UNICEF has trained more than 83,000 people on GBV risk mitigation and safe referral strategies for survivors.

## 2 October 2020

The COVID-19 pandemic is threatening to push millions of people to the verge of starvation. People in 27 countries are at risk of significant deteriorating food security in the next six months, according to a recent joint FAO-WFP hunger hotspots analysis, with COVID-19 compounding existing vulnerabilities.

Evidence from the field shows that in rural areas, necessary COVID-19-related restrictions may have reduced agricultural production due to limited access to agricultural inputs and labour (as observed, for example, in Burundi, Central African Republic, Honduras and Sudan), and disrupted seasonal migratory patterns of pastoralist communities (as observed, for instance, in Burkina Faso, Central African Republic, Nigeria, Somalia, and Sudan).

Food security sector partners have undertaken an extensive reprogramming of pre-existing interventions in order to counter the impact of the pandemic and support the most vulnerable people in continuing to access and produce nutritious food.

An immediate priority has been to ensure that ongoing humanitarian livelihoods assistance and food production among the most vulnerable groups was not affected by the pandemic. Partners have adapted and scaled-up distributions of agricultural inputs and livestock assistance to ensure continuous food production and income generation in the most vulnerable areas.

Between March and July 2020, FAO provided emergency livelihoods assistance to 2 million households in 34 countries. These were already vulnerable prior to the pandemic. FAO has supported more than 1 million farming households (approximately 6.1 million individuals) with crop and vegetable production inputs to sustain planting seasons and counter pandemic-related challenges linked to labour shortages and limited access to inputs.

Livestock assistance (animal health services, fodder, feed) to 800,650 households (approximately 4.6 million people) has been provided, including facilitated access to water, protection of transhumance corridors, and access to markets and information on COVID-19 containment measures among nomadic populations.

WFP is mobilizing to meet the needs of up to 138 million people in 2020. Given that cities are bearing the brunt of the COVID-19 crisis (accounting for 90 per cent of cases), more than half of WFP's operations are now scaling up direct assistance in urban areas, some for the first time.

UNDP, in partnership with other agencies, has supported more than 2.4 million people through the provision of agricultural seeds/inputs, start-up packages for micro and small businesses recovery, cash for work, training and employment creation in **Bangladesh, Colombia, Djibouti, Ecuador, Philippines, Sierra Leone, Sudan, Togo and Uganda.**

### 25 September 2020

Flexibility regarding where and how to use resources has been advantageous in many ways in the COVID-19 response. According to a survey of seven UN agencies, the amount of flexible (unearmarked and softly earmarked) support from donors for the response has varied widely.

Contributions to FAO's Special Fund for Emergency and Rehabilitation Activities (SFERA), specifically the funding window on Early Warning Early Action, allowed FAO to quickly allocate funding to country-based assessments in **Afghanistan, Burkina Faso, Colombia, Iraq, Liberia, Mali, Sierra Leone, Somalia, Sudan and Zimbabwe**, and reinforce country teams in **Chad, Cameroon, Democratic Republic of the Congo and Haiti**. This flexible funding instrument also supported risk communication and efforts to prevent the spread of COVID-19 along the food chain in **Afghanistan, Bangladesh, Colombia, Haiti, Iraq, Pakistan, the Sahel, Sudan and Yemen.**

WFP has used the flexible funding that had earlier been donated to its Immediate Response Account to sustain underfunded operations and meet new, unforeseen needs. Given the global scale of the crisis and response, this has meant that WFP has been able to shift the areas of focus to follow the epidemiological curve and evolving partner requirements. In addition, flexible funding has supported global common services that provide critical transport and logistics services for the humanitarian and wider health response.

In the **Democratic Republic of the Congo**, when COVID-19 first hit the country, UNICEF recognized the likely devastating impact of the virus on the country's public health services, and the potentially lethal repercussions for children. Flexible resources allowed the rapid procurement of personal protective equipment (PPE) and diagnostic test kits to support field health teams that were at extreme risk. The front-line teams were able to continue delivering vital services in clinics and communities across the country.



UNFPA has used flexible funding to prioritize PPE needs and logistics management as the crisis has evolved. This has allowed the agency to allocate resources globally based on needs, rather than relying solely on contributions earmarked at the country level.

Flexible funding as a percentage of total COVID-19 funding received between 1 March and 31 July 2020 varies from 12 per cent to 65 per cent, with an average of 37 per cent. This is less than the 42 per cent average previously reported for the 1 March to 31 May 2020 period.

The seven UN agencies also reported that an average of 62 per cent of their flexible funding has been or will be allocated to countries in the GHRP. The remainder was used for global procurement and transport of supplies, of which a large portion has gone to GHRP countries.

### **18 September 2020**

The logistics support of the UN World Food Programme (WFP) to the humanitarian community has been serving as the backbone for global COVID-19 efforts through a network of hubs, passenger and cargo airlinks and medevac services.

Six months since the beginning of the pandemic and the launch of the Global Humanitarian Response Plan, WFP, in close coordination with partners, is assessing the needs and demands for the common services.

WFP remains committed to supporting the humanitarian community and ensuring that requests for passenger and cargo movements are fulfilled, and will continue to provide services based on funding availability and partners' demand, especially for hard-to-reach areas.

Ongoing restrictions on global movements, border controls and commercial transport disruptions still mean that the usual routes for humanitarian and health organizations are being disrupted. That is why WFP set up its network of Global Humanitarian Response Hubs in Guangzhou (China), Liège (Belgium) and Dubai (United Arab Emirates), close to where vital supplies are manufactured – alongside regional hubs in Ethiopia, Ghana, Malaysia, Panama, South Africa and Dubai.

This hubs-and-spokes system routes medical and humanitarian cargo and workers to the front lines, with flights between global and regional hubs, and onwards flights into priority countries, where commercial services are disrupted.

Since late January, WFP has dispatched nearly 65,000 cubic metres of cargo (enough to fill 26 Olympic-sized swimming pools) to 167 countries – or 85 per cent of the world – to support governments and health partners in their response to COVID-19. These shipments include personal protective equipment such as surgical masks, gloves and gowns, face shields, ventilators and emergency health kits. WHO and UNICEF are the main users of WFP services among 56 organizations being served.

WFP also continues to ensure that health and humanitarian workers can get to where they are most needed via its global air passenger service where safe and reliable commercial options are unavailable. While commercial operations are resuming in some areas, WFP's passenger

services continue to ramp up across Southern Africa and Latin America and the Caribbean, areas which still remain largely without commercial access.

Since the first regional flight in May between Addis Ababa to Accra regional hubs, the service has now transported more than 22,000 passengers to 65 destinations across Africa, Asia, Latin America and the Middle East that would otherwise not be accessible through commercial means – on behalf of about 350 organizations.

WFP is also using these passenger flights to transport cargo wherever possible. WFP is monitoring the commercial sector as it returns. Markets have in recent months shown improvement and, in line with its mission to fill gaps in commercial transport markets rather than replace commercial capacity, where safe and reliable commercial services resume, WFP is standing down its own passenger services. WFP air passenger services have now been discontinued to 29 locations.

### **11 September 2020**

Since the last update of the GHRP, humanitarianism has continued to work to mitigate the spread of COVID-19 despite the increasing numbers of reported infections and ongoing challenges due to mobility restrictions.

More than 1 billion people in 59 GHRP countries have been reached with COVID-19 messaging on prevention and access to services since the start of the pandemic. National communication campaigns have been rolled out, reaching 8.3 million caregivers of children under 2 years old with messages on the importance of breastfeeding, advice on young child feeding, and healthy diets.

In addition, 220,814 health workers have been trained in infection prevention and control and 729,429 health workers have been provided with personal protective equipment (PPE).

UNICEF and its partners have reached at least 25.6 million children and women with essential health-care services including antenatal, delivery and postnatal care, essential newborn care, immunization and support for common childhood illnesses.

Currently, 58 countries included in the GHRP report that minimum child protection services have been operational throughout the COVID-19 crisis.

The World Food Programme (WFP) has given take-home rations to nearly 7 million schoolchildren in 45 countries affected by school closures.

Since the start of the pandemic, 12.3 million children, parents and primary caregivers have been reached with community-based mental health and psychosocial services.

The UN Children's Fund (UNICEF) has reached 43.6 million people with critical water, sanitation and hygiene (WASH) interventions, including personal hygiene items and services. The International Organization for Migration (IOM) has scaled up its WASH operations and reached an additional 10 million people since May 2020. It is also distributing COVID-19-

specific hygiene items, with additional soap, detergent and chlorine. The Danish Refugee Council has reached at least 130,000 people with WASH supplies and services.

The World Health Organization (WHO) has shipped 57 million masks to 56 countries as of 17 August. More than 3 million diagnostic sample kits have been delivered, along with increased supplies of biomedical items, including oxygen concentrators, infrared thermometers and adult and paediatric oxygen masks.

The UN Refugee Agency (UNHCR) has delivered some 250 metric tons of PPE and medical equipment to GHRP countries. This includes 12 metric tons of hospital tents and the procurement of 2,000 oxygen concentrators and 1.4 million gowns.

Sixty-seven per cent of GHRP countries have now established a working group on mental health and psychosocial support (MHPSS). An inter-agency rapid deployment mechanism of country-level MHPSS Coordinators has been initiated. The IASC has also launched a new website compiling all MHPSS resources.

WFP has established air passenger services to transport health and humanitarian personnel into affected countries where safe and reliable commercial operations are not available. The passenger service launched on 1 May has reached 60 destinations throughout Africa, Asia and the Middle East. As of 30 August, WFP had transported 21,177 health and humanitarian personnel on behalf of 325 organizations during 1,183 flights. Of those, 9,390 are NGO partners (44 per cent).

WFP has established the planned network of eight humanitarian response hubs to facilitate cargo movement on a free-to-user basis. As of 19 August, 35,350 m<sup>3</sup> of COVID-19 response items and other humanitarian cargo have been moved as part of the free-to-user services, reaching 153 countries on behalf of 41 organizations through 643 flights.

UNICEF and partners have supported 93.6 million children and youth with distance/home-based learning in 55 countries. UNHCR has adjusted its target for the number of children it aims to support with distance or home-based learning to 1.2 million. As of 19 August, it had supported 782,790 children in 29 countries.

To date, UNHCR has assisted some 27 million people through ensuring access to health services and advocating for inclusion in the national health response. Between July and August, some additional 3.3 million people have been able to access health services, including in camps for refugees and internally displaced people and in remote areas.

#### **4 September 2020**

The COVID-19 pandemic is exacerbating protection concerns in humanitarian crises and exposing vulnerable and affected populations, refugees, asylum seekers, internally displaced people, migrants and stateless people to new threats. Despite challenges, protection partners continue to deliver essential services and advocate that the rights of people of concern are respected.

In countries receiving GHRP funds for COVID-19, some 6.7 million people have accessed protection services. Life-saving protection actions include victim assistance and advocacy for rights, registration and documentation, specialized services to children, the elderly and people with disabilities, individual support for survivors of gender-based violence and referrals to medical care, psychosocial support, as well as security and legal aid. Coordinated protection action has been guided by the COVID-19 operational minimum package of the [Global Protection Cluster in IDP settings](#), and in [refugee operations by UNHCR](#).

Protection partners have worked with state authorities on adaptive measures for the registration of new asylum applications by mail, phone, email, and online to ensure that those fleeing persecution and danger are still able to do so. Similar attention has been applied to the situation of those who found themselves stranded and unable to exercise their right to repatriate and reunite with their families across or within borders.

More than 100 States have adapted registration procedures for new applicants. **Colombia**, for example, has remotely registered 57,741 individuals (73 per cent women) since the start of the pandemic, ensuring that they are able to access critical services.

To mitigate the impact of COVID-19, protection organizations have increased communication with communities and leveraged existing community-based structures to maintain two-way communication. As concrete examples, some 614,000 individuals were reached through WhatsApp groups, outreach volunteers and mass communication campaigns in **Syria**. Teachers, community health workers and hygiene promoters in **Eastern Chad** reached more than 128,000 refugees (96 per cent of the refugees in the province). In **Sudan**, 54,000 South Sudanese refugees received risk communication on awareness, health promotion, infection prevention and stigmatization.

Protection actors also bolstered call centres with integrated voice response in target languages and established 24/7 protection hotlines, followed by interventions aimed at safeguarding access to rights and services. As one example, in **Colombia** assistance was provided to more than 20,000 Venezuelan refugees and migrants, returnees and internally displaced people via 47 helplines. In the **Democratic Republic of the Congo**, humanitarian partners reached 254,000 refugees and IDPs through awareness-raising across the country via group discussions, flyers and door-to-door messaging.

To ensure age-appropriate and accurate information, child protection partners use child-friendly communication methods across operations. In **Afghanistan**, home-based and door-to-door psychosocial support kits for children and families were accessed by 100,724 people in the first half of this year. In **Chad**, protection staff mobilized community child-protection networks, preschool teachers, and mother-teacher associations to conduct door-to-door sensitization of COVID-19. In **Bangladesh, Ecuador, Pakistan** and **Ukraine**, procedures for remote case management include assessments and counselling sessions for children.

Donors have given generously in the fight against COVID-19; however, severe underfunding for protection activities is limiting the capacity to monitor trends and identify interventions for collective protection outcomes. In many countries, such as Cameroon, the Democratic Republic

of the Congo, Haiti, Mozambique, Myanmar, Niger, Nigeria, Ukraine and Zimbabwe, the Protection Cluster remains severely underfunded, which is ultimately weakening the overall response. The humanitarian community will need to invest and sustain investments in protection programming to respond to the documented increase of protection risks as well as impoverishment, unemployment, civil unrest and other associated impacts of COVID-19 that are on the horizon.

### **28 August 2020**

In response to the increasing need for COVID-19 supplies in **Yemen**, a UNICEF-chartered plane landed at Sana'a airport on Saturday, 22 August with 81.7 tons of life-saving supplies to help curb the spread of the disease in the conflict-hit country. Another charter plane is scheduled to arrive in Aden later this week. The supplies include personal protective equipment items such as aprons, respirators, surgical masks, face shields, goggles and gloves for front-line health workers, as well as oxygen concentrators and their accessories.

UNICEF has also been supporting front-line workers as they keep children safe and engaged during the COVID-19 pandemic. In **Ethiopia**, for instance, UNICEF and the International Organization for Migration are supporting the Government to help vulnerable populations such as returnees and children, and are also supplying dignity kits, soap, recreational kits, tents, bedding, and other essential non-food items. In Bamako, **Mali**, UNICEF and Samusocial, a social work organization, opened a temporary shelter for children living in the street. The centre supports about 600 children, who now have access to handwashing facilities, face masks and medical and nutritional facilities.

In **Pakistan**, some 250 agents at the Sehat Tahaffuz (health protection) 1166 helpline centre in Islamabad have been fielding queries about the coronavirus. Originally set up as a polio helpline supported by UNICEF and partners, the facility expanded in scope to address the COVID-19 response and has received 5.4 million calls as of July.

And in **Ukraine**, UNICEF is working with regional and local partners to provide COVID-19-related support to children and families in vulnerable communities, as well as to equip front-line responders in eastern Ukraine with protective supplies and technical guidance.

### **21 August 2020**

This week, the world paid tribute on [World Humanitarian Day](#) to all the humanitarians and aid organizations working tirelessly to help people affected by crises and the global COVID-19 pandemic.

One such organization is the volunteer-based NGO Al Gassim for Humanitarian Aid and Development (AGHAD), which has been [providing daily meals to more than 18,000 people](#) living on the outskirts of Khartoum, Sudan, with the funding it collects only from its own

volunteers and supporters. Run by Khadiga Al Gassim, the organization has also helped more than 3,000 women to become literate and acquire income-generating skills.

Another person working on the front lines is Aziz Rahimi, one of the long-serving staff members of the International Organization for Migration (IOM), who has been working in Hirat, Afghanistan, since 2001. Since the first case of COVID-19 was recorded on 24 February, he has been [dedicated to fighting the spread of the virus](#).

In Afghanistan, Bibi Anisa, 64, has been serving as a nurse for almost 40 years at Jalalabad Regional Hospital in Nangarhar Province. She and 11 other female nurses work in the female surgical ward and have been [putting themselves at risk to help others](#) during the COVID-19 pandemic.

In Zimbabwe, Walter Chikanya, who leads the NGO Zimbabwe Community Health Intervention Research Behavioural Change Programme (ZiCHIRE), is [helping to provide sexual reproductive health programming and creating safe spaces for women](#) by shining a light on the rise in gender-based violence in the provinces of Mashonaland East and Harare since COVID-19 preventive measures were put in place in the country.

And in Uganda, John Jal Dak, a young South Sudanese refugee who founded and leads the NGO Youth Social Advocacy Team (YSAT), is [helping to build the relationship between refugees and host communities](#) as well as giving young people a platform for their voices to be heard.

Read more about real-life humanitarian heroes here: [https://www.worldhumanitarianaday.org/](https://www.worldhumanitarianaday/).

## 14 August 2020

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.

### 7 August 2020

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.



**3 August 2020**

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.

### 10 July 2020

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. Contact 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.