Weekly update around the *Global Humanitarian Response Plan*

10 July 2020

Since the beginning of the COVID-19 pandemic, IOM has continued to work with thousands of migrants who have found themselves in vulnerable situations. Credit: IOM

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
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.