One Size Does Not Fit All:

Mitigating COVID-19 in Humanitarian Settings

COVID-19 has already overwhelmed health systems in high-income countries. As it spreads to fragile and crisis-affected countries, it threatens even greater devastation. There is a small window left to mount a robust response while COVID-19 is still in the early stages of spreading to these settings. COVID-19 is a global threat requiring a global response, but the steps to contain it should be designed locally, particularly in the crisis settings where the International Rescue Committee (IRC) works, to avoid exacerbating humanitarian suffering.

In the face of an unprecedented threat, governments worldwide have understandably followed the models of those countries hit first by COVID-19 to mitigate the impact of the disease. Many have swiftly adopted measures like lockdowns and strict travel restrictions. But a one-size-fits-all model will not work. This is especially true in humanitarian settings, which face a "double emergency" from COVID-19: the direct health impact and its secondary devastation to these states' fragile humanitarian, economic, security and political environments.

In humanitarian contexts, living conditions make social distancing nearly impossible, workers in informal sectors cannot transition to working from home, and governments are unable to provide sufficient relief packages or social safety nets. Sweeping mitigation measures like those undertaken in Italy or the United States will not just be difficult to implement but could cause longer term and more widespread harm than the disease itself. Already, international and domestic restrictions have slowed the transportation of COVID-19 equipment, halted vaccination campaigns, disrupted supply chains of treatment for malnourished children, and prevented medical staff from being deployed in countries with weaker health systems.

To avoid these outcomes, COVID-19 mitigation efforts need to be adapted to local contexts as part of a balanced response that considers all needs. They will also need to include displaced populations and other vulnerable groups – those most likely to face pre-existing barriers to assistance and protection as well as exclusion now from governments' COVID-19 responses and relief programs. Recent, positive adaptations have included Somalia's tax exemptions and reductions on imports of some food items, Zimbabwe's easing of restrictions on agricultural production, and a commitment by members of the Inter-Governmental Authority on Development trade bloc in Africa to develop a regional response plan to COVID-19 that includes refugees, internally displaced persons (IDPs), and other vulnerable groups. These states will require greater political, financial, and technical support from the international community to sustain these policies.

While COVID-19 is a novel virus and much is still unknown, it is clear that its impact in these settings will be different than in the wealthier countries first hit by the pandemic. As such, the solutions to prepare and respond in these contexts must be bespoke. Lessons learned from other disease outbreaks and crises have shown the need to understand local dynamics, listen to affected populations and be willing to adjust the response. Frontline NGOs, like the IRC, can be trusted interlocutors in these communities to share vital information about the disease and implement measures that are sensitive to local contexts and pre-existing needs to mitigate the potentially devastating impacts on health, protection, livelihoods, and food security.

IRC Expertise

IRC's COVID-19 response is grounded in decades of experience responding to complex health emergencies and disease outbreaks, including Ebola in West Africa and the DRC and Cholera in Yemen, and its global technical expertise in health, education, protection and economic wellbeing in humanitarian settings.

IRC's Key Recommendations

1. Donors should ensure immediate COVID-19 response financing reaches frontline responders.
2. Authorities should adapt and limit restrictions on the movement of humanitarian personnel, humanitarian and COVID-19 supplies, essential medicines, and food.
3. Donors, response actors, and host governments should work together to adapt restrictions to local contexts to ensure access to food and other basic goods as well as health, water and sanitation, protection, livelihood, and education services for all populations.
4. Donors, response actors, and host governments should facilitate mechanisms for learning and adapting as COVID-19 persists.
5. Donors and governments should include vulnerable populations (refugees, IDPs, and other vulnerable populations) in immediate and long-term plans to address COVID-19 and its secondary impacts.

Risks to Humanitarian Access

At a time when humanitarian actors need to move faster and drastically scale up responses around the world, they face new barriers – many well-intentioned – to halt the pandemic. Authorities need to adjust COVID-19 restrictions to ensure appropriate humanitarian exemptions and adaptations that enable the delivery of assistance and protection for both COVID-19 and pre-existing needs.

Restrictions on the movement of humanitarian staff and supplies are threatening humanitarian actors' ability to respond at the necessary speed and scale. An estimated 91% of the world's population lives in the 142 countries with new restrictions on the arrival of non-citizens and non-residents, while 68 states have completely closed their borders to foreigners, according to the Pew Research Center. While border controls can help reduce the spread of the disease, the sudden and strict closure of borders is counterproductive if it also disrupts the time-sensitive movement of humanitarian staff and supplies, including those necessary to respond to COVID-19.

Many countries have also imposed new trade and export restrictions; one report found 54 governments had imposed 46 new export restrictions on medical supplies this year. These widespread restrictions are disrupting supply chains, and driving up the cost of transportation of humanitarian supplies and prices of PPE, with a doubling in the cost of gowns and sixfold increase in the price of surgical masks – further stretching limited humanitarian funds.

93% of humanitarians surveyed also reported local or national authorities had imposed measures impacting normal operations, according to a recent ACAPS survey. This could be devastating in places like South Sudan and the Central African Republic where NGOs provide 80% and 75% of health services, respectively.

> **Malnutrition in Afghanistan**
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> Disruptions to supply chains threaten stockpiles of essential medicines, health supplies and equipment, and food, including ready-to-use-therapeutic food (RUTF) to treat children with acute malnutrition. Sporadic border closures have already disrupted aid and food supplies to Afghans, including the transportation of RUTF, threatening care for thousands of children with severe acute malnutrition.

Adapting and fast tracking the easing of restrictions, including the removal of pre-existing bureaucratic requirements on humanitarian actors, will be critical as the pandemic spreads. In a welcome move, the Government of Pakistan lifted some requirements for project approvals for registered NGOs and INGOs in order to allow a faster, more effective response to COVID-19. Adapting to the new reality on the ground will require adjustments, including the re-opening of border crossings for humanitarians and the easing of visa requirements to allow humanitarians to deploy medical experts into countries with less prepared health systems, among other policies. And evacuation must remain possible for sick and wounded in warzones. At the same time, access for humanitarians should not be limited to health and medical workers, given that critical needs resulting from conflict and disaster continue in food security, protection, livelihoods and education.

Across the board, humanitarian access must remain based on need. For NGOs like the IRC, our independence, impartiality and neutrality allow us to play a unique role to reach all populations in need. Barriers to humanitarian work must be adapted and removed now while there is still a small window left to prepare these populations and mitigate harm. Humanitarian organizations are racing to preposition food, medicine, and other critical items while providing advance supplies of cash, food, medicine, and other goods to reduce the frequency of future distributions and get ahead of growing restrictions.

Risks to Community Trust

Community engagement and trust must be at the heart of the COVID-19 response from the beginning, but they are already threatened by the imposition of sudden and broad restrictions on vulnerable populations, insufficient communication, and militarized enforcements.

The experience of the Ebola responses in West Africa and eastern DRC has taught the IRC that an effective outbreak response requires credible sources to provide evidence-based messages and clear guidance. Yet there have already been missteps in COVID-19 responses, with governments sharing mixed messages or inaccurate information, which weakens public trust.

Broad mitigation plans that limit humanitarian access further undermine the sharing of trusted information, creating a high risk of politicization and dangerous rumors, which would undermine COVID-19 response efforts and endanger aid workers and vulnerable populations. COVID-19 has already driven increases in verbal and physical harassment, threats and intimidation of aid workers in a number of countries. When false or limited information flows intersect with militarized enforcement, vulnerable populations – particularly refugees, IDPs, and those without legal status – may be deterred from seeking help. Where armed forces, police, peacekeepers or armed groups are involved in public health response, appropriate distinction between civilian and military action must remain, particularly in fragile and conflict-affected contexts. Those involved must be properly trained and equipped and the human rights of civilians respected and fulfilled.

Humanitarian organizations, like the IRC, know the populations at risk and have spent decades in some of these communities in the midst of complex emergencies, building trust and credibility. In places where authorities are mistrusted, our local staff can help counter misinformation. The IRC prioritizes early and consistent communication with local communities, including displaced populations, to share information about the disease, simple prevention measures and treatment options as well as how to access services for other needs.

Engagement should be understood as listening and acting on what is heard via feedback mechanisms, not just broadcasting information about the response, to ensure missteps in the response are corrected. During the Ebola outbreak in eastern DRC, the failure to listen to community concerns and act on them was a major factor that undermined trust in the response and discouraged people from seeking testing and treatment. Strong community ties can help inform the design of a context-appropriate mitigation and response plan – allowing all response actors to listen, learn and adapt as they go.

Communication strategies – whether web-based platforms or lower tech solutions like radio in areas without Internet access – must also reflect local contexts. For instance, IRC's interactive service mapping and information platform CuentaNos.org already provides trusted information on shelter, health, education, and legal assistance for users in El Salvador and Honduras. The IRC is now adapting the platform to provide crucial information about COVID-19 and what services remain available during this crisis to vulnerable populations.

Risks to Heath beyond COVID-19

COVID-19 will exacerbate pre-existing health needs and drive new ones that must both be addressed to avoid excess mortality and morbidity – or risk threatening fragile gains made in these countries to stem the spread of other diseases and reduce mortality rates.

Particularly in humanitarian contexts, COVID-19 is not the only – or necessarily the most dangerous – health threat facing vulnerable populations. IRC's experience in other outbreak settings has shown that existing health needs can easily become exacerbated during outbreaks, ultimately creating more deaths than the outbreak itself. For instance, nearly three times more people died of measles than Ebola in Eastern DRC from 2018 to 2020, and excess deaths were recorded in nearly every area of health. COVID-19 and restrictions related to it will disrupt existing health services, challenge supply chains, and require large-scale adaptation of health services to reduce the spread of infection.

It is essential that health services continue to be available for needs beyond COVID-19. Populations at elevated risk for COVID-19, like the elderly, those with pre-existing conditions – potentially including malnourished children – should be prioritized as part of a comprehensive response to COVID-19. Even health provision not directly related to infection prevention, like sexual and reproductive healthcare, must continue to safeguard the health of women and girls.

> **Vaccination campaigns halted**
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> Vaccination campaigns are already being suspended or delayed due to movement restrictions or diversion of resources, with immediate delays affecting an estimated 13.5 million people. 117 million children across 37 countries are at risk of missing out on measle vaccines. Restrictions have also driven vaccine shortages in 21 countries and the impact is likely to worsen as border closures, nationwide lockdowns, and other constraints continue. While children have shown less vulnerability to COVID-19, they will face life-threatening secondary impacts from COVID-19, including drops in

A participant in one of IRC's COVID-19 awareness-raising sessions in Afghanistan practices the hand-washing technique he learned.

Credit: I. Ali Ansar/IRC

At the same time, new needs created during a COVID-19 outbreak, such as increased mental health needs, will require an expansion of current programs – not a reduction.

IRC is working to prevent the spread of the disease by shifting to remote programming and adapting in-person programming that cannot be done remotely. Measures include the installation of handwashing stations, telemedicine where feasible, and advance supplies of medicines to minimize the number of in-person visits. Where possible, treatment protocols are being adapted to feature low-touch or no-touch diagnosis and treatments. IRC's nutrition programs, for example, are building on previous learning to adapt treatment for acute malnutrition to be delivered by community health workers, who can coach parents to assess and diagnose their own children, reducing the need to interact with a health provider.

In Jordan, IRC health clinics in the Azraq and Zaatari camps are able to remain open, with adaptations in place, thanks to some humanitarian exemptions to the national lockdown. Meanwhile, dispersed populations in urban settings has necessitated a different approach to minimize travel requirements for populations to reach services. In Cúcuta, Colombia, the IRC has responded by setting up a call center run by doctors and nurses where people can call in to describe their symptoms and get referrals to IRC's clinic or other relevant service providers.

Risks to Women and Children

A comprehensive response demands attention to more than health programming; IRC's experience has shown that protection and education programming is equally lifesaving for women and children amidst an outbreak.

At least 243 million women and girls already experienced sexual or physical violence in the past year. In line with past outbreaks, violence against at-risk groups is likely to rise even higher during COVID-19 outbreaks and

lockdowns, creating the conditions for a "shadow pandemic" of violence against women and children. In some of the countries impacted first by COVID-19, there have already been reports of sharp increases in calls to domestic violence hotlines."

Yet at the same time, COVID-19 restrictions are limiting humanitarian programming that supports women and children, with some program centers closing. IRC has adapted protection programs for these populations by shifting to remote services where possible and new physical distancing protocols. To ensure that appropriate services are made available, women must also be included in decision-making on the local response.

> **Adaptations to support women in Kenya**
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> In response to COVID-19 and restrictions related to it, IRC has increased the frequency of sessions in women's safe spaces in Kakuma and Hagadera refugee camps in Kenya, while decreasing the number of women participating in each session to allow for social distancing. IRC staff have also established free telephone hotlines and introduced phone-based support in order to reach individuals who cannot access support centers due to restrictions on movement or transportation challenges.

COVID-19-related disruptions to education – leaving 90% of students globally out of school – will be more acute in crisis and conflict contexts. Humanitarian settings have long faced an education crisis. Refugee children are five times more likely to be out of school than their peers, and the educational gap will only widen as COVID-19 drives school closures in settings where remote alternatives do not exist at scale. As schools remain closed indefinitely, children in humanitarian settings will be at particular risk of dropping out of school altogether. The consequences are even more dire for out-of-school girls, who face additional risks of exploitation, early marriage, and child labor.

Many of the remote learning options available in wealthier countries are impossible in humanitarian settings, particularly given limited Internet access. Alternatives that can be scaled up include programs delivered via radio and television, or play-based learning activities. For example, IRC is working to shift some educational programming to radio, building on its experiences using radio during the Ebola outbreak in West Africa, conflict-driven school closures in Afghanistan, and other crises.

Risks to Livelihoods

Lockdowns and restrictions on movement will eliminate sources of income for many people in humanitarian settings, threatening a food insecurity crisis, negative coping mechanisms, and displacements.

Lockdown measures related to COVID-19 have already impacted over 80% of the global workforce, but not all workers will be impacted equally. In low-income countries, 50-80% of workers work in the informal economy or are self-employed. These populations are more likely to depend on daily wages and, as such, have limited or no savings to sustain any length of quarantine. Social-distancing measures that prevent people from working will ultimately have a domino effect around the world, as remittances – a critical source of finances in low-income countries – also drop; remittances make up 9.5% of GDP in South Sudan, 12.4% in Yemen, and 20.7% in El Salvador, for instance.

Refugees, IDPs, and women will be particularly affected given the legal and social barriers they already face to decent work opportunities. At the same time, governments in developing countries will be unable to undertake economic packages to support the unemployed, like those seen in wealthier states. Even where a relief program is rolled out, refugees, IDPs and those working in the informal economy are at high risk of being left out as they are unlikely to even appear in government records and unlikely to be able to meet any ID requirements for movement or access to financial services.

> **Risks to displaced Venezuelans**
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> Displaced Venezuelans have been excluded from many host governments' financial packages, including Colombia – the host of 1.8 million Venezuelans. As restrictions on movement drive the collapse of the informal sector, Venezuelans have been left without any income and thousands have returned to Venezuela. Unaddressed, more of the 4.3 million Venezuelans across the region may have no option but to return to a country already facing economic, political, and humanitarian crises. The IRC supports populations on both sides of the border, with support to partners in Venezuela and programming in Colombia, including distributions of cash in larger lump sums and bank cards to those in Colombia.

Restrictions to enforce social distancing may also instead have the unintended effect of driving even more displacement. As migrants and displaced populations lose their livelihoods, they may be forced to move again, sparking large-scale, untracked movements in the midst of a pandemic.

In response, cash, vouchers, and in-kind assistance programs need to be implemented immediately to enable people to purchase basic goods and prevent them from resorting to negative coping strategies and risks, including the exploitation of women and girls, child marriage, and child labor. Financial support needs to be delivered immediately and collapsed into larger lump sums before more markets shut down. NGOs like the IRC are already adopting digital solutions including mobile money and prepaid ATM cards. At the same time, humanitarian actors will be challenged to meet these needs without the inclusion of vulnerable groups in every aspect of governments' responses, from health services to financial relief programs, and support packages from international financial institutions like the World Bank.

> **IRC's livelihoods innovations to support the COVID-19 response**
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> IRC has long conducted home-based cash-for-work projects, which enable women's participation despite barriers to work opportunities. IRC is now working to design cash-for-work projects to produce items related to the COVID-19 response, such as cloth reusable face masks or home-made soap, and is identifying other projects. These projects provide a source of temporary income for vulnerable populations and contribute to local communities' COVID-19 preparedness.

Risks to Food Insecurity

Losses in livelihoods, combined with restrictions on the supply and transportation of humanitarian aid and food, threaten a global food insecurity crisis which will disproportionately affect already vulnerable populations.

Before the pandemic, over 820 million people already faced hunger and food insecurity. COVID-19 is now projected to double the number of people facing acute food insecurity by the end of the year and could even drive famines in three dozen countries, if the worst-case scenarios come to pass. Border closures, restricted air travel, and export restrictions related to COVID-19 are now disrupting and delaying food supply chains, threatening a global food insecurity crisis. 11 countries have already imposed new restrictions on food exports to protect their domestic food supplies. Similar export restrictions during the 2007-2008 economic crisis led to an increase in rice and wheat prices to increase by 45% and 30%, respectively. Major price increases have already been seen over the past month. Many people in low-income countries already spend up to 50% of their income on food and will be priced out of basic goods as prices skyrocket and they simultaneously face losses in income.

Access to food is further restricted by domestic lockdowns, which in at least 33 African countries have prevented farmers from transporting food to markets or threatened food distributions. Long-term restrictions on movement could force farmers to abandon farms, sell off livestock to cope with lost income, or take other measures that undermine their long-term self-sufficiency and increase their dependency on aid. New movement restrictions will also disrupt efforts to contain locusts across the Horn of Africa, allowing a massive threat to food security to emerge.

To combat these effects, authorities should engage local communities to find ways to allow small markets and vendors to remain open, promoting livelihoods and access to basic goods, while introducing staggered hours, social distancing, handwashing stations and other measures to limit spread of COVID-19. Investments in agricultural production are also needed now to mitigate further long-term food insecurity. For instance, IRC's response includes support for fast-germinating seeds, staple and highly nutritious food crops for at-home food production and farming.

> **Agriculture in Uganda**
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> Uganda instituted movement restrictions and lockdowns, but the government also created a structure for humanitarian actors like the IRC to negotiate waivers for COVID-related and other life-saving activities. In one example, the government recognized that bans on transport would put agricultural activities and food security at risk and created programs to distribute food to vulnerable individuals and created new movement waivers to support agricultural activities.

◤ IRC Recommendations

1. **Donors should ensure immediate COVID-19 response financing reaches frontline responders**. Frontline NGOs, like the IRC, are uniquely positioned to support communities in the design and implementation of context-sensitive mitigation measures and are already positioned to scale up COVID-19 responses to serve the most vulnerable; those most likely to fall through the cracks of state responses.

   - **Direct at least 30% of immediate financing in the UN's Global Humanitarian Response Plan (GHRP) for COVID-19 to frontline responders**.
   - **Donors must direct resources directly to frontline NGOs** in addition to supporting the GHRP.

2. **Authorities should adapt and limit restrictions on the movement of humanitarian personnel, humanitarian and COVID-19 supplies, essential medicines, and food.**

   - **Ensure humanitarian exceptions for all restrictions related to COVID-19**, including all international and domestic travel and movement restrictions, to ensure the flow of life-saving humanitarian goods and personnel can continue uninterrupted and reach those in need. Humanitarian workers should be treated as essential personnel in every setting and by every level of government.
   - **Eliminate restrictions on the export of food, medicine and COVID-19 supplies**, including personal protective equipment, tests, masks, and ventilators.
   - **Respect international law and humanitarian principles.** Humanitarian access must be based on need, impartial and free of political or military interference.

3. **Donors, response actors, and host governments should work together to adapt restrictions to local contexts to ensure access to food and other basic goods as well as health, water and sanitation, protection, livelihood, and education services for all populations.**

   - **Ensure community engagement plans are in place**, clear roles defined and allocated, and funding is in place for actors contributing to community engagement.
   - **Avoid militarized responses** that that are likely to increase community mistrust and deter populations from seeking COVID-19 or other humanitarian services.
   - **Prioritize adaption and continuation of essential health services** to reduce preventable deaths from other causes, protect health workers, and safeguard the health of vulnerable populations.
   - **Scale up access to clean water and sanitation services** to reduce the spread of COVID-19.
   - **Support emergency humanitarian cash, voucher and in-kind assistance** to mitigate the negative impact of lost livelihoods and ensure people can meet basic and food security needs.
   - **Prioritize education and responses to violence against women and children** in response plans.

4. **Donors, response actors, and host governments should facilitate mechanisms for learning and adapting as COVID-19 persists.**

   - **Set up monitoring mechanisms** now to track adverse effects, including indirect and excess mortality, in order to adapt the response.
   - **Create community feedback mechanisms** as a key disease surveillance mechanism to ensure responses adapt to local concerns and to promote accountability of the response. These should specifically focus on ensuring that the voices of marginalized populations are included.

5. **Donors and governments should include vulnerable populations (refugees, IDPs, and other vulnerable populations) in immediate and long-term plans to address COVID-19 and its secondary impacts.**

   - **Include these vulnerable populations** in **national COVID-19 preparedness and response plans** to address immediate response needs and longer-term health security and system strengthening.
   - **Expand national social safety nets programs to refugees.** The World Bank and other donors should support recipient countries and humanitarian partners to include displaced populations in national cash transfer programs.

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Cover photo: IRC staff help to unload medicine
at a warehouse in Libya.
Credit: A. Ohanesian/IRC

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