



DELIVERING THE COVID-19 RESPONSE TO THE LAST MILE: RECOMMENDATIONS FOR THE U.S. GOVERNMENT

EXECUTIVE SUMMARY

The COVID-19 pandemic has overwhelmed health, educational, and economic systems around the world. The pandemic is driving a 'double emergency' in which vulnerable populations are experiencing not only the direct health impacts of the virus, but also its devastation to fragile humanitarian, economic, security, and political environments. The economic downturn associated with COVID-19 lockdowns will drive the number of hungry and malnourished people up by 35 million in 2021. Additionally, in crisis-affected contexts, state structures are often unable or unwilling to provide essential services to and meet the needs of displaced populations. This extends to vaccine access: 61% of national vaccination plans do not include refugees. Populations in these settings therefore rely on frontline NGOs to fill critical gaps; in some crisis contexts NGOs provide up to 80% of health services. Although frontline humanitarian NGOs are best placed to quickly scale up efforts in times of crisis, only 20% of the COVID-19 humanitarian appeal went directly to international, local and community-based NGOs. With COVID-19 cases rising in several fragile and displacement contexts, it is imperative that investments for the pandemic response meet needs and stem further spread of the virus.

The Biden-Harris Administration has taken important and crucial steps to provide relief to the most vulnerable populations abroad, such as through the American Rescue Plan's supplemental funding for the international response; contributions to Gavi, the Vaccine Alliance; and commitments to provide 500 million vaccine doses and donate another 80 million excess doses to low- and middle-income countries. But vaccine donations alone are insufficient; they must be complemented by clear plans for and investments in the efficient and rapid delivery of doses, with careful attention to areas not reached by national governments.

To address both the direct and indirect impacts of the COVID-19 pandemic on fragile, conflict and displacement settings, the IRC recommends the Biden-Harris Administration take three actions:

- 1) *Provide more funding quickly and directly to front-line responders, including international, national, and community-based NGOs to provide social services and support with vaccine delivery. Direct American Rescue Plan funds for 'urgent needs' to crisis and displacement contexts.*
- 2) *Work with multilateral partners and support host governments to include displaced and crisis-affected populations in national COVID-19 responses, including vaccine access and administration.*
- 3) *Fund the scale-up of innovative, evidence-based approaches in education, nutrition, cash, and gender equality that can achieve greater reach and impact in fragile and refugee contexts.*

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INTRODUCTION

Humanitarian settings face a ‘double emergency’ from COVID-19: the direct health impacts and the indirect devastation to these states’ fragile humanitarian, economic, security, and political environments. In most humanitarian settings, 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 to mitigate some of the worst effects of the pandemic. International and domestic restrictions have slowed the transportation of medical equipment, halted vaccination campaigns, disrupted treatment supply chains for malnourished children, and prevented the deployment of medical staff in countries with already strained health systems.

The pandemic has illuminated and, in some cases, exacerbated challenges that already existed in the aid system. The international humanitarian system is decades out of date with trends in humanitarian crises and more overstretched than any other time in recent history. Although total official development assistance (ODA) in 2020 increased by 3.5% compared to 2019, humanitarian response plans remained on average 50% underfunded, with a shortfall of nearly \$19.5 billion. Humanitarian needs are vastly outpacing this funding. The number of people globally in need of humanitarian assistance increased by 40% between 2020 and 2021, to 235.4 million, reversing decades of hard-won progress to reduce poverty, gender inequality, hunger, disease, and mortality rates.

At the same time, funding for the global response to the pandemic has not been distributed efficiently or effectively. Even though frontline NGOs are often best placed to quickly scale up response efforts in crisis contexts, only 20% of the COVID-19 humanitarian appeal went directly to NGOs. Additionally, although donors have worked to purchase and share vaccines with low-income countries, there has been little investment in strengthening vaccine supply chains, creating significant barriers to distributing vaccines--especially those that require cold and ultra-cold chain--in fragile contexts.

The global response to the COVID-19 pandemic will continue to require global coordination at an unprecedented scale to alleviate the short- and long-term effects of the virus. The IRC applauds the Biden-Harris Administration for prioritizing investments to combat the devastation of the COVID-19 pandemic abroad through the American Rescue Plan; support to Gavi, the Vaccine Alliance; the donation of more than 500 million vaccine doses; and a commitment to donate another 80 million doses to low- and middle-income countries. But the Administration still needs to swiftly take additional steps to deliver a holistic and robust international response that meets the needs of the most marginalized.

INVEST IN FRONTLINE NGO RESPONDERS TO MEET URGENT NEEDS IN FRAGILE CONTEXTS

The COVID-19 pandemic and the mitigation efforts taken to control it have devastated the healthcare, economic, and social systems in fragile- and conflict-affected settings. Frontline humanitarians are uniquely situated to provide context-informed mitigation measures due to their experience coordinating in complex emergencies and relationships to local actors. They bring the speed and skills needed to identify and respond to first- and second-order effects of the pandemic. In some contexts, where the government either cannot reach or does not want to reach, they are already delivering 80% of health services. In addition, frontline NGOs have built trust with communities over years of delivering services--critical when responding to a complex crisis like a pandemic. For example, during the 2019 Ebola outbreak in the DRC, local communities trusted NGOs to provide accurate medical information and provide critical health services. Furthermore, frontline NGOs bring a strong understanding of pre-existing vulnerabilities and needs, context sensitivity, and an understanding of how a pandemic can interact with secondary impacts, such as increases in gender-based violence, food insecurity, and loss of livelihoods.

However, not enough funding is going directly to frontline responders that can reach vulnerable populations likely to be left out of national responses and that have the best understanding of needs and context-specific solutions. In recent years, almost two-thirds of humanitarian assistance has gone to UN agencies. 80% of funding for the COVID-19 appeal went to the UN, even though funding can take up to 8 months to reach frontline actors. This means that only 20% of funding for the appeal went directly to frontline NGOs with the expertise to support communities in the design and implementation of context-sensitive mitigation measures and scale-up COVID-19 responses. At the same time, funding for the global response, including assistance flowing through UN agencies to NGOs, has been too opaque and rigid. This has meant little accountability for bilateral funding to UN agencies, and significant constraints on implementers that needed to quickly pivot responses to address new needs due to COVID-19.

A CONSORTIUM APPROACH TO DELIVERING ‘LAST MILE’ RESPONSE

A consortium of leading humanitarian NGOs could offer the speed, scale, technical expertise, local partnerships, and accountability required to meet COVID-19-induced needs, including health, cash, and protection programs, in fragile and crisis contexts. A consortium model could provide management efficiency and rigorous oversight, while improving responsiveness, cost-effectiveness, and impact.

While procurement of the COVID-19 vaccine is crucial to ending the pandemic, the international community has failed to devote enough resources to support vaccine delivery to low-income countries and crisis contexts. As of June 2021, only 88 million of the initial target of 300 million vaccines have been shipped to participants in the COVAX facility. Underinvestment in technical support for governments to plan distribution and generate demand for the vaccine will prolong the pandemic in these contexts and increase the likelihood of more transmissible or vaccine-resistant variants spreading. Frontline responders have the technical expertise to help train health workers and to strengthen cold chain supply as well as the relationships needed to build trust and address local concerns driving vaccine hesitancy.

The Biden-Harris Administration should:

- > Provide more funding quickly and directly to frontline responders, including international, national, and community-based NGOs that are already positioned to scale-up programs that reach the most vulnerable and marginalized. Consider funding a consortium of NGOs with complementary technical expertise and reach, and strong partnerships with local organizations.
- > Direct American Rescue Plan funds, especially those for ‘urgent needs’, to crisis and displacement contexts.
- > Ensure flexibility in all funding to frontline responders such that humanitarian actors can assess risks and adapt responses as needs change.
- > Strengthen investments in “last-mile” vaccine delivery infrastructure.

SUPPORT INCLUSIVE COVID-19 RESPONSES IN FRAGILE SETTINGS

Governments in fragile settings have been ill-equipped to handle COVID-19 outbreaks alone and/or unwilling to address the needs of marginalized populations. Of the ten nations that host the most refugees, only four had measures in place to mitigate the economic fallout from the virus. Even before COVID-19, these states faced fragile state capacity and existing humanitarian crises. As a result, there was little in the way of national relief packages or social safety nets for marginalized populations. Lost income in these places has meant the most vulnerable have gone without food or reverted to coping measures to survive. The pandemic has exacerbated existing inequalities for those at the margins, particularly displaced populations, migrants, and women, who already faced restrictions on movement and on their access to safe, legal work and social services.

Displaced and other vulnerable populations have been left out of national COVID-19 responses. Analysis prior to COVID-19 found that of countries with UNHCR operations, only 10% included refugees in national or local development plans and just 50% included refugees in national health care systems. In many contexts, refugees rely on humanitarian cash transfers, which run parallel to national social protection schemes, to support their livelihoods. This has translated to an exclusion of these populations in national health and economic responses to COVID-19. According to the WHO, 61% of national vaccination plans do not include refugees and asylum seekers. And even in cases where they are included and vaccines are available, national administration plans prioritize national populations or there are other barriers, such as the need for identification documents or a lack of trusted information about the vaccines, that prevent refugees from getting vaccinated.

Including displaced populations in national COVID-19 response and vaccine plans is not only critical for ensuring equitable access to health for all, regardless of documentation or status, but also for global and national health security. There are tangible protection risks associated with the exclusion of refugees from these plans. There are health consequences, such as the possibility of more variants spreading. There are economic impacts, such as collapsed local markets when people cannot safely and freely move and go to work. And there are social repercussions, such as children unable to safely attend school.

Beyond pandemic response, policies that enable the integration of refugees into national systems and labor markets are paramount to a sustainable response to mass inflows of refugees. Today's displacement crises last, on average, a decade or longer, meaning refugees require integration into their communities, including long-term access to health care, education, and decent work. As seen in places like Jordan and Colombia, significant investment in implementing inclusive policies is needed.

The Biden-Harris Administration, in collaboration with multilateral partners, other donors and refugee-hosting governments, should:

- > Support the inclusion of refugees and crisis-affected populations in national COVID-19 responses that address health and socioeconomic needs.
- > Create an accountability mechanism to ensure countries benefiting from COVAX include refugees and displaced populations in their vaccine rollout plans and deliver vaccines equitably.
- > Invest in and incentivize the implementation of policies that enable refugees to be integrated into national development plans, national social services and formal labor markets.

JORDAN: A MODEL FOR VACCINATING REFUGEES

In Jordan, the government included refugees in the country's vaccination plan from the start. IRC health workers in Za'atari refugee camp were trained by the Ministry of Health to administer the vaccine. In partnership with the Government, UNHCR and Save the Children, IRC is administering 400 doses per day in the camp. To date, more than 10,000 of the 800,000 Syrian refugees in the camp have been vaccinated.

RIGHT: A Syrian refugee receives his second vaccine dose at IRC's clinic in Za'atari



SCALE-UP INNOVATIONS TO EXPAND REACH AND DRIVE IMPACT

COVID-19 impacts extend beyond health and mortality. The pandemic has also affected the financial stability, nutrition, educational outcomes, and gender equity among the world's most vulnerable. Economic livelihoods were devastated as a result of lockdown measures, which disproportionately affected daily wage earners, especially women, in low-income and fragile contexts. The IRC estimates that the economic downturn related to COVID-19 lockdowns will drive the number of hungry and malnourished people up by 35 million in 2021. In Uganda alone, UNHCR and the World Bank found refugees are facing much higher food insecurity (64%) compared to the host community (9%). Moreover, 20 million girls will likely not return to school in 2021, setting back progress on education parity by decades. And UNFPA estimated that 15 million additional cases of gender-based violence (GBV) will occur for every three months of lockdown.

In fragile settings, the indirect effects have often eclipsed the immediate health impacts of the pandemic. The disruption of every part of life has been disproportionately felt in fragile contexts and the needs significantly outpace the provision of aid. The assistance provided has focused more narrowly on combating the disease at the expense of overall humanitarian needs that intersect with health. There are four areas where urgent investments to scale innovative, evidence-based solutions are sorely needed:

Malnutrition. Shifting to a simplified protocol for the testing and treatment of acute malnutrition, with the help of community health workers, could double malnutrition coverage from 25% of children in need to 50% and sustain treatment of acute malnutrition.

Early childhood development and education. Novel programs like the IRC's Ahlan Simsim program with Sesame Workshop and IRC's PlayMatters initiative with the LEGO Foundation offer context-specific ways to bring early childhood development and education to children and caregivers in remote learning environments and can help close the learning gap for children who are out of school.

Cash. Humanitarian cash transfers are a proven and effective way to not only support food security and basic needs, but also improve local economies. IRC has shown that for every \$1 spent on cash assistance, another \$2 can be generated for the local economy. Digital financial services, such as mobile money and banking can also help people save, transfer and receive money.

GBV. Industry-standard GBV programming and risk mitigation efforts, including common-sense measures such as adequate lighting and locks on latrines, and basic safeguarding measures are critical to the safety of women and girls. GBV services such as Safe Spaces and Dignity Kits can be adapted to comply with social distancing measures.

The Biden-Harris Administration should:

- > Fund innovative, evidence-based approaches in education, nutrition, cash, and gender equality that can achieve reach, scale and greater impact in fragile and refugee contexts.
- > Invest in and support WFP and UNICEF to expand a simplified approach for diagnosing and treating acute malnutrition through community health workers.
- > Tailor nonformal early childhood and education programs to different remote learning environments and access to digital tools.
- > Adopt a cash first approach and leverage existing capacity and expertise of humanitarian organizations to deliver humanitarian cash transfers, such as through the Collaborative Cash Delivery network.
- > Adapt GBV prevention programs and fund local women-led organizations to safely deliver essential services.