CARE COVID-19 ADVOCACY POSITION PAPER

Ensuring a Covid-19 local-led and gendered response that meets the needs of all people, including those most left behind

Context

CARE recognises the efforts of governments and the United Nations (UN) system to minimise the human, health and socio-economic consequences of the unprecedented COVID-19 pandemic that is impacting individuals, communities and governments across the globe. However, the world is ill-prepared to face such a pandemic, particularly in countries with large numbers of poor and marginalized people already challenged to access basic health and other social services. COVID-19 is already amplifying inequalities and existing injustices. Women and girls are at high risk, along with the elderly, disabled people, those in poor health or malnourished, and groups such as LGBTQI+ [1] people, especially when they live in perpetually fragile contexts already affected by complex emergencies,[2] with dilapidated health systems and no social protection.

On 25th March, the UN launched the COVID-19 Global Humanitarian Response Plan (GHRP), calling on States to increase global assistance to respond to the direct public health and indirect immediate humanitarian consequences of the pandemic, particularly on people in countries already facing other crises. The response plan aggregates appeals from UN agencies and Non Governmental Organizations (NGOs) and calls for an initial US$2.01 billion in funding to meet needs from April to December 2020.

As the UN Secretary-General has noted, this is a 'drop in the ocean'. It is already clear that this is not only insufficient to resource the immediate response to COVID in existing complex emergencies, but a lot more will be needed to recover from the long-term socio-economic shocks of COVID-19 globally.

More than ever before, the humanitarian and development community, donors and governments have a responsibility to adequately fund the COVID-19 response and in so doing, to apply the lessons learned from past efforts to enhance the effectiveness and efficiency of the humanitarian aid system. Critical lessons from previous public health emergencies such as cholera and Ebola must also inform our response to COVID-19, along with the need to implement the commitment to action on "new way of working" and nexus approaches;

- to have more flexible and adaptable funding and grants management mechanisms,
- to have more gendered, rights-based and localized responses that put women and girls at the centre, and,
- to ensure principled humanitarian access to all people in need.

Building primarily on commitments already made by the humanitarian community, this paper consolidates CARE's initial analysis on immediate actions to be taken by governments, donors, UN agencies and the humanitarian and development community at large to rapidly scale up the humanitarian response while positioning governments and communities to 'recover better' with more inclusive and sustainable models of development.

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[1] Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, + (including Asexual, etc)

[2] CARE works in 13 of the 14 COVID-19 'very high risk' countries, as identified by the INFORM risk management data set. These vulnerable countries face 3 times the risk of COVID-19 exposure, yet they are 6 times less likely to have access to healthcare. This puts the following countries amongst the least prepared to cope with the added stress of a pandemic like COVID-19: Afghanistan, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Iraq, Niger, Nigeria, Somalia, South Sudan, Sudan, Syria, Uganda and Yemen.

Ensure continued access to people in need in line with humanitarian principles

Unimpeded access to people in need has been a growing challenge for humanitarian actors in recent years. We are increasingly confronted with more complex bureaucratic and administrative processes (e.g. new rules to register as NGOs, to obtain visas and work permits to import life-saving supplies, to conduct basic needs assessments and monitoring activities, receive travel permits etc.). The impact of counter-terrorism legislation and sanctions regimes further constrain humanitarian action, on top of an already shrinking civil society space across the globe, jeopardizing the humanitarian principles of humanity, neutrality and impartiality. In conflict settings, these factors are further compounded by the insecurity of our staff and those we reach.

The COVID-19 measures taken by governments to contain the spread of the virus are causing additional and unprecedented access issues. With airports and borders closing, shut-downs, lock downs, confinement measures and other movement restrictions, we are unable to move freely to prepare response to COVID-19, and we are deeply concerned at the increasing impact on our inability to continue to deliver critical lifesaving interventions such as food and cash distributions, water, sanitation and hygiene, shelter, Gender Based Violence and protection activities to millions of already highly vulnerable communities in existing emergencies. Whether in Syria, Yemen, DRC, South Sudan, Nigeria, Colombia, Venezuela, Afghanistan, Myanmar, Bangladesh, etc, absolutely critical lifesaving assistance is being disrupted and at risk of coming to a halt.

At the same time, CARE is deeply mindful of our responsibility to Do No Harm and ensure our operations and personnel are not contributing to the spread of the virus. We are taking all possible preventative measures, but we are increasingly concerned that failure to meet the basic needs of vulnerable communities, including refugees, migrants and internally displaced populations, will lead to loss of lives and undermine measures to contain the spread of COVID-19 at over-crowded camps or within deprived populations who are desperate for food and water and unable to respect movement restrictions and other containment measures in order to feed themselves and their families.

Therefore, CARE is calling on governments to:

- Urgently allow and facilitate continuation of lifesaving interventions to existing crisis and rapid COVID-19 response scale-up, including:
    o Create international and domestic humanitarian corridors to ensure humanitarian goods and personnel that are part of the COVID-19 response can reach people in need. This includes organizing humanitarian flights and overland and over-water humanitarian corridors, establishing supply & distribution chains for emergency supplies (food and non-food items and COVID-19 related supplies such as testing kits, Personal Protection Equipment kits etc.).
    o Consider humanitarian personnel as essential personnel and give them the necessary support to travel and access people in need.
    o Establish light, fast track administrative procedures for humanitarian organisations to benefit from the above measures and quickly access all necessary visas, work and travel permits, import licences and ensure these measures are communicated. We recommend governments consider putting "one stop shop" measures in place to ensure real-time processing of requests.

- We fully support the call of the UN Secretary-General for an immediate global ceasefire, without which a COVID-19 response in conflict-affected communities will be delayed and challenging.

- Importantly, CARE calls for balanced measures between containing the spread of the virus and respecting the rights of all citizens, particularly the rights of displaced people especially asylum seekers, migrants

and refugee populations. We urge governments to refrain from refoulement measures[3] and to maintain compliance with international legal obligations, including the right to seek asylum. CARE praises governments that continue to allow asylum seekers to cross borders and urge them to ensure that quarantine and other containment measures they may take account for the needs of different vulnerable groups.

Accelerate implementation of the "New Way of Working[4]"

The New Way of Working and the Humanitarian-Development-Peace Triple Nexus generated during the 2016 World Humanitarian Summit should inform donor's and governments' COVID-19 funding strategies. While additional resources are urgently needed to rapidly scale up preparedness and response efforts to COVID-19, simultaneous investments in existing humanitarian and refugee response plans and in critical development and social sectors are required to avoid systems and economies from collapsing. Measures to sustain peace and ensure a rights-based approach to the COVID-19 response will be critical, particularly in fragile contexts with protracted crises where there is a very real risk that that some containment measures may trigger violence or fuel underlying tensions in stressed communities.

A strong commitment to maintain and scale up existing humanitarian operations is a critical element of the COVID-19 response to ensure that the most vulnerable do not become even more susceptible to the effects of the pandemic. At the same time, given the far-reaching impact of the crisis, support for critical social and economic development sectors that prioritise the furthest behind in developing countries and fragile contexts should be maintained, albeit with the necessary adaptations to avoid a further health, food and economic crisis on the heels of COVID-19. At a minimum, governments should:

- Ensure universal treatment for COVID-19 for all, regardless of nationality, status (refugee, displaced or economic status);
- Grant free access to health care for the poorest and most marginalised women and girls, with emphasis on provision of sexual and reproductive health services and gender-based violence prevention and response services.
- Sustained support to sectors contributing to food and nutrition security and the economy, particularly agriculture, the small scale and informal economic sector on which millions of women rely for survival, and ongoing support to access financial services through formal financial service providers and non-formal community-based models, given the vital importance of accessing money for day to day needs and to quickly restart economic activities.
- Ensure transparency and openly share information to all people and actors, including Civil Society Organizations, on the virus, its spread and impacts on all sectors and groups of society, measures taken and resources allocated to tackle COVID-19;

Consequently, governments, donors and UN agencies should immediately consider applying the following ways of working[5]:

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[3] Refoulement is the forcible return of refugees or asylum seekers to a country where they are liable to be subjected to persecution.

[4] The New Way of Working is a "Commitment to Action" signed by UNICEF, UNHCR, WHO, OCHA, WFP, FAO, UNFPA and UNDP, with the endorsement of the World Bank and IOM, at the 2016 World Humanitarian Summit in which they agreed on a "New Way of Working" in crises. Its aim is not only to meet humanitarian needs, but also to reduce needs, risks and vulnerability over time. Additionally, in 2016, through the Stockholm Declaration, members of the International Dialogue on Statebuilding and Peacebuilding, including NGOs, OECD INCAF member states and the United Nations also committed to "advancing the Agenda for Humanity, as a way to transcend the divide between humanitarian and development actors to achieve collective outcomes supporting the implementation of the 2030 Agenda in fragile and conflict affected contexts."

[5] Drawn and adapted from New York World Humanitarian Summit of 2016 recommendations.

- Urgently identify and implement opportunities to integrate key activities on COVID-19 preparedness, prevention, response and mitigation into existing Humanitarian Response Plans (HRPs), Refugee Response Plans (RRP) and other programs.
- Embed the COVID-19 response in existing HRP & RRP coordination mechanisms and strengthen coordination between Humanitarian Country Teams (HCTs) and UN Country Teams (UNCTs) and between humanitarian and long-term development donors to maximize the complementarity and synergies between humanitarian and development responses and plans.
- Support COVID-19 joint analysis by humanitarian and development actors and share information, analysis and human resources to arrive at a common understanding of the situation and of immediate, mid and longer-term needs and strategies, with more accurate funding needs.
- Promote joined-up programming so that COVID-19 specific response and other humanitarian and development actions are more complementary and can achieve collective outcomes, avoid gaps in programming, and minimise duplication.
- UN agencies to align planning cycles; after years of discussing the need for multi-year HRPs, COVID-19 is the time to make it happen. This would enhance the coherence between Humanitarian Response Plans and Sustainable Development Cooperation Frameworks processes and offer a more sustainable, gender-responsive solution for affected communities.

Significantly adapt funding mechanisms will support these different ways of working.

Increase funding to NGOs and adapt funding mechanisms to maximize flexible COVID-19 responses

CARE urgently asks donors, in line with Grand Bargain and Good Humanitarian Donorship commitments to make funding and grants management for COVID-19 as flexible as possible to allow for rapid adjustments to the response as the virus evolves and its impacts are better understood. In this context, flexibility should take various forms.

First, flexibility means diverse channels to fund the response. The COVID-19 GHRP targets nine UN agencies and complements the appeals of the International Red Cross and Red Crescent Movement. The GHRP also includes an initial $100 million for NGOs (only 5% of the total GHRP), which does not reflect the full needs of NGOs and will need to be significantly augmented in upcoming GHRP revisions. For example, in Syria, NGOs implement 100% of the response in the North East after the loss of UN Security Council authorization of cross border operations. While NGOs will be able to access funding mobilized through the GHRP and related UN country or regional plans, it is critical to ensure NGOs can also access funds through direct donor funding to quickly expand operational capacity while UN mechanisms and processes (e.g. country pooled funds, Central Emergency Response Funds -CERF etc) are being worked out.

Whether through the GHRP or directly to NGOs, flexibility and adaptability of funding will be key. More than with any previous responses, the core capabilities of organizations are being stretched by the pandemic due to the various access issues we are facing (see below), and also due to the impact of the virus on our staff. Many of our staff are women, especially healthcare and other frontline responders, who have taken on additional carer responsibilities in their homes and communities and sometimes fall ill with COVID-19. In this context, the normal restricted project grant process will create too many administrative burdens and feedback loops for the kind of adaptability COVID-19 response requires to rapidly scale up and deliver under extremely challenging circumstances.

Consequently, to support the quick and easy reorienting and granting of funds, CARE is urging donors and UN agencies to enforce simplified procedures for:
- Due diligence and various risk management processes, (such as organizational capacity assessments, due diligence assessments, audits, etc), including where possible remote procedures and,

- approvals of new COVID-19 related proposals and modifications of existing grants which may involve redesigning based on new realities, adjusting targets, approving No Cost Extensions with postponed deadlines for reporting and other obligations.

In addition to simplified processes, flexibility should also materialize by

- integrating crisis modifier modalities in grant agreements;
- applying higher than usual financial flexibility across budget categories and increasing discretionary thresholds,
- fast-tracking fund disbursement to ensure sufficient cash liquidity,
- not requesting match or co-share in response to COVID-19,
- waiving requirements that may slow down or even freeze the response (e.g. related to geographic origin for procurement),
- fully covering the costs of doing business and being prepared to increase Indirect Cost Recovery rates of NGOs. NGOs must quickly scale up in new locations, scale down in others, impacting on our ability to share operating costs across a stable portfolio.

In addition, the complex operating environment will lead to an increase of certain costs (such as security, transport, etc) while prices are expected to rise. Flexibility should therefore also translate into approving operating costs of partially or fully suspended grants (staff salaries and all essential costs necessary to resume activities quickly when circumstances will allow) to be charged to grants.

The adaptation of funding modalities also involves implementing earlier commitments on harmonization. In line with the "less paper more aid" slogan, CARE calls for UN agencies and donors to harmonize formats and tools (e.g. standardised proposal and reporting formats) as much as possible. Harmonization also implies better coordination and sharing of information requests such as accepting assessments (e.g. sharing due diligence and organizational capacity assessments, Sexual Exploitation and Abuse (SEA) assessments etc) conducted by/for another agency or donor.

Finally, flexibility should not compromise accountability. CARE commits to transparently report on how funds are reprogrammed and on what flexible funding allowed us and our partners to achieve. Concurrently, donors and UN agencies should recognize limitations imposed by access issues and support adjustments of data and other accountability requirements accordingly.

NGOs are likely to see their unrestricted private (individual or corporate) donations impacted by the crisis. Therefore the above recommended measures should apply to all NGOs, whether international or local, and to all funding mechanisms for COVID-19, whether directly to NGOs or through UN agencies. They are particularly important to support the involvement of more local NGOs in the response who often face even greater challenges to deliver and even stay afloat due to the bureaucracy of the aid granting and funding management processes.

Support to a women led, localized response to COVID-19

We know from getting aid quickly to fast-moving crises that the best way to help those most at-risk is to channel funds to INGOs and local actors at all levels, from national to local. CARE therefore calls for alignment of the COVID-19 response with Grand Bargain commitments on localisation, targeting local NGO actors as well as national and local governments when functional. Given the scale of this pandemic, it is critical that a "whole of society" approach is adopted from the outset to bring together all relevant local actors including private sector actors, research institutions, academics, human and women's rights NGOs, faith-based groups, mutual aid groups,

community volunteers and community-based-organizations, including those working with displaced and/or refugee populations.

Supporting local leadership from the start, particularly women leadership, through prioritizing support to local women led organisations (WLOs), women's rights organisations (WROs) and gender equality committed local organizations (e.g. Men Engaged Alliances), is key to reach the most affected, in situations where access is especially difficult. Proximity and trust from affected communities in first line responders, including informal social networks often created by women, will be paramount to saving lives in this crisis and to reach the most marginalized communities. The fact that women make up 75 percent of the health workforce worldwide, shows that they have the expertise and experience to hold leadership positions in the COVID-19 response. Given the growing mistrust in western foreigners and even returned diaspora perceived as having brought the virus to developing countries, investing in local NGOs' capacity to respond will be more vital than ever before.

CARE's recent policy brief on the gendered impacts of COVID-19 outbreaks in development and humanitarian settings[6] found that women who are at the frontlines of the crisis in homes, communities, hospitals and health care facilities, camps and crowded living spaces are often excluded from community-level decision-making processes, and governance structures that shape the response. A women led response also requires ensuring that women have a seat at the decision-making tables and are supported to articulate their issues in relevant coordination and decision-making platforms at all levels (e.g. HCT, clusters, working groups). CARE therefore calls UN agencies and governments to ensure COVID-19 and associated coordination and planning platforms are gender balanced and make deliberate efforts to create conditions conducive to women confidently and safely speaking out and contributing their views and expertise.

At the same time, localisation efforts should not equate to transferring risks to local organizations. Localization and meaningful inclusion means recognising, supporting and enabling community leadership. It does not mean creating unwanted, unpaid or underpaid work for local organisations, or requiring them to put the safety and security of their staff at undue risk. Many INGOs are already working closely with local actors, sharing experience and expertise and are fully equipped to play this capacity-exchange role. Consequently, CARE calls for significant support, accompaniment, training and capacity sharing with local actors, with priority to LWLOs, LWROs and gender equality committed organizations, to ensure they can ably and safely take on greater leadership roles in an effective COVID-19 response and beyond. By supporting local actors' core organisational development, including their improved capacity to implement gender responsive interventions, we also "build back better" and enable women and men committed to human rights and gender equality to continue fighting COVID-19 and similar outbreaks after the initial humanitarian response while positively transforming social and gender norms.

Keep gender front and centre

CARE's policy brief on the gendered implications of COVID-19 in development and humanitarian settings already highlighted the significant differentiated impact of the response on women and men, boys and girls. Initial data shows that GBV is increasing during the COVID-19 pandemic, creating more demand and need for services while women and girls' access to these services diminishes. Reports from police and domestic violence organizations in China, France and other countries indicate that domestic violence cases have risen as lockdowns have gone into effect.

Consequently, CARE calls for:

-   All actors in the COVID-19 response to track, share and analyse sex, age and disability disaggregated data about reported cases, tested and treated people, morbidity and mortality rates;

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[6] CARE, Gender implications of COVID-19 outbreaks in development and humanitarian settings, March 2020

- Decision-makers coordinating response efforts (e.g. HRPs, RRPs, donor strategies, NGO proposals, etc) to use gender analysis and include / consult gender specialists.
- Conduct regular GBV assessments (including remote data collection where necessary) and increase funding levels for GBV and protection programming in preparation for a surge in cases of GBV.
- Enforce zero tolerance for Sexual Exploitation and Abuse and ensure survivor-centred reporting mechanisms and responses are widely accessible.

Detailed recommendations on gendered responses can be found in CARE's Global Rapid Gender Analysis report and in CARE's policy brief on the gendered implications of COVID-19 in development and humanitarian settings.

Summary

CARE's analysis of INFORM Global Risk Index data has found that the world's 'highest risk' countries have three times higher exposure to epidemics, such as COVID-19, but also have a six times higher risk in terms of their access to healthcare compared to the world's lowest risk countries. While even wealthy and better prepared nations are struggling to cope at this time, people living in insecure environments, with extremely weak health infrastructure, are going to be far worse off. On top of poor access to healthcare these populations also face the highest levels of food insecurity, displacement and socio-economic inequality. All of which increase the vulnerability to COVID-19 and the likely levels of devastation the virus will have in a given country.

Therefore, CARE calls on governments and the UN to implement the above recommendations and act for the needs of all individuals, irrespective of ethnicity, gender, nationality, or sexual orientation. These efforts should take place with the full participation of at-risk populations, particularly women and girls. It is only through such actions and collaboration that the international community can fully fight the implications of the COVID-19 pandemic and put an adequate response into action.

For further information contact

Delphine Pinault pinault@careinternational.org

Sarah Lynch sarah.lynch@care.org