



CARE COVID-19 Advocacy paper - Summary

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

On 25th March, the United Nations launched the COVID-19 Global Humanitarian Response Plan (GHRP), requesting an initial US\$2.01 billion to respond to the humanitarian consequences of the pandemic. To face this unprecedented crisis and enable a humanitarian response that is as effective, efficient and inclusive as possible, CARE is urging United Nations organizations, institutional donors and governments to follow the below recommendations.

1. Ensure urgent continued access to people in need in line with humanitarian principles

Humanitarian space has been shrinking in past years. On top of insecurity, growing complexity of administrative demands on NGOs, counter-terrorism legislation and sanctions regimes, the recent measures taken by governments to contain the virus such as airports and borders closing, lock downs, confinement and other movement restrictions create unprecedented access challenges to humanitarian organizations, hindering our ability to reach people in need. While containment measures are needed, humanitarian access to all people in need, including refugees, migrants and internally displaced populations must be upheld. Failing to meet the basic needs of already highly vulnerable communities in fragile contexts¹ will lead to unacceptable loss of lives and will create the perfect conditions for COVID-19 and other diseases to thrive. Governments urgently need to:

- Immediately follow the call by the UN Secretary General for an immediate global ceasefire, without which a COVID-19 response in conflict-affected communities will be delayed and very challenging.
- Ensure humanitarian goods and personnel that already deliver lifesaving interventions can continue to reach people in need and additional preparedness and response efforts to COVID-19 can also be urgently deployed;
- Consider humanitarian personnel as essential personnel and immediately give them the necessary authorizations and support to travel and access people in need.
- Establish & communicate light and fast track procedures for humanitarian organisations to urgently deploy.
- Use 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 measures² and to maintain compliance with international legal obligations, including the right to seek asylum.

¹ 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.

² Refoulement is the forcible return of refugees or asylum seekers to a country where they are liable to be subjected to persecution.

2. Accelerate implementation of the New Way of Working

COVID-19 calls for implementing the New Way of Working³ and the Humanitarian-Development-Peace Nexus generated during the 2016 World Humanitarian Summit. Now is the time to stop talking about changing the way we work but to actually do it! While additional resources are urgently needed to 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. At the same time, measures to sustain peace and ensure a rights-based approach to the COVID-19 response are critical, particularly in protracted crises, where there is a real risk that containment measures may trigger violence or fuel underlying tensions in stressed communities. It is therefore required to:

- Ensure universal treatment for COVID-19 for all, regardless of nationality or status;
- Grant free access to health care for the poorest and most marginalised women and girls, with particular emphasis on provision of sexual and reproductive health services and gender-based violence case management services;
- Integrate key activities on COVID-19 preparedness and response into existing humanitarian & refugee response plans as well as in existing humanitarian & development, ideally joint up, coordination mechanisms;
- Support COVID-19 joint analysis by humanitarian and development actors to arrive at a common understanding of the situation and of the immediate, mid and longer-term needs and strategies, with more accurate funding needs, and subsequently more joint programming;
- Sustain support for critical social and economic development sectors, adapted where needed, to mitigate COVID-19 impacts, with a priority for the Least Developed Countries and fragile states and a particular focus on food and nutrition, agriculture, support for the small-scale and informal economic sector as well as continued access to financial services;
- 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;

3. Increase funding to NGOs & adapt funding mechanisms to maximize flexible COVID-19 responses

More than with any previous responses, the core organisational capabilities of NGOs are being stretched due to the various access issues we are facing but also due to the impact of the virus on our staff. In addition, the situation is fast evolving and impacts far reaching, requiring continued rapid adjustment of the response. Not only are additional funds urgently needed to quickly scale up the response but the funding must be flexible enough to support the needed agility. With only \$100 million (or 5% of the total amount of US\$2.01 billion) earmarked for NGOs in the UN COVID-19 GHRP, NGOs' financial capacity to respond will quickly be eroded. We are urging donors and UN agencies to:

- Significantly increase funding for NGOs, through the GHRP, UN agencies but also direct donor funding given NGOs' capacity to act and deploy quickly;
- Apply higher than usual financial flexibility and waive requirements that may slow down or even freeze the response (e.g. related to geographic origin for procurement),
- Enforce simplified procedures for approvals of new COVID-19 related proposals and modifications of existing grants as well as for due diligence and risk management processes;
- Fully cover the costs of the response given how COVID-19 is impacting on NGOs' ability to share operating costs across a stable portfolio, expected increase of prices (e.g. security, transport

³ 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.

costs, etc) and the likelihood of suffering reduced unrestricted private (individual or corporate) donations;

- Cover operating costs of suspended grants (staff salaries and all essential costs) necessary to resume activities quickly when circumstances will allow;
- Have less paper, more aid: harmonize formats and tools across agencies and donors as much as possible.

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

From experience, we know that the best way to help those most at-risk in a fast-moving crisis is to channel funds to INGOs and local actors at all levels. Given the scale of the crisis, proximity and trust from affected communities in first line responders through investments in local NGOs' capacity to respond will be more vital than ever before. 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. Therefore CARE is asking donors, UN agencies and governments to:

- Support a “whole-of-society” approach and local leadership from the start, particularly women leadership, through prioritizing support to local women-led organisations, women's rights organisations and generally gender equality committed local organizations. This implies significant support, accompaniment, training and capacity sharing, rather than simply transferring risks to them;
- Ensure COVID-19 and associated coordination and planning platforms are gender-balanced and make deliberate efforts to create conditions conducive to women's participation and to enable them to confidently and safely speak out, contribute their views and expertise.

5. Keep gender front and centre

There is a significant differentiated impact of the COVID-19 pandemic and response on women, men, boys and girls. In addition, initial data shows that GBV is increasing substantially, creating more demand and need for services while women and girls' access to these diminishes as a result of containment measures.

- Ensure the collection of sex-and age disaggregated data and use a gender analysis to inform programming decisions
- Conduct regular GBV assessments 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.

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