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# COVID-19 and Humanitarian Access

**How the Pandemic Should Provoke Systemic  
Change in the Global Humanitarian System**

By Dr Rebecca Brubaker, Dr Adam Day, and Sophie Huvé

**WARNING**  
This respirator helps protect  
you from certain germs



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# I. Executive Summary

The COVID-19 pandemic has fundamentally changed the world. With over 103 million cases reported as of February 2021 and over 2.2 million deaths worldwide, it is the deadliest pandemic since the 1918 Spanish Flu.<sup>1</sup> It has disrupted societies in a number of ways: over 400 million jobs lost in the first few months, widespread food insecurity, national and local lockdowns, hospitals overwhelmed, education reduced or postponed, and travel grinding nearly to a halt.<sup>2</sup>

The pandemic has had an especially acute impact on vulnerable populations receiving humanitarian assistance. Widespread loss of income, massive drops in remittances, and limited access to social safety nets have combined to drive larger numbers of people into vulnerability while worsening the conditions for many already receiving assistance.<sup>3</sup> At the same time, international organizations have had to scale back the number of international staff in field locations as they managed travel and quarantine restrictions, often placing even greater burdens on local partners as well as resident staff to undertake delivery. In some settings, governments and armed groups have placed additional restrictions on the ability of humanitarian organizations to access populations in need. And, more broadly, the global economic downturn has contributed to widespread funding shortfalls for humanitarian aid, in a context of increasing need and growing inequality.

This report explores the impact of COVID-19 on humanitarian access in the *initial* months of the crisis, including both the delivery of assistance and performance of protection activities. It examines the varying crisis responses, including the shift to a more localized approach in certain cases. The analysis draws on case research from Colombia, Myanmar, Nigeria, South Sudan and Yemen, as well as on wide-ranging interviews with humanitarian practitioners and experts from around the world. The research was conducted between August – November 2020. It does not make claims about the legitimacy of government decisions to restrict access – indeed, in many instances, there appeared to be a clear objective of limiting the spread of COVID-19 – but instead focuses on how access limitations have affected the delivery of aid.

While covering principally issues of access and humanitarian space, the study also describes how the pandemic has altered the relationships between international and local humanitarian organizations, deepening inequalities in terms of access to services, and requiring a global attempt to prioritize programming amidst financial shortfalls. More broadly, the pandemic response has accelerated a debate regarding the extent to which the commitments made at the 2016 World Humanitarian Summit – especially the demand to shift to a more equitable model of cooperation among donors, the UN, international non-governmental organizations (INGOs) and local civil society organizations (CSOs) – are being adequately met.

The paper contains six sections: (1) an overview of major access challenges preceding the pandemic; (2) an analysis of how COVID-19 responses adopted by governments, local authorities, and humanitarian organizations themselves have affected issues of humanitarian access and delivery; (3) a review of the primary and secondary impacts of these measures on the humanitarian sector; (4) a description of innovations and responses by the UN and its partners; (5) the main challenges to adapting in the current context; and (6) recommendations for governments, INGOs, local CSOs, and donors.

The paper concludes with the following ten recommendations for governments, donors, the United Nations (UN), and local non-governmental organizations on improving access and prioritizing in a crisis moment:

1. Revisit the standard humanitarian response
2. Recommit to the 2016 Grand Bargain with tangible, system-wide steps for addressing inequalities across international and local service providers. This could include:
  - a. Giving even greater priority to the most vulnerable.
  - b. Pre-arranging finance.
  - c. Pooling resources.
  - d. Demanding transparency.
  - e. Equalizing contracts and increasing multi-year funding.
  - f. Investing in consortia and twinning approaches.
  - g. Adding chairs to the table.
3. Improve the provision of equitable duty of care or “occupational safety and health” for all personnel, regardless of nationality or contract status.
4. Invest in monitoring capacities of local staff and local partners.
5. Develop a coherent and consistent approach to humanitarian exemptions.
6. Define “life-saving” activities in coordination with humanitarian actors.
7. Prioritize protection activities related to sexual and gender-based violence.
8. Invest in information campaigns.
9. Look for opportunities in crisis.
10. Build a coherent, multi-scalar approach to risk.



## II. Pre-existing Access Challenges

“Humanitarian access” is largely defined as a two-pronged concept comprising humanitarian actors’ ability to reach populations in need and affected populations’ ability to access assistance and services.<sup>4</sup> The focus of this report is on the former. But both aspects of access are interrelated, e.g. the impediments to aid provision necessarily impact how much is received. Moreover access can diminish not only due to changes in the environment in which humanitarians work but also due to the actions of humanitarian actors themselves.<sup>5</sup> While the present report focuses principally on the experiences of humanitarian actors, these actors are only one of a number of important stakeholders that should be canvassed as part of a comprehensive effort to draw lessons for crisis response and future reform, including beneficiaries, donors, national authorities, and the private sector.

Prior to the pandemic, humanitarian actors faced a wide range of access challenges that varied, in part, as a result of the profile of the service provider and the particular organization’s relationship with key parties in a given country.<sup>6</sup> The United Nations Office of Humanitarian Coordination (OCHA) has highlighted nine key types of access constraints including:

1. Denial of existence of humanitarian needs or of entitlements to humanitarian assistance;
2. The restrictions of movement of agencies, personnel or goods into an affected country;
3. The restrictions of movement of agencies, personnel or goods within an affected country;
4. Military operations and ongoing hostilities impeding humanitarian operations;
5. Violence against humanitarian personnel, access and facilities;
6. Interference in the implementation of humanitarian activities;

7. Presence of mines and unexploded ordnances;
8. Physical environment;
9. Restrictions on, or obstruction of, conflict-affected populations' access to services and assistance.

Across the contexts analysed for this study, the most common pre-existing access challenges included insecurity, bureaucratic impediments, restrictions on entry into and movement within countries, as well as deliberate interference from key parties. But the combination of challenges differed in each. For example, North-East Nigeria has been plagued by violent extremist groups that have caused widespread displacement and direct security risks to humanitarian actors for many years. Yemen has faced a combination of access restrictions that left hundreds of thousands with limited assistance well before the pandemic. Likewise, Colombia, Myanmar and South Sudan all have complex humanitarian access challenges that preceded COVID-19.

# III. The Global Response to COVID-19

Following the first cases announced in Wuhan Province and the subsequent outbreaks in other parts of China, Italy, Iran, the United Kingdom and eventually the United States, countries around the world adopted strict measures to limit the spread of the virus. Those with more limited health infrastructures and resources were particularly encouraged to follow a stricter approach, such as the full lockdowns witnessed early on in Argentina, Jordan and South Africa. International and local humanitarian organizations also put in place precautions to protect their own staff, reduce the risk of further spread, and maximize their ability to continue priority programming to vulnerable populations.

Across the five contexts reviewed, interviewees highlighted seven ways in which the pandemic created new access challenges: (1) inadequate occupational health infrastructure; (2) reduced access to countries; (2) restricted movement within countries; (3) increased bureaucratic hurdles to the movement of people and goods; (4) programming restrictions leading to “critical only” activities; (5) disinformation campaigns, sometimes aimed at encouraging anti-foreigner sentiment; (6) prohibitions on large gatherings; (7) humanitarian actors’ self-imposed precautionary restrictions; and (8) the presence and ability to use humanitarian exemptions. While all but the sixth challenge pre-existed COVID-19, the pandemic led to an intensification of restrictions in general, and often further reduced access to vulnerable populations in particular. In some cases, the restrictions appeared legitimately linked to security and health interests, whereas in others, governments and non-State actors appeared to be instrumentalizing the pandemic for their own goals. In the latter case, government goals included expanding control over territory, gaining an edge in a conflict, interfering with the direct delivery of aid with notable risks of aid diversion, reducing the number of “foreign eyes” in a sensitive region, or turning a particular population against the foreign aid community. In several contexts, however, governments also adopted mitigating measures to safeguard humanitarian access.



**Inadequate Occupational Health Infrastructure:** In the early months of the pandemic, many international staff were repatriated or returned to their organizations' headquarters. This was, in part, due to the fact that in the pre-pandemic period, the occupational health side of duty of care planning was reported as "somewhat neglected" compared to occupational security. As a result, when the pandemic hit, many UN country teams, for example, lacked capacities to plan for and mobilize resources to strengthen medical defences so that international staff could stay and deliver. According to one interviewee at UN headquarters, "even months into the pandemic, UN Resident Coordinators (RCs) are often struggling with securing resources for this purpose." The result was that fewer hands were available in-country to assist with national and local response plans. Consequently, a larger burden of the crisis response fell to national and local actors.

**Reduced access to countries:** Apart from international staff who departed during the pandemic, other international staff found themselves caught outside the countries in question and unable, at least temporarily, to re-enter. Particularly during the first four to six months of the crisis, nearly all States adopted stricter border management measures in response to the pandemic, with some placing temporary blanket restrictions on foreign entry and/or quarantine requirements for 14 days or even longer in the case of Myanmar. In the five contexts examined, humanitarian actors faced cancellation and/or significant reductions in incoming flights, sustained land border closures, and increased restrictions/delays in the issuance of visas. This caused a temporary decrease in the number of international humanitarian staff in all five countries.<sup>7</sup> As a result, local staff within INGOs and national/local organizations were left with a greater share of the humanitarian delivery responsibility than prior to the pandemic (described below).

**Restricted movement within countries:** International staff able to return "to duty" were often subject to quarantines, testing requirements, lockdowns, curfews, and prohibitions on travel across regions. In South Sudan, for example, a staff member returning to Juba from inter-State travel would need to quarantine for an initial 14 days, with an additional 14 days for every location visited outside of Juba. "By the time field staff reached a rural location," one interviewee noted, "nearly a month would have gone by before they could go outside and meet anyone."<sup>8</sup> Restrictions could be even harsher when positive cases occurred, including temporary suspensions of entire operations or large-scale organization-wide quarantines. In other settings, external actors prevented access, such as a decision by some indigenous groups in Colombia to prevent any outsider from coming into their communities, or the Houthi prevention of incoming humanitarian flights to northern Yemen.

**Increased bureaucratic hurdles:** The bulk of government bureaucratic hurdles appear directly designed to reduce unnecessary movement and curtail the travel of staff for all but the most necessary of humanitarian tasks. Constraints have included additional layers to the standard approvals process for movement, including requiring testing to operate when no testing is available in-country; restricting the profile of humanitarian organizations that can operate in a country or a particular subnational region; introducing local authorities into the delivery chain who, in turn, diverted or blocked the disbursement of aid from its intended recipients; and suspending

programming if one service provider tests positive. While most of these were acceptable in light of the pandemic, the requirement that aid be distributed by local government authorities raised serious concerns about humanitarian space and impartiality, especially in conflict-prone areas.

**“Critical only” programming:** Government authorities often required humanitarian organizations to limit themselves to life-saving activities, frequently following definitions of “essential” set by the government without the broader humanitarian community’s input. Definitions of what was an essential activity varied across the five contexts analysed, but generally encompassed food distribution, emergency health, basic shelter and the triumvirate of water, sanitation and hygiene or “WASH.”<sup>9</sup> Moreover, definitions of criticality often included food distribution but not nutrition activities, and they encompassed emergency health but not prenatal care. In parallel, a number of interlocutors highlighted temporary, self-imposed barriers to access that could have significant long-term effects. Given limited resources and staff on the one hand and a growing need within the wider populations served on the other, many organizations reorganized their programming, restricting activities to only those considered “essential,” “critical” or “life-saving.” Moreover, many organizations decided or were required to postpone both prevention and protection activities. In fact, most protection operations were suspended, drastically reduced or conducted remotely. This was despite the fact that many protection activities could also be considered “life-saving,” particularly in the realm of sexual and gender-based violence and legal protections.

**Disinformation campaigns regarding the virus:** In a few contexts, governmental authorities conducted campaigns in blatant contradiction with humanitarian organizations’ awareness-raising and guidance campaigns regarding the pandemic, either denying the scale of the pandemic, or using it as a way to increase anti-foreigner sentiment. In some cases, humanitarian actors had to cease awareness-raising activities in order to avoid contradicting local authorities’ positions and, thereby, putting themselves or the populations they were trying to serve at risk. In other cases, authorities started to reject project proposals with any mention of WASH, despite the pressing need. Finally, anti-humanitarian propaganda also increased. Some governments and armed groups alike blamed international humanitarian organizations for introducing the virus or for their inability to respond to the pandemic. These campaigns resulted in intimidation and verbal abuse against international workers, further impeding their ability to travel internally and reach populations in need. These discourses, however, did not translate into a significant increase in risks or security incidents.

**Prohibitions on large gatherings:** In many instances, national officials and humanitarian organizations mandated limits on large gatherings. This general restriction, even when used in good faith, led to the closure of public health facilities, a reduction in certain critical public health campaigns, and a reduction in the number of beneficiaries reached through generalized assistance distribution campaigns. Moreover, restrictions on large gatherings also led to a reduction in activities including WASH sensibilization. By contrast, in a few cases, this prohibition was abused as a means of limiting (anti-government) protests and reducing social unrest.

**Self-imposed precautionary measures by humanitarian actors:** Across all contexts, humanitarian organizations had to balance a duty of care towards their staff, a desire to limit their role in spreading the virus, and their mandate to continue delivering aid in a context of growing need. Most humanitarian actors incorporated a COVID-19 dimension into their operations, focusing both on the protection of staff and the protection of and access to beneficiaries. The new measures called for a drastic reduction in the number of staff allowed to conduct activities in person, a shift to remote work from compounds or from “home base,” and the reorganization of programming to include only “critical” activities. The scope and level of these measures, however, varied and were reportedly much stricter within UN agencies than inside INGOs. These measures also often translated into a reduction in activities, the speed of delivery, and the size of the caseload served.

**Humanitarian exemptions:** Humanitarian actors’ global and local advocacy efforts aimed at alleviating new government-imposed access challenges were generally successful. By the end of August 2020, many governments had either relaxed access constraints or adopted specific exemptions, such as exemptions for humanitarian flights into countries or exemptions to movement restrictions within countries. In Colombia, for example, the government issued a national decree, which explicitly allowed humanitarian organizations to continue activities related to the pandemic. In other cases, however, these exemptions were not evenly or consistently applied. In some instances, UN agencies and INGOs were more likely to receive exemptions, while in others local organizations, with a close relationship to governing authorities, were uniquely exempted. Finally, not all advocacy efforts were successful immediately. Some took months to yield results, and other efforts, such as those of the majority of the international humanitarian community in Myanmar, failed.

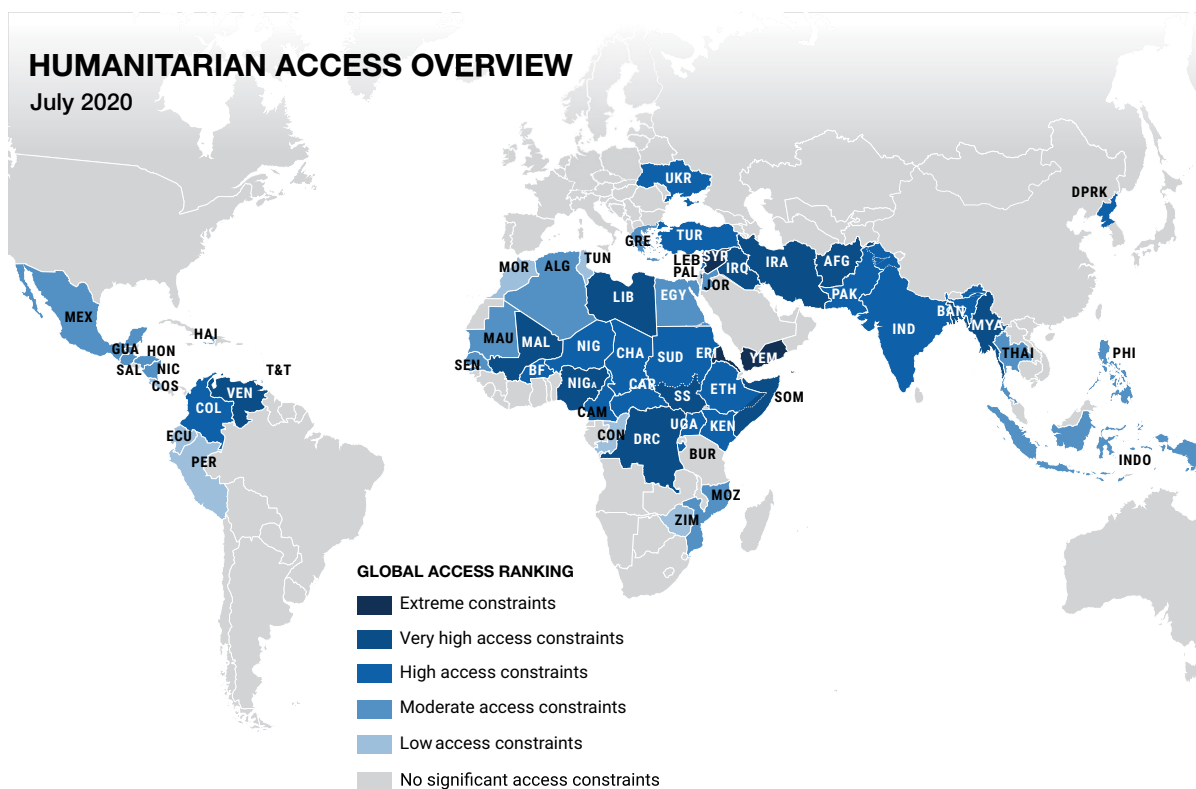


# IV. The Impact on Humanitarian Delivery

The impacts of COVID-19 on humanitarian programming delivery vary significantly from country to country. For example, in Myanmar, humanitarian agencies already faced significant access restrictions from the government prior to the pandemic, including nearly blanket denials of access to some conflict-affected areas, while active conflicts in parts of Yemen and Nigeria had created obstacles to access well before the pandemic. The outbreak of COVID-19, however, raised bureaucratic hurdles and increased restrictions on movements, resulting in a downsizing of humanitarian activities to only “life-saving assistance” in some settings. In other settings, the impact was felt more acutely in one part of the country, such as in northern Yemen where Houthi groups prevented access for humanitarians for several months; in northern Nigeria, which has suffered breakdowns in humanitarian supply chains; or in Myanmar, where access restrictions were far stricter in Northern Rakhine than in Yangon. Across the cases, the pandemic tended to exacerbate pre-existing constraints, lengthen bureaucratic processes, restrict the number of flights into countries, limit staffing, and contribute to increased needs that have thus far outstripped funding. However, the impacts were felt very differently across large international organizations and smaller national and local ones. The following section briefly lays out these impacts.

## Impacts on international organizations

A major outcome of the restrictions on travel into recipient countries was the ability of staff to move into and within the countries, thus resulting in large and sustained gaps in staffing levels. This mostly concerned returning or rotating international staff, as well as international staff specifically hired to tackle the virus. The temporary suspension of all incoming international flights in Yangon and Juba, for example, meant that up to 40 per cent of international staff were kept outside the country. However, the UN World Food Programme quickly installed a global passenger air service to ensure air travel to countries for health and humanitarian workers. Due to this swift endeavour, humanitarian flights to Juba had resumed by 21 May 2020. Once in-country, however,



Source: Crisis Insights, ACAPS.

additional domestic movement restrictions (e.g. a 14-day quarantine period for any staff traveling from one part of the country to another) led staff to gravitate to the national capital rather than to their duty stations.

In some cases, organizations' staffing was drastically limited by quarantine restrictions and access limitations, both by governments and by themselves. In Myanmar, for example, 17 organizations were suspended in August by the Government after staff tested positive, while OCHA reported that 600 humanitarian staff were under mandatory quarantine in September alone. In Colombia, some indigenous communities closed off all access from outsiders, including humanitarians, to protect themselves from the virus. Migrants stranded in Yemen have been stigmatized as carriers of the virus, resulting in limitations on their access to humanitarian services.

According to humanitarian actors in Myanmar, Nigeria, South Sudan and Yemen, the inability of staff to move into and around the country reduced the overall delivery of services and assistance, while also limiting the capacity to evaluate and monitor delivery.<sup>10</sup> In turn, limited monitoring also impacted the quality of the activities conducted and the ability of humanitarian actors to assess the existence and level of new or increasing needs. In some cases, basic services like water and sanitation have been suspended for significant periods of time.<sup>11</sup> UN Humanitarian Air Service

(UNHAS) flights to northern Yemen were delayed for several weeks, despite urgent humanitarian needs in the region.<sup>12</sup> Experiences among humanitarian organizations, however, varied. A few larger, traditional actors reported little to no change in their delivery levels as a result of COVID-19.

Humanitarian actors had to scale down or suspend activities not qualifying as “life-saving” or not considered high priority in order to adapt to the gaps in staffing levels as well as to limit potential clusters, especially protection and longer-term activities alongside the humanitarian-development nexus. But there was not always agreement regarding what qualified as “life-saving” assistance. Among the activities at stake were all activities pertaining to legal entitlements, early marriage, sexual and gender-based violence prevention, child protection and education, livelihood activities, and capacity-building.

In Myanmar, North-East Nigeria and Yemen, for example, local staff reported important increases in different types of violence, particularly of sexual and gender-based violence, related to lockdowns and the lack of livelihood opportunities. The coupled suspension of sexual and gender-based violence and education activities had a correlated increase in teen pregnancies. The lack of proper monitoring, however, made it impossible to demonstrate the impact with clear figures, thus further complicating discussions on requalifying sexual and gender-based violence activities (or education) as “critical” programming. Humanitarian actors in field locations in Nigeria noted that front-line workers lacked the supplies to respond to sexual and gender-based violence cases, while the absence of staff meant a subsequent reduction in prevention activities.

The impact of canceling programs considered non-essential had other significant impacts on other vulnerable and marginalized groups. For example, the suspension of nutrition activities, considered non-essential, had a rapid impact on the health of children. Moreover, the suspension of this programming is also expected to result in an important degradation of the nutritional status among internally displaced persons (IDPs).

In sum, international humanitarian actors faced increasing needs with diminished access.

## **Impacts on local/national organizations and local staff of international organizations**

Facing reduced staff and movement restrictions, many international organizations chose to rely more heavily on their existing local staff or on national and local partners. The shift in responsibilities, however, was generally not reflected in a subsequent shift in funding to local organizations, with a few prominent exceptions.<sup>13</sup> As of November 2020, 40 per cent of the overall funding appeal for the Global Humanitarian Response Plan (GHRP) had been met.<sup>14</sup> By contrast, funding for national and local NGOs combined over this same period was at less than four per cent.<sup>15</sup> Women-led organizations surveyed across the five settings analysed fared even worse, receiving consistently less funding despite offering uniquely valuable assistance to vulnerable populations.<sup>16</sup>

These levels of funding not only fall far short of the Grand Bargain commitment to fund local organizations at 25 per cent, but also fail to reflect the additional burdens carried by local organizations as a result of COVID-19. A frequently cited hurdle to the disbursement of necessary aid directly to national and local actors, is the fact that these often smaller entities are not always able to develop the risk management measures and audit standards in line with international donors' requirements. As a result, donors are more reticent to channel funds directly to these organizations rather than sending them through an intermediary, such as the UN or INGOs, which have already implemented the requisite compliance measures.

Funding shortfalls have been accompanied by a widespread lack of personal protective equipment (PPE) for all staff, but especially for national and local organizations, many of whom provided humanitarian assistance in the riskiest areas during the period under study. Not only did the cost of PPE skyrocket in local markets,<sup>17</sup> but when it was (finally) available, interviewees indicated that international organizations appeared to acquire the majority of available equipment more easily, whereas national and local partners faced even more hurdles in sourcing the necessary protective gear. As one humanitarian actor noted, "local organizations are being asked to deliver more with less, the exact opposite of the commitments of the World Humanitarian Summit."

In addition to impacts described, local and national organizations also found themselves being asked to take on activities for which they had not been trained or to conduct programs without the capacity to monitor them. If greater emphasis had been put on national and local capacity building prior to the crises and as called for the World Humanitarian Summit, there would have been fewer technical and skills gaps at this moment of crisis and in a context of increased reliance a domestic response.

In sum, national and local partners were asked to increase their role in delivering humanitarian assistance, sometimes at significant personal risk to the individuals involved, without adequate funding, protective equipment, and without proper capacity to monitor activities.

## Secondary effects

### A risk multiplier

In the first few months of the pandemic, COVID-19 acted as a risk multiplier, driving economies downward and exacerbating the very inequalities that give rise to conflict risks and large-scale humanitarian suffering. There is some evidence that the pandemic, during the period under study, increased the risks of violent extremism and terrorism, driving more cash into informal sectors where such groups tend to thrive.<sup>18</sup> And while the effects are not even across countries, the pandemic does appear to have increased violence levels in some settings, also giving armed groups a firmer foothold in areas where State presence is weak or absent.<sup>19</sup> In northern Nigeria, for example, Boko Haram has used a broad disinformation campaign to undermine the State's and humanitarian actors' efforts to service communities.<sup>20</sup> Other groups, including the Taliban in Afghanistan, the National Liberation Army in Colombia, drug cartels in Mexico and El Salvador, and Al Shabaab in Somalia, have all instrumentalized the

pandemic in various ways, including by pushing for greater control of territory and exclusive rights to deliver services to populations in need.<sup>21</sup> As mentioned in Section IV, authorities and armed groups also used the pandemic as a way to trigger and increase anti-foreigner sentiment in several contexts, such as in South Sudan and Yemen. Although humanitarian actors were fearful of how local communities would react, these anti-foreigner campaigns were generally not acted upon. While the effects on humanitarian delivery are often indirect, higher levels of violence in some areas combined with greater influence of non-State armed groups tended to result in rising needs and less consistent access. Indeed, the case research points to less secure operating environments for humanitarian workers, especially those on the front lines.

### Deepening Inequalities

The global economic downturn has highlighted the social and economic inequalities that are only deepening with the pandemic and are already giving rise to new risks with humanitarian consequences.<sup>22</sup> Large-scale loss of income, drops in remittances, lack of educational opportunities, and limited access to social safety nets are key factors driving greater humanitarian needs, not only in the settings analysed but also across a wide range of fragile settings.<sup>23</sup> A recent survey of thousands of vulnerable people in conflict-affected countries found that more than 70 per cent had lost a source of income, were unable to pay rent, had to cut at least a meal per day, and experienced cuts to available funds for their medical expenses.<sup>24</sup> These dramatic shifts in the economies of vulnerable populations have immediate impacts and longer-term secondary effects, likely driving greater numbers into poverty and creating new needs in the near future. The economic and health impacts of the pandemic are also exacerbated for women and girls. As they are generally earning less and therefore saving less, women and girls are more at risk of falling into poverty in an insecure economy, all the while taking increased unpaid care work with the closure of schools and the increasing vulnerability of the elderly. Women and girls are also seeing adverse impacts on their health due to reallocation of resources and priorities, especially sexual and reproductive health services.<sup>25</sup>

### Projected decreases in foreign aid

Unfortunately, the global economic downturn also means less funding for humanitarian operations worldwide at a time when humanitarian and development needs are spiking. Consistently across the countries studied, humanitarian actors spoke of significant shortfalls in overall funding, impacting their ability to deliver on core mandates despite an increase in aid from pre-pandemic levels. This was due in part to supply chain breakdowns to some regions,<sup>26</sup> but more generally to a humanitarian appeal that is only 40 per cent funded at the time of writing. This acute set of humanitarian needs has in turn caused many donors to shift priorities from longer-term development funding towards the humanitarian response. At a country level, too, interviewees described a shift in programming aimed at development and inequality reduction towards emergency response.<sup>27</sup>



### Increased Social Unrest

While the pandemic initially acted to quell social unrest by limiting popular movements, this effect has begun to change: widespread protests in Niger were triggered by the Government's attempts to limit public mobilization via the pandemic in March; protestors in Ukraine attacked buses carrying evacuees from China's Wuhan province in early 2021;<sup>28</sup> looters in Colombia attacked food trucks heading for Venezuela following the closure of the border between the countries; and the failure of prison systems to protect inmates has triggered a wave of prison breaks in Brazil, Colombia, Italy, and Venezuela in late 2020 and early 2021.<sup>29</sup> With the world poised on the verge of a global recession, disruptions to trade, food supplies, business closures, and soaring unemployment is likely to result in much more far-ranging socioeconomically driven unrest.

### Increased Impunity

Looking specifically at large-scale humanitarian operations, the pandemic also increased accountability and protection risks due to the limited presence of international staff. In cases such as Myanmar and Colombia, there was a marked decrease in the number of international staff present during monitoring missions, leading to a heightened sense of impunity among certain groups. In Colombia, select armed groups used the lockdowns as an opportunity to block the presence of local and human rights activists, as well as to increase control over territory. In Myanmar, a reduced international presence and movement restrictions on international staff were said to have created a more favourable context for military operations, no longer as exposed to the eyes and ears of the international community.

At the time of writing, interviewees for this study were concerned that the immediate humanitarian surge response did not adequately address these secondary effects.

### Positive externalities

Overwhelmingly, the impacts of the pandemic across the five cases are negative, but the cases did point to some limited positive developments as well, including:

- The GHRP has generated USD 3.8 billion in humanitarian funding via the UN at the time of writing;<sup>30</sup>
- The Secretary-General's call for a global ceasefire and subsequent Security Council resolution increased pressure on warring parties to reduce fighting;<sup>31</sup>
- In some areas, the push to inform communities about preventing the spread of COVID-19 may be contributing to a reduction in the spread of other infectious diseases;<sup>32</sup>
- In some cases, the pandemic led to more flexible funding approaches, increased programme agility, and the use of new technologies such as biometrics;

- The pandemic forced a reckoning with levels of existing support for occupational health of staff, which in some large organizations was found to be lacking pre-pandemic;
- The focus on accessing affected rural communities may have increased the likelihood of other forms of assistance reaching them;
- The acute pressures placed on humanitarian delivery, in particular by local organizations, has revitalized a longstanding discussion about equity and flexibility in humanitarian assistance;
- It facilitated access to detention facilities in some contexts and provided an opportunity for some organizations to train prison officials in biosecurity systems and prevent the spread of disease;
- In at least one case, it strengthened local communities' acceptance of humanitarian actors and facilitated operational access.

The following section builds on this notion of the pandemic as an opportunity and describes some of the responses, innovations and recalibrations by the humanitarian community.



# V. Responses, Innovations, Recalibrations

The impact of new access constraints led to a number of innovations and recalibrations across the humanitarian sector. The responses varied depending on the profile of the actor. The profiles largely fell into three categories.

A first subsection of interviewees, made up primarily of those within the UN, noted changes in programming and categorized these as largely positive for both their individual operations and/or the sector more broadly. They pointed to increased efficiency in programming, as a result of the reprioritization of activities to only those deemed critical or life-saving. They also offered examples of innovative methods of remote service delivery and increased investment in staff welfare – especially occupational health support. Some noted the softening of certain barriers, such as instances where the pandemic had facilitated their call for prison releases on humanitarian grounds. Within this same category, individuals noted the Secretary-General's call for ceasefires, acted upon in Colombia, Yemen and elsewhere.<sup>33</sup> Some actors also demonstrated impressive reactivity to respond to the breakdown of supply chains, suspension of commercial air travel and border closures. The World Food Programme notably implemented a hub-and-spokes distribution system to ensure the delivery of vital medical and humanitarian supplies to countries in need, as well as a global passenger air service to ensure that health and humanitarian workers were still able to move around the world to areas of acute need.<sup>34</sup> In addition, one UN official close to the coordination efforts spoke of the “extraordinary inter-agency collaboration at UN Headquarters around the first line of defence, the medevac mechanism and now the vaccination effort.”<sup>35</sup> Finally, interviewees spoke of the efforts of the UN Office for Development Cooperation (DCO) that worked to provide guidance to several RCs and UN country teams on finding sustainable solutions to providing more robust occupational health systems so that they “can be prepared for the next [health] crisis.”<sup>36</sup> At the same time, it has proved challenging to secure the necessary resources to implement these new endeavours.

A second subsection of humanitarian actors, composed of the larger international non-profits operating in fragile contexts, reported more limited changes to their current programming. This was, in large part, due to the fact that these large NGOs felt they had faced other health, climate, and conflict crises before and there was an understanding that the procedures they had in place previously were adequate for confronting COVID-19. This point was particularly evident in interviews regarding North East Nigeria, which faced devastating health crises in 2014<sup>37</sup> and 2017.<sup>38</sup> In other words, for this second group, the COVID-19 pandemic was simply one more crisis, on top of a constant stream of crises to which they needed to adapt.

A third subsection of humanitarian actors made up of smaller, national NGOs spoke of the potential for this crisis to act as a catalyst for reinvigorating the turn towards localization, as discussed above. Some organizations saw the pandemic as an opportunity to accelerate the localization agenda by shifting more responsibilities to local implementing partners, local staff and others on the front lines. Proponents of this view frequently noted that past revolutions in the industry, such as better coordination or better accountability in leadership, had arisen in direct response to crises.<sup>39</sup>

That said, as reform was slow to emerge, other small or local NGOs described how responses to the new, COVID-19 inspired access constraints proved largely harmful to their operations. On the one hand, they spoke of how the shift in responsibility had increased their staffs' vulnerability as international actors withdrew. They emphasized that this added risk to their health and that the safety of national and local staff was often overlooked in the panegyrics shared on the 'long overdue turn to localization.' They also emphasized that, to date, these added responsibilities had not come with a proportional increase in funding or an increase in the predictability of funding streams.<sup>40</sup> Rather, this third subsection suggested that donors and larger INGOs' responses to COVID-19 had exacerbated existing inequalities within the humanitarian sector. In other words, they supported the turn to localisation but pointed out the flaws in its, at times, haphazard, top-down implementation. Instead, they urged donors and States to seize the opportunity for radical reform to rebalance power in the sector and to cement a localized approach. At the time the research for this study concluded, a growing portion of this group felt that the opportunity to completely restructure the relationship between donor and service provider and between INGOs and national and local NGOs, in response to the pandemic, had already been missed.<sup>41</sup>



# VI. Adaptation Challenges

Innovating and adapting during this pandemic did not come without challenges. And the nature of these challenges limited who could adapt and how they could adapt. In order to appreciate the hurdles required to successfully recalibrate and continue to deliver, it is important to briefly highlight some of these challenges.

A primary challenge was the difficulty of adapting to measures that were often contradictory, constantly changing or not always clearly understood. Almost all entities interviewed for this study reported frustration with the vague and contradictory messaging they received from international, national and local authorities around public health and safety guidelines.

A second challenge to innovation and adaption was the pervasive mistrust and misinformation regarding the virus. Where a national government, local officials or an armed group refused to acknowledge the existence or the severity of COVID-19, it made it nearly impossible for entities to adapt their programming and continue to deliver effectively. Prevention and awareness-raising around COVID-19 was particularly difficult when the population challenged the existence of the virus or where substantial mistrust already existed between the government and certain sectors of the population. This was equally true for situations, such as North-East Nigeria, where a significant degree of mistrust existed between the government and the international humanitarian community, given the unique history of engagement in this case.<sup>42</sup>

A third challenge was the fact that the pandemic exposed and often accentuated vulnerabilities and pre-existing inequalities across societies. Such challenges, however, often require political rather than humanitarian solutions. Without such solutions, some humanitarian organizations found themselves coming to the realization that future programming should be refocused towards promoting social justice rather than “simply” providing aid, even if that meant challenging the more traditional notions of humanitarian impartiality.<sup>43</sup> For example, in an October 2020 interview, OXFAM CEO Danny Sriskandarajah, noted that “Bags of rice are not going to do it. We have to go and

challenge the systems and structures driving inequality... In the face of COVID-19, people needed equal access to hospitals... The need was social justice, not service delivery. Social class determined access."<sup>44</sup> Other voices in the humanitarian community held that crossing the line to advocacy would contradict the very principles of impartiality and neutrality that undergird what it means to be a principled humanitarian actor and thereby compromise their access to those most in need.

Lastly, funding. All entities noted that while key donors had increased funding by thirty per cent in 2020, needs had increased by a higher percentage. As a result, by the end of 2020, a smaller per cent of the global appeal has been answered than at the same time one year earlier, prior to the pandemic. Organizations reported that even the largest, best resourced, and most securely funded entities feared a shortfall in the medium term. The practice of pinning overseas development funding levels to a percentage of Gross Domestic Product was also cited as a cause of significant reductions from key donors, combined with the devastating economic impact of the pandemic, and the measures used to combat it, on traditional donors' economies.<sup>45</sup> In parallel, while some States increased their financial support in 2020, they, at times, increased it at the expense of development funding. Over the medium to longer terms, diverting funds from development to short-term humanitarian aid may increase vulnerabilities and inequalities and, eventually, increase humanitarian assistance needs.

# VII. Recommendations

The pandemic demonstrated the resilience, resourcefulness, and the adaptability of key actors in the humanitarian sector. It prompted more innovative and more efficient modes of aid delivery. At the same time, it accelerated long-standing discussions about the viability of current humanitarian approaches. In particular, the pandemic exposed weaknesses with respect to the broader sector's ability to respond to global shocks, its financing models, and the extent to which it has failed to meet the Grand Bargain commitments of the 2016 World Humanitarian Summit. It has also brought into sharp focus some of the most crucial challenges facing national and local NGOs, front-line organizations and those responsible for accessing vulnerable communities during a crisis. It has brought into focus the comparative advantages of both large international NGOs as well as smaller, local organizations. Based on the above analysis, and drawing on the many good ideas already circulating among humanitarian actors, beneficiaries, donors, governments, and the private sector, this study offers the following recommendations:

## 1. Revisit the standard humanitarian response.

During crisis periods, the global humanitarian response typically comprises a large-scale donor appeal followed by a surge of international personnel and supplies into affected regions. This is well captured in the GHRP of 2020, of which roughly 95 per cent of the USD 10.5 billion appeal was identified as going to the UN itself.<sup>46</sup> But the contexts analysed for this study highlight that a surge of international staff is impossible during an event such as the pandemic, given the movement restrictions and quarantining requirements for international organizations. This should be treated as an opportunity to revisit the humanitarian business model, not only examining the issues of inequalities across international and national actors described above, but also considering the possibility of building up parallel national and local health systems, ramping up cash vouchers for populations in need, encouraging recourse to regional crisis response mechanisms, and focusing funding on those actors most directly responsible for delivery on the ground. In

other words, donors should prioritize building up national resilience rather than expanding international aid, following the model, some have argued, adopted in the disaster response sphere.

## 2. **Recommit to the Grand Bargain with tangible system-wide steps for addressing inequalities across international and local service providers.**

The 2016 Grand Bargain, with its ten commitments, is an agenda for a more efficient and effective international relief sector. It includes an emphasis on 'localization,' among other commitments. However, the COVID-19 response has underscored again the widely varying understandings of what 'localization' means in practice, deeply-rooted inequalities in how funding is distributed across entities, and a tendency of international actors to dominate and instrumentalize local organizations. The authors found that in some contexts, local actors were expected to shoulder the substantial risks involved in humanitarian delivery without proportionate financial support or health and security protections afforded to their international counterparts. The UN and major donors should elevate ongoing discussions about joint analysis and monitoring, decolonizing aid and creating equal partnerships among international and local organizations to the highest levels, towards meaningful system-wide policy responses. Specific steps towards a more flexible, predictable, equitable system could include:

- a. **Continuing to prioritize the most vulnerable.** The UN, international financial institutions (IFIs), and major donors should re-examine their current funding priorities and place the most acutely vulnerable populations at the top of the list. While this is ostensibly the case already, other national priorities took precedence in some of the contexts analysed for this study. Ring-fencing funding for the most vulnerable would be a helpful step to address this challenge.
- b. **Pre-arranging finance.** There have been some good initiatives to make financing more anticipatory, including within the UN, the International Committee of the Red Cross, and other organizations. These efforts should be complemented with significant funds from humanitarian donors, and clear mechanisms to take action well before a worst-case scenario arises. A "no regrets" approach should be considered across these responses to ensure that proactive steps can be taken.
- c. **Pooling resources.** Lacking a central treasury, the humanitarian system's funding is determined by the political priorities of its largest donors. Pooled funds like the CERF, while growing fast, still only account for roughly 6 per cent of total humanitarian funding. This not only creates imbalances in funding for the most vulnerable, but also tends to reward the largest organizations (which are adept at fundraising) rather than those with the comparative advantage in given situations. A large, multi-partner pooled fund that is linked to outcomes would allow money to be disbursed flexibly to those with the greatest comparative advantage (including local organizations).<sup>47</sup>
- d. **Demanding transparency.** The interviews undertaken for this study exposed a significant asymmetry: local actors are expected to account for every dollar spent, while the broader flows of funding through the international system



remain relatively opaque. In support of the Grand Bargain, the UN and major donors should be required to report on the extent to which humanitarian funding is cascading to local actors, with clear explanations if the 25 per cent threshold is not consistently met. A private-public partnership model may be one way of establishing the infrastructure needed to ensure the necessary levels of transparency through each level of transaction.

- e. **Equalizing contracts and increasing multi-year funding.** Local organizations are often subject to contracts that only allow short-term employment for staff and do not allow them to claim for overhead, despite significant transactional costs and the need to maintain complex operations. This is in part because most local organizations have a mediated relationship with donors, with an international entity taking the overhead and designing the implementation contract. The pandemic has exposed with even greater clarity how problematic and inefficient this arrangement can be, requiring a policy-level discussion about equalizing contractual statuses and increasing multi-year funding across humanitarian organizations.
- f. **Investing in consortia and twinning approaches.** Encouraging programming built around consortia or through joint programming will enable smaller and local NGOs to participate with greater impact and less risk to their staff and operations. Donors can encourage such approaches by making them a condition for certain funding streams. Ensuring that women-led organizations or organizations focused on the needs of marginalized groups receive equitable funding should also be a condition for donors.
- g. **Adding chairs to the table.** Too often the organizations that seek to serve are not representative of the societies in which they work. Inviting local organizations to coordination mechanisms, providing simultaneous translation during coordination meetings, increasing local language requirements for international staff, and appointing “service users” or individuals who have direct experience living through conflict contexts to NGO boards could go a long way to ensure the services provided best meet current needs.

### 3. **Improve the provision of equitable duty of care or “occupational safety and health” for all personnel, regardless of nationality or contract status.**

The pandemic has demonstrated the importance of investing more in the duty of care of humanitarian organizations’ staff – both national and international. Even if international organizations have made a push towards nationalizing their activities in the last decade, the pandemic illustrated the persistence of a “headquarters bias,” with greater resources, including security resources, and support still directed at international staff rather than at local staff or local partners in the field. Occupational safety and health policies should correct this bias and equitably invest in support, training and equipment of local staff, who cannot “pack up and leave when things get rough,” as one interviewee phrased it. More attention and better resourcing are also needed regarding the occupational health of all staff operating in-country, which, according to interviewees, was largely neglected before the pandemic. Planning for and adequately resourcing occupational health will better enable more international staff, in future (health) crises, to stay and deliver.

**4. Invest in monitoring capacities of local staff and local partners.**

In many cases, international organizations emphasized how the international travel and movement restrictions resulted in their inability to monitor the activities of their local staff or implementing partners. In such a situation, developing the monitoring capacities of local staff and partners, including camp-based staff in IDP camps or sites, would ensure that they are able to maintain and potentially scale up operations while retaining their quality, in the absence of international staff. The pandemic should be used as an opportunity for capacity-building of local partners.

**5. Develop a coherent and consistent approach to humanitarian exemptions.**

The pandemic has highlighted the importance of providing timely, predictable exemptions for humanitarian actors. While in many cases exemptions were eventually agreed upon, it often took weeks or even months for agreements to be put in place. Going forward, exemptions could be agreed upon in advance, or categories of humanitarian aid could be predetermined as exempt to ensure delivery even in the case of strict travel restrictions.

**6. Define “life-saving” activities in coordination with humanitarian actors.**

During the pandemic, many governments adopted restrictive definitions of “life-saving” activities without prior consultations with humanitarian organizations. Governments should work with the different humanitarian clusters present in each main sector of humanitarian action to ensure their definitions of criticality truly reflect existing needs and do not exclude categories of beneficiaries.

**7. Prioritize protection activities related to sexual and gender-based violence.**

The pandemic not only contributed to greater risks of sexual violence but also resulted in fewer protections for the most vulnerable groups, especially in conflict-prone areas. When planning for humanitarian access, top priority should be given to those populations most at risk for sexual violence, including in governments’ decisions to allocate resources and grant exemptions.

**8. Invest more in information campaigns.**

Across the contexts studied, the issue of misinformation and targeted disinformation campaigns around the pandemic constituted a dangerous impediment to humanitarian access. Armed groups have been able to manipulate public opinion for their own benefit, while at times governments have also participated in inaccurate public information campaigns. Donors and the UN should reinvest in public information to ensure widespread understanding of the risks and the benefits of cooperating with humanitarian workers. The UN’s “Verified” campaign is a good example of an initiative that could be adapted to the humanitarian sphere.

**9. Look for opportunities in crisis.**

The pandemic has also opened opportunities for organizations working in conflict settings, allowing them to provide hygiene trainings that might prevent the spread of future diseases, push for prisoner releases in overcrowded facilities, and even call for ceasefires among belligerent parties. In some instances, the pandemic also provoked a streamlined approach to delivery or innovations in partnerships between organizations. Looking for positive externalities in crisis can help humanitarian organizations innovate and learn.

**10. Build a coherent, multi-scalar approach to risk.**

The surge in international support to meet the humanitarian crisis is an important part of the response to COVID-19, but it does not capture the full picture. So-called secondary effects include a downward spiral in the livelihoods of vulnerable populations and a weakened ecosystem of economies that will be poorly positioned to support them. Interviewees pointed to the need to gather highly localized data in order to understand the specific risks facing communities (including around humanitarian access) but also to understand their longer-term trajectories within bigger political economies. Putting resources into risk analysis that brings local, national, and regional information together into a systemic understanding will allow the humanitarian community to pivot from response to preparedness. This response will be essential not only for the next pandemic, but also for confronting the climate crises to come. In other words, “COVID,” as one senior humanitarian worker put it, “is the overture for climate crises to come. If we learn the right lessons from the pandemic, we will be more prepared to face this next generation of crises.”<sup>48</sup>

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