POLICY PAPER

A principled and inclusive response to COVID-19, focused on the most vulnerable

HI MESSAGES ON COVID-19

humanity &inclusion

Main Concerns

As of now, the response to the COVID-19 crisis has been mainly national. High income countries facing the health crisis on their territory have so far limited consideration for the global impact, especially the impact of the crisis on developing countries with limited resources and fragile health systems.

The unprecedented scope and gravity of this crisis calls for international solidarity, and a coordinated and ambitious response at global level. You will find below a summary of HI main concerns and recommendations related to COVID-19 response.

Scaled up principled and inclusive humanitarian response

COVID-19 is exacerbating humanitarian needs in countries that are already facing humanitarian crises. In conflict contexts, populations live under the threat of bombing and shelling, with partly collapsed health systems, with the forcibly displaced living in overcrowded camps without freedom of movements and proper access to water and sanitation services. The pandemic limits the access to humanitarian assistance at a time where these affected populations have more difficulties than ever to cope with the effects of the crisis.

> In Somaliland, almost half of surveyed beneficiaries report not having access to essential items to protect themselves from the illness (sufficient water, soap, masks, space to keep social distance).
>
> *HI Survey on COVID-19 in Somaliland*

New barriers resulting from the pandemic add up to the already existing barriers, challenging even more humanitarian access. Limitations of movements, disruption in humanitarian supply chains could prove life threatening when appropriate humanitarian response would require additional staff and goods. Check points and front lines can make it impossible to access health services. Sanction regimes impact even more negatively some key humanitarian activities. The impossibility to carry out medical evacuation for specialized staff involved in mine clearance put such vital programs at a halt In addition, staff from humanitarian organizations are sometimes stigmatized and perceived as vectors of transmission for the virus. Projects are being stopped and/or adapted to the necessary prevention measures to guarantee the safety of the concerned communities and the humanitarian personnel.

NGOs, as frontline responders, play a key role in responding to the needs of the most vulnerable and marginalized populations in fragile contexts. They can act quickly and have extensive operational reach, with available staff, operational partners and emergency stocks prepositioned. **They are however confronted with some acute challenges**, pertaining to ensuring protection from the virus for beneficiaries and staff, restrictions on the movement of people and goods, but also to an increased economic and financial risk due to the anticipated decrease in private funding and the uncertainty about the availability of flexible institutional funding.

Access to essential services & basic needs for persons with disabilities and vulnerable people

In countries where conflicts and humanitarian crises are ongoing and in other low income countries where HI operates, **COVID-19 pandemic is increasing the morbidity and mortality rates for specific vulnerable, marginalized and most at risk groups**, including older persons, persons with disabilities, persons living with a chronic disease such diabetes, hypertension, asthma, lung disease, heart diseases, migrants, refugees, internally displaced persons, mine/ERW survivors. Intersecting forms of discrimination, due to combining factors of vulnerability such as disability, gender and age often result in multiple forms of deprivations and restrictions to their access to services.

> In Syria, 27% of the population, aged 12 and above, are persons with disabilities, a figure far exceeding the prevalence rate for the world population (15%). In Aleppo governorates, 59% of females and 27% of males are persons with disabilities. Across the country, 99% of females and 94% of males over the age of 65 years have a disability.
>
> *Syria Protection Cluster (Turkey)'s note "A disability-inclusive COVID-19 response"*

Specific vulnerable and marginalized groups are more likely to be affected by the COVID-19 directly. Persons suffering from specific health conditions, chronic diseases and older persons, amongst them persons with some type of disabilities, are at **higher risk of contracting and developing severe cases of COVID-19**. Persons with disabilities may have **greater difficulties in accessing information on and implementing preventive measures** like for example, access to clean water/sinks, regular disinfection of assistive technologies and devices. Applying social distancing is hard or impossible for those who rely on physical contact with the environment or support persons.

In context of crises, 75% of persons with disabilities report that they do not have adequate access to basic assistance such as water, shelter, food or health. Measures taken to prevent the spread of the virus might not enable the most vulnerable, marginalized and at risk to efficiently protect themselves.

Access to healthcare in the pandemic context is of course a major challenge. By adding pressure on health systems which are already not capable of responding to "ordinary" needs, COVID-19 is **increasing morbidity and mortality from other health conditions**. Response to other health needs that are so essential to some persons with disabilities, persons with chronic diseases and older persons can be made impossible. They may be disqualified by the pressure to "choose" who should receive care in priority.

In Philippines, half of the youth with disabilities surveyed (18-39 years old), from Manila and Jakarta, need more accessible information about COVID-19 and community quarantine: 41% in Manila, 53% in Jakarta. 49% in Manila and 35% in Jakarta also need health support such as medicines, access to hospital care, and medical consultation.

HI Rapid Assessment COVID-19

Mental health is a challenge for everyone in this critical period; even more so for vulnerable population, including victims of gender based-violence, as well as some older persons and persons with disabilities.

Persons with disabilities, persons with chronic diseases and older persons also face **further risk of isolation and exclusion**, as support services and networks, including personal assistants and care givers on which they might rely on are cut or interrupted, resulting in possible disruption of vital services such as food, healthcare, wash and sanitation. Due to socioeconomic exclusion, they **are likely to be hit harder by the reverberating effects of the pandemic such as economic losses and absence of protection mechanism.**

In Nepal, the lockdown has negatively affected the livelihood of the most vulnerable population: 76% of surveyed beneficiaries report a decrease in family income, 49% in personal income, 27% report an interruption of medical and assistive device services and 17% in the provision of therapeutic services.

HI Rapid Assessment on COVID-19 in Nepal

The isolation resulting from these measures, combined with the disruption of services, increases the protection risks for the most vulnerable, especially children out of school, women and girls exposed to gender-based violence.

COVID-19 pandemic could generate a long-term increase in inequalities, as a result of the barriers to access services and the loss of livelihoods. This may represent **a major setback in the achievement of the sustainable development goals globally**.

Training of Local Emergency Teams for the awareness campaign on the prevention of COVID 19, Madagascar © HI

Recommendations

Towards governments, donors and humanitarian stakeholders to ensure effective, inclusive and principled response to COVID-19:

Humanitarian principles and unimpeded access

- Ensure that international humanitarian law, human rights, refugee rights and the rights of persons with disabilities are central to the COVID-19 related preparedness and response. Humanitarian principles should be respected to provide access to impartial and inclusive assistance.
- **Make no discrimination, in any forms** on the ground of disability, health condition, gender or age. It means that efforts must be well coordinated to ensure that no one is left behind.
- Support the call of the UN Secretary General for a **global ceasefire** made on the 23rd March 2020 to "stop the fighting everywhere now". **"Humanitarian needs must not be sacrificed".**
- **Facilitate the movement of goods and humanitarian personnel and health staff.** This includes the revision of some sanction regimes to ensure bans on goods are not having effect on the efficiency of the response, and the creation of open corridors and policies that exempt aid workers from certain restrictions.
- **Take all measures for the safety and protection of humanitarian workers,** including provision of specific protective equipment and training, compensation and self-care for humanitarian staff working under pressure. Maintain Medevac mechanisms. Ensure humanitarian staff does not become a target while they conduct the humanitarian response in the pandemic context.
- **Respect the non-refoulement principle** to allow people who are forced to flee to be protected. **Refugee rights cannot be sacrificed ever**, in time of pandemic included.

Significant funding efforts and support to NGOs

- Address the magnitude and global nature of the pandemic, **donor countries should commit significant additional humanitarian and development funding** for specific response to COVID-19 and to sustain ongoing humanitarian and development programming.
- **Ensure funding for a global response is easily accessible by NGOs, fast-tracked and flexible,** to enable them to rapidly scale up and adapt their operations to the risks posed by COVID-19. This will save lives.
- **Support NGOs operational capacities,** to ensure that existing programs can be adapted and that activities that have to be stopped or reduced can resume when the restrictions will be lifted. This entails **flexibility of funding and full eligibility of costs** such as salaries of humanitarian personnel including local staff, or additional expenses due to the necessity to implement protective measures.

Disability inclusive response

- **Partner with Organisations of Persons with Disabilities** (OPDs) as well as representative organisations of women, and older persons to design inclusive response to the COVID-19 pandemic and to deploy awareness raising action.
- Refer to the **IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, as well WHO considerations on disability during the COVID-19 outbreak,** to ensure the rights and needs of persons with disabilities are met in operational plans.
- **Collect information disaggregated by sex, age and disability**, so to have a factual account of the impact of the pandemic on the population and of the equity of the response taking into account the intersectionality of exclusionary factors.
- **Share inclusive information on COVID-19 through a diversity of accessible formats with use of accessible technologies**. Public communication should also avoid stereotyping messages and images.

Inclusive protection and health services

- **Ensure that protection is a central element of the country strategic plans for preparedness and response to COVID-19**. These plans must be grounded in strong gender analysis, and an analysis of which groups are at heightened risk of different forms of violence and abuse, with an intersectional lens. The IASC Gender Handbook, the IASC GBV and the IASC Disabilities offer adequate guidance for all sectors.
- **Increase health response and support the supply chain** to deliver appropriate health material and ensure that **vital health services for persons with**

disabilities, persons with chronic diseases and older persons continue to operate, while adapting the programs in ways to avoid the spread of the virus. Caregivers and personal assistants should have access to appropriate protective equipment and be adequately informed

- **Maintain at the hospital level, early rehabilitation care** for injured people or people with newly acquired impairments, in strict compliance with prevention measures in place. **Support and improve tele-rehabilitation**, as a critical modality to continue providing an essential health service to those who need it.

- **Adapt services in camp facilities to the pandemic,** and continue life-saving programs and protection programs. Namely WaSH and Health services need to be scaled up. Camp management activities need to be adapted and, if necessary, should ensure relocation of people to decrease the density of the camp settings.

Inclusive livelihood and social protection

- Use **unrestricted, multipurpose cash when the market is adapted,** and coordinate cash programming. This should be complemented with protective measures and support services to ensure that the most vulnerable can use the social protection measures to meet their needs.

- **Support the local market when possible**. Providing food assistance and maintaining existing social support and livelihood should not prevent the support and assistance to local producers.

- **Mobilise adequate resources and prioritise investment aimed to expand social protection systems to respond to the effects of COVID-19** on the global, local and national economy.

Training of Local Emergency Teams for the awareness campaign on the prevention of COVID 19, Madagascar © HI