

Rapid response insights: the secondary humanitarian impacts of COVID-19



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Context

COVID-19 is directly impacting people's lives around the world. Measures developed to mitigate the impacts of the outbreak on health systems and public health have caused massive disruptions to the global economy that will cause long-lasting socio-economic effects on populations globally. This briefing note examines a number of contextual changes and **negative secondary impacts resulting from these shocks, which will **disproportionately affect the poorest and most vulnerable**. It concludes with lessons from the Ebola response and recommendations on how to prepare for, and respond to, these long-term impacts.**

This paper is focussed on areas where the British Red Cross has specific insights based on programmatic partnerships. It is not intended to be an exhaustive analysis of the secondary impacts of COVID-19. Using evidence collected from BRC colleagues working at policy, technical and operational level, the briefing examines the risks to health, lives and livelihoods of the poorest and most vulnerable resulting from restrictions on movement and trade; increased food insecurity; exploitation and trafficking; increased exposure to gender-based violence (GBV); and reduced capacity of governments and humanitarian organisations to effectively respond to climate shocks.

The British Red Cross has analysed the primary impacts and direct threats emerging as a result of the COVID-19 pandemic in crisis-affected contexts in a separate briefing; by focussing on how the pandemic both exacerbates and is exacerbated by existing vulnerabilities.

This briefing was drafted in early May 2020 in the form of a submission to the International Development Select Committee's inquiry: "*Humanitarian crisis monitoring: impact of coronavirus*".¹

¹ <https://committees.parliament.uk/work/248/humanitarian-crises-monitoring-impact-of-coronavirus>

Secondary Impacts of COVID-19

The shocks and stresses of COVID-19 will lead to worldwide disruptions of socioeconomic and health systems, which will disproportionately affect the lives and livelihoods of the most vulnerable, marginalised, and economically and food insecure people.

Health, Lives and Livelihoods

Impacts on health

COVID-19 will continue to impact on access to health services in the long term, which will take a longer time to recover due to economic damage particularly in fragile and less resilient countries. For example, after five years of conflict, infrastructure in Yemen has already been devastated, with only 51% of health centres being fully functional and able to respond to the additional burden of COVID-19.

A weakened healthcare system unable to recover due to economic shocks will have a significant impact on people's health and the health services that are being delivered in the long term. Primary healthcare and surveillance services have been particularly disrupted. For example, it is estimated that 117 million children in 37 countries will not receive measles vaccinations, because immunisation campaigns have been stopped or delayed.² Measles outbreaks are currently ongoing in the Democratic Republic of the Congo (DRC) and the Central African Republic (CAR). The DRC outbreak is currently the world's largest, affecting over 300,000 people since it started in 2019, with more than 6,000 deaths – nearly three times as many as resulted from the Ebola outbreak in the country.

Loss of trust in healthcare providers and health workforce depletion as a result of poor infection prevention and control protocols in clinical settings – mainly due to limited staff training, inconsistent implementation and scarce personal protective equipment (PPE), are also major

concerns in the long-term. For example, Ebola killed 8% of health workers in Liberia and 7% in Sierra Leone, in 2014-16.³

Furthermore, **lack of access to sexual and reproductive health care** exposes women and girls to an increase in unwanted pregnancy, unsafe abortion, sexually transmitted infections such as HIV and increased maternal mortality. Weakened health services and lack of access to primary care, combined with increased levels of hunger and malnutrition will leave populations more exposed to future public health and humanitarian crises.

Impacts on livelihoods

The International Labor Organization (ILO) has estimated that under 'mid' and 'high' scenarios there will be between 20.1 million and 35 million more people in working poverty, compared to pre- COVID-19 estimates for 2020.⁴ According to the World Bank, COVID-19 will push between 40-60 million people into **extreme poverty** in 2020, of which 23 million are expected to be from Sub Saharan Africa – the hardest hit region – and 16 million from South Asia.⁵ This will be due to a number of factors, as outlined below.

Movement, travel and trade restrictions and border closure will lead to **disruption of production, market chains and trade, and consequent loss of income**. The impacts of this will be particularly harmful in countries with weak economies which are **less resilient to economic shocks and with minimal social protection**. Persons working in informal sectors are particularly vulnerable, as they have little or nothing to protect them if they are unable to go to work. The situation is expected to be particularly acute in Africa, where almost 86% of employment is informal, according to ILO.⁶ Other long-term impacts may include: reduced quality of work with lower wages and increased risk of exploitation; less job opportunities in both the formal and

2 <https://measlesrubellainitiative.org/measles-news/more-than-117-million-children-at-risk-of-missing-out-on-measles-vaccines-as-covid-19-surges>

3 [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00065-0/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(15)00065-0/fulltext)

4 www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang--en/index.htm

5 <https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest>

6 www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_627189/lang--en/index.htm

informal sector, and increased unemployment. Countries already struggling with the effects of climate change will face a double burden as restrictions due to COVID-19 will disrupt agriculture production with a significant impact on the income and livelihoods of everyone in the agricultural value chain – from producers, to processors, transporters, and vendors. One example is North and East Syria (NES), where 59% of the total livelihoods and agricultural production have been suspended since the beginning of the COVID-19 crisis response (14 March).⁷

Disruption of **trade flows** providing a lifeline to millions of people across the world, particularly in import-dependent countries, such as most Sub-Saharan countries, can be equally devastating. In 2018, most Sub-Saharan countries including South Sudan and Somalia imported more than 40 million tons of cereals from around the world to compensate for gaps in local food production.⁸ In Yemen, as demand soars and the movement of goods becomes increasingly restricted, the prices of food and other essentials are likely to rise, exacerbating food shortages and chronic hunger and negatively impacting on the livelihoods of Yemenis in a struggling economy.⁹

These economic shocks will disproportionately hit vulnerable groups, including:

- Migrant workers and displaced populations working both formally and informally are often ill-protected from economic shocks. Migrant workers are often separated from their families, they frequently rely on their employer for food and accommodation, or they live in communal rented accommodation or slums. They often lack family and social networks and are heavily dependent on insecure employment. This leaves many migrant workers, including domestic workers, exposed to increased level of violence or exploitation at the hands of their employers or traffickers, including heightened risk of

sexual exploitation and abuse (SEA) and other forms of Gender-Based Violence (GBV).¹⁰ National and international migrant workers who lose their job will become unable to support themselves or send money to their families (remittances); resulting in both a local and remote impact and depriving families from an often essential source of income. Where migrant workers are forced to return home for their survival, they may put additional pressure on already stretched resources.

- Women and girls in fragile countries face specific challenges. Women in disaster affected contexts are frequently employed in informal, low wage activities that are easily disrupted. During the West Africa Ebola outbreak, movement restrictions hampered women's ability to cultivate land, engage in other agricultural activities and conduct trading activities. Women's village savings and loans associations are already being impacted in countries such as Lebanon, as women are unable to pay back loans, affecting their long-term economic prospects and causing them to turn to dangerous coping mechanisms or taking loans with high interest. The loss of jobs and income will place pressure on women and girls to engage in unsafe livelihood activities and expose them to exploitation.¹¹

7 https://fsccluster.org/sites/default/files/documents/2020.04.13_-_covid_19_-_fsc_weekly_situation_update_-_external.pdf

8 <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>

9 www.acaps.org/sites/acaps/files/products/files/20200409_acaps_risk_report_covid-19_impact_on_yemen_update.pdf

10 See GBV AoR Helpdesk, COVID-19 Impact on Female Migrant Domestic Workers in the Middle East

11 www.care-international.org/files/files/CARE_Implications_of_COVID-19_on_WEE_300420.pdf

Food insecurity

As the virus and the measures imposed to limit its spread threaten lives and livelihoods, as well as trading networks and markets people rely on for survival, WFP estimates that COVID-19 will **almost double acute hunger by the end of 2020**, bringing the total to 265 million people.¹² Concerns are particularly high in countries across Africa as well as the Middle East.

WFP estimates that a total of 20 million people across nine **East African** countries are food insecure and this is likely to increase to between 34 to 43 million during the next three months due to COVID-19 and its consequences.¹³ A new desert locust wave is threatening the new crop season in Kenya, Somalia, and Ethiopia and the livelihoods of people that depend on them for survival. Travel restrictions are causing delays in the supply of pesticides. In urban settings, hundreds of thousands of people employed in the informal sector have already lost their sources of income.

Prior to the pandemic, food insecurity in the **Southern Africa** region was already alarmingly high, with a record 45 million food insecure people. It is estimated by the Southern Africa Development Community (SADC) that acute malnutrition rates will increase by 25% in the region.¹⁴ COVID-19 may exacerbate the food security situation of 1.3 million people already acutely food insecure in Sierra Leone or of 4.3 million in Zimbabwe.¹⁵

In December 2019, 10.8 million people were food insecure (crisis phase 3 out of 5) through 16 countries of the **Sahel and West and Central Africa region**. This number could reach 15.5 million by August 2020 (lean season) – a record in the last 15 years. Food insecurity in the region is due to high levels of poverty, lack of access to basic services, inadequate agriculture and food policies, though the two main drivers that have

led to this situation include **climate change** and civil insecurity and conflict, with the consequent displacement of population. Climate change has already delayed the rainy season of two months in Mauritania and Senegal and caused poor spatial and temporal distribution of rainfall, irregular **rains** with longer-lasting drought episodes, rainfall deficits, and localised floods at the end of the season during several years.¹⁶

People living in **conflict settings and refugee camps** in countries such as North-eastern Nigeria, South Sudan, Syria, and Yemen, which are already partially or totally dependent on humanitarian assistance, are also particularly vulnerable. For instance, in **Syria** irrespective of COVID-19, out of a total population of 17 million, 11 million (including 6 million children and 800,000 elderly people) need humanitarian assistance. Of these, 4.5 million are in acute need. As the conflict continues people are being pushed further into poverty and are resorting to negative coping strategies to survive, including going into debt and reducing meals, with unemployment and high food prices being identified as the main causes.¹⁷ In Yemen, protracted conflict and currency depreciation will lead to alarming rates of acute food insecurity and subsequent acute malnutrition, with the recent flash floods aggravating the situation and increasing humanitarian needs.¹⁸

Due to pre-existing gender inequality, **women and girls are disproportionately affected** by food and nutrition insecurity and malnourishment. They often eat last and least. Where women are primarily responsible for procuring and cooking food, the responsibility to feed the families lies with them, putting them at heightened risk of domestic violence where they fail to do so, as well as dangerous coping strategies, such as offering sex or marrying off their children in exchange

12 <https://insight.wfp.org/covid-19-will-almost-double-people-in-acute-hunger-by-end-of-2020-59df0c4a8072>

13 https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20East%20Africa%20Corona%20virus%20Pandemic-%20%28COVID-19%29%20Update_2020April24%20%231.pdf

14 SADC food security quarterly update Jan – Mar 2020

15 www.livelihoodscentre.org/documents/114097690/181759481/FSL+Impact+and+COVID+19.pdf/1f4fc1c2-73d1-f756-5c1d-e8e33b94026d?t=1586863881452

16 www.fao.org/2019-ncov/q-and-a/impact-on-food-and-agriculture/en

17 www.wfp.org/emergencies/syria-emergency

18 <https://reliefweb.int/report/yemen/yemen-flash-floods-flash-update-no-3-30-april-2020>

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NIGERIENNE



for goods and food.¹⁹ In the 2013-2016 Ebola outbreak in West Africa the economic impacts placed women and children at greater risk of exploitation and sexual violence.²⁰ Lessons from the Ebola response in West Africa revealed that the end of the outbreak did not automatically ease food insecurity in affected communities.²¹

The COVID-19 pandemic will affect:

- **Availability of food** – In the medium and long-term, severe and ongoing outbreaks could compromise and reduce food availability in local and international markets. As a result of border closure, transport limitation and quarantine, activities halted in supplier countries may limit availability in dependent countries. Disruption of local production, movement restrictions and social distancing can affect the availability of fresh produce and may have significant impacts in conflict-affected areas, which typically rely on internal production rather than imports.
- **Access to food** – Loss of income, increased prices and limited availability may limit access to essential food items, and movement restrictions may limit access to more affordable markets. Urban areas are likely to be particularly affected as people tend not to produce their own food and are thus entirely dependent on markets to access food and hence are more vulnerable to market closure, price fluctuations and potential availability problems.
- **Nutrition** – One of the main coping strategies in times of crisis is the change in food consumption patterns – to eat less and prioritise cheaper and less nutritious food to reduce costs. Consequences in terms of nutrition are concerning, as mortality rates of COVID-19 are expected to be higher among malnourished people that have developed the disease. Infants and children under five are particularly affected by acute malnutrition which can lead to stunting, wasting, impacts on cognitive development

and can more easily lead to death. Women are also disproportionately affected as a result of pre-existing gender inequalities as well as their increased nutritional requirements during menstruation, pregnancy and post-partum. Nutrition deficiency, especially at the societal level, can have long-term generational impacts, negatively affecting overall development gains including through loss of education, reduced labour force, higher morbidity and mortality. Access to nutritional treatment programmes may also be disrupted due to containment measures, changes in service provision, availability of resources and fear of attending facilities for risk of exposure to COVID-19.

- **Humanitarian assistance and social protection** – The disruption of existing humanitarian programmes as a result of movement restrictions, supply chains and funding shortfalls will reduce the capacity of humanitarian organisations to respond to the secondary impacts of COVID-19. Existing social protection mechanisms will be impacted by a reduction in GDP as a result of the economic impacts of the pandemic. Disruption of resources for social protection, including cash-flows, and humanitarian programmes is particularly concerning as they are crucial to enable individuals and households cope with this crisis and protect the livelihoods and wellbeing of all those affected in the long-term. 159 Governments have planned or started implementing social protection programs in response to COVID-19.²² However, in some of the most vulnerable countries, the direct support is limited to a one-off payment and linked with loss of income or waiving fees for utilities. For example, in Sudan, the support planned is a one-off food parcel to cover a three week need. Social protection programmes must also contribute resources to local economies to boost recovery in the mid and long term.

19 https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf
https://reliefweb.int/sites/reliefweb.int/files/resources/giha_wg_advocacy_brief_covid_19_outbreak_and_gender.pdf

20 UNGA A/70/723. Protecting Humanity from Future Health Crises: Report of the High Level Panel on the Global Response to Health Crises; UNICEF Helpdesk, “GBV in Emergencies: Emergency Responses to Public Health Outbreaks,” September 2018, p. 2

21 https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-implications-of-COVID-19_Full-Report_March-2020.pdf

22 <http://documents.worldbank.org/curated/en/883501588611600156/pdf/Social-Protection-and-Jobs-Responses-to-COVID-19-A-Real-Time-Review-of-Country-Measures-May-1-2020.pdf>

Trafficking and exploitation

The socio-economic disruptions caused by the COVID-19 pandemic are likely to lead to an increase in exploitation and human trafficking. As poverty, unemployment, economic and societal inequality and economic insecurity – main drivers of vulnerability to trafficking in persons – intensify, so does the risk of exploitation, particularly for groups of people who are already marginalised.²³ Lockdowns and movement restrictions, loss of livelihoods and the consequent struggle of families and communities to provide for their basic needs, disruption of social safety nets and limited options to seek protection safely and regularly, are likely to create the conditions for the emergence of new trafficking trends, heighten vulnerabilities of people already in conditions of exploitation and negatively impact on service provision and the ability to identify, protect and support trafficked people.

Heightened risk of trafficking for at-risk persons

The pandemic will heighten existing economic, social and health-related vulnerabilities as well as create the conditions for **new vulnerabilities to emerge**, particularly in already fragile states with weak economies. These include poverty, lack of education, disabilities, GBV, trauma, substance addictions, homelessness, marginalisation, irregular immigration or stateless status of people fleeing conflict or violence. The COVID-19 crisis may push individuals to take greater risks to survive or provide for their families. As organisations, institutions, and businesses are closed, with supply chains impacted through changed demand for goods and services, millions of people find themselves in even more insecure conditions, creating a fertile recruitment ground for traffickers.

In countries that British Red Cross is supporting with **weak health, welfare and social care** mechanisms and where individuals do not benefit from any form of social protection, traffickers

might also offer access to financial assistance or bond victims into debt to provide for vital food supplies and healthcare.

Travel disruption, movement restrictions, and border closure and monitoring are changing global migration patterns. For example, in countries where British Red Cross works in East, West and Central Africa, more people are likely to resort to irregular methods of movement and use risky means to cross borders, including smuggling, which can increase risks of trafficking as well as exposure to the virus.²⁴ Loss of livelihoods, access to food and essential services may also mean that domestic or international migration becomes an option for people who may have not considered to migrate before.

Experience from other crises reveal how disruptions to **education services** or separation from caregivers who fall sick as a result of the virus can leave children unattended and increasingly vulnerable to exploitation. School closures can also have a financial impact on families, which often rely on school meals to feed their children. Increased poverty may also prompt caregivers to entrust children to traffickers under false promises of providing them with education, marriage or work.²⁵

Loss or reduction in the household income may result in **increased child exploitative labour**.²⁶ Children might be asked by parents to go out and beg so they can put food on the table, or in search of food and income. The risk of physical and sexual abuse of children and child marriage might also increase.

Homelessness may be a risk for children whose parents were being provided accommodation from their exploiter, particularly where lockdowns have led to closures of places of exploitation. This may place children at heightened risk of trafficking.

The pandemic may also result in a change of forms of exploitation. For instance, as a result

²³ www.unodc.org/documents/human-trafficking/An_Introduction_to_Human_Trafficking_-_Background_Paper.pdf

²⁴ www.csis.org/analysis/five-ways-covid-19-changing-global-migration

²⁵ Global Protection Cluster Task Team on Trafficking Covid Guidance

²⁶ [www.unicef.org/media/65991/file/Technical%20note:%20Protection%20of%20children%20during%20the%20coronavirus%20disease%202019%20\(COVID-19\)%20pandemic.pdf](http://www.unicef.org/media/65991/file/Technical%20note:%20Protection%20of%20children%20during%20the%20coronavirus%20disease%202019%20(COVID-19)%20pandemic.pdf)

of school closure and lockdowns, children are spending more time **online** thus heightening the risk of online sexual abuse and exploitation. This has already been reported in Europe and South East Asia.²⁷

Increased poverty and fewer livelihood options also leave women and children exposed to trafficking for purposes of sexual exploitation, sexual slavery or domestic servitude. This is extremely dangerous work given their exposure to violence and health risks, including COVID-19. Financial pressure on agricultural, factory, industrial and construction sectors which often rely on migrant workers, could lead owners and managers to seek out cheaper, more informal labour, paving the way for increased exploitation by traffickers and more dangerous work conditions.

Increased risks for people in situations of trafficking and those who have exited exploitation

Traffickers may become more violent and abusive or force victims of trafficking into more dangerous situations to try and recover lost income. Furthermore, border closure may result in trafficking routes being disrupted, resulting in victims of trafficking being locked in buildings or houses near borders for a long period of time, without access to food or healthcare. This is of course in addition to the health implications of COVID-19.

Lockdowns and closure of community infrastructure will increase the level of exploitation and harm of trafficked people who are in the same environment as their trafficker, for instance migrant domestic workers.²⁸ This is particularly relevant for workers whose immigration status is bound to their employer by a sponsorship system.

Many trafficked persons may fear the consequences of seeking care, due to lack of firewalls between essential services and immigration agencies.

Restrictions of in-person interactions in clinics, shelters and offices of service providers limits the support available to trafficked persons which may increase the likelihood of further harm and/or re-trafficking and exposure to new forms of exploitation.

Increased competition in smaller corners of market may force prices to be pushed down creating more conditions for harsher exploitation. For example, many sex workers have started online services as a result of lockdowns which led to a surge in such services and in a drop in prices. As a result, traffickers may divert people to more niche and potentially more dangerous corners of this market.

Similarly, with the closure of businesses and industries where people may have been exploited, individuals have been moved into different industries and it is vital that work is done to understand where they are currently being held and detect the new emerging issues they will develop and require support for.

During social and economic lockdown, trafficking survivors will struggle to access their full rights and entitlements, delaying and restricting their ability to recover and achieve social inclusion. Some countries have a pre-determined recovery time for trafficking survivors before they are returned to their countries of origin. If this time is not reviewed and extended in light of COVID-19 it could result in the premature return of survivors leading to secondary abuse, exploitation and re-trafficking. The long-term impact of COVID-19 on economies around the world will also pose

27 Sullivan, M (2020), www.npr.org/sections/coronavirus-live-updates/2020/04/08/828827926/child-sex-abuse-livestreams-increase-during-coronavirus-lockdowns

28 Amnesty International's Middle East and North Africa Regional Director, Heba Morayef, on the 14th of April 2020 said that "While staying at home will help prevent the spread of COVID-19, it increases the risk of exploitation and other forms of abuse suffered by live-in migrant domestic workers at the hands of their employers," www.amnesty.org/en/latest/news/2020/04/lebanon-migrant-domestic-workers-must-be-protected-during-covid19-pandemic

additional risk of re-trafficking. Assessing people's return based on the situation in their country of origin and, where they cannot safely return, providing opportunities for survivors to remain, would reduce the risk of re-exploitation.

Isolation may enhance the after-effects of traumas or trigger memories of confinement and exploitation for survivors of trafficking who can be at risk of self-harm and unable to access psychological support.

Disruption of support services, law enforcement and monitoring

The restrictions imposed as a result of the pandemic have resulted in closures of clinics, shelters, and service providers, affecting the support services to identify, safeguard and support trafficked persons. This may also include asylum and trafficking claims being halted or delayed, preventing trafficked people from accessing their entitlements under national and international law. Lack of services may increase the prospect of further harm or re-trafficking. Deviation of funding due to COVID-19 may also result in fewer support services being available to trafficked persons.²⁹

Similarly, the restricted capacity of criminal justice systems may reduce the ability of law enforcement to identify victims and investigate cases, while operations to uncover trafficking might be postponed, leaving individuals more vulnerable to traffickers, who will exploit these gaps to act with impunity. Cessation of labour inspections as a result of restrictions and lockdowns may increase the risk of labour trafficking and exploitation.

²⁹ www.csis.org/analysis/five-ways-covid-19-changing-global-migration

Gender equality and gender-based violence

Existing evidence from other humanitarian contexts reveals that GBV increases in the wake of crisis, with women, children, disabled persons and sexual minorities disproportionately affected.³⁰ Women and girls in conflict affected contexts, such as South Sudan and DRC, are already exposed to high levels of sexual violence.³¹ The impacts of COVID-19 on GBV in crisis contexts will be exacerbated by:

- Public health measures designed to limit the spread of infection – social distancing, self-isolation and school closure
- Impacts on the economy, livelihoods and impoverishment
- Impacts on criminal justice processes, peace processes and law and policy making.

Types of GBV expected to increase

- **Domestic violence:** The immediate impact of COVID-19 on increased levels and ferocity of domestic violence has already been documented.³² This can include physical, sexual, emotional and financial abuse, neglect and exploitation of women, girls, boys and men. Girls face specific threats of early and forced marriage, rape and child pregnancy. Other at-risk groups include disabled persons, older women and migrant domestic workers.
- **Sexual exploitation and abuse:** Social isolation, quarantine, loss of livelihood, impoverishment, and increased dependence on external assistance leaves people vulnerable to exploitation. This includes sexual exploitation and abuse by those in positions of power. During the Ebola response in West Africa, despite the risk of contracting Ebola, there were reports of sex being demanded in exchange for water and food in places of quarantine.³³
- **Early marriage and early and/or unwanted pregnancy:** Women and girls report concerns about an increase in early and/or unwanted pregnancy due to increased presence of men and boys in the home due to lack of employment, social distancing and closed schools, domestic violence and early marriage as a strategy to cope with the loss of income. Early marriage and/or unwanted pregnancy combined with restricted access to sexual and reproductive health care can contribute to long-term health, social and economic repercussions including increased infant and maternal mortality, complications from sexually transmitted infections, loss of education or livelihood, impoverishment, stigmatisation, ostracization, and mental health issues.
- **Burden of care work:** Women and girls face an increased burden of care work, mostly unpaid or underpaid, including looking after the sick and other dangerous work. They may be tasked with more frequent collection of water to respond to increased hygiene requirements, adding to the burden of work and, in contexts of conflict and violence, also exposing them to sexual violence and harassment on journeys.
- **Dangerous survival strategies:** Families in crisis often turn to survival strategies which can lead to violence and discrimination. The impact of this depends on pre-existing age and gender inequalities, however women, LGBTQ, and children are often disproportionately affected. Girls are more likely to be neglected, denied education and forced into early marriage. Some people may turn to survival sex and those employed in sex work are likely to be pushed into more invisible, less regulated and more dangerous situations as a result of public health measures.

Obstacles to seek support

Victims/survivors are more invisible than ever before and less able to seek and access support. GBV survivors confined by social distancing face increased surveillance and control by the perpetrators of violence. Access to already scarce GBV response services are further hindered by movement restrictions, public health policies, and virus transmission prevention measures. The inability to access help is exacerbated in contexts such as Cox's Bazar, Bangladesh, where displaced populations are prevented from accessing the internet and in contexts like DRC and CAR where mobile phone coverage is limited. Persons with disabilities, especially those that are deaf are particularly hard to reach. Such delays can lead to hospitalisation and even death. Prevention efforts need to be adapted and special measures adopted to identify, communicate with and access those at risk ensuring that life-saving GBV services continue to be provided during Covid-19.

Short and long-term impacts on life saving services

Provision of GBV services is challenging under lockdown, including case management, safe houses, sexual and reproductive health care, psycho-social support services and law enforcement. Many support services have been forced to reduce caseloads or close altogether, due to inadequate funding and PPE and concerns over virus transmission. COVID-19 will increase the number of people requiring GBV support services and necessitate new innovations to reach survivors, yet the long-term impacts of COVID-19 are likely to reduce funding and political support for these services, especially in crisis affected contexts, for years to come.

Long-term social, economic, and health consequences

Long-term social economic and health impacts at the societal level will, if unaddressed, contribute to a reversal in development gains. COVID-19 will impact significantly on the achievement of Sustainable Development Goal 5, Gender Equality, as universal access to sexual reproductive health care, equal access to economic resources and decent work for women, elimination of GBV and harmful practices such as child marriage and female genital mutilation/cutting and adoption of new legislation and effective prosecution of sexual and gender-based violence, and equal opportunities for leadership will all face set-backs. This is also true for progress made on the women, peace and security agenda (UNSCR 1325 and subsequent resolutions). Without immediate action, COVID-19 will disrupt many hard-won efforts across the world to address discrimination, violence, and exploitation as criminal justice processes close down, diplomacy, law and policy making is put on hold and funding is redirected.

Gender inequality and exclusion

Gender inequality results in the exclusion of women from decision making, lack of access to information and limited control over resources. Women's lives are often the least protected. Women are at the frontline of this response, constituting most of the health workforce, and often the primary caregivers, therefore consulting and engaging women would have a multiplier effect. Now, more than ever, women need to be brought into the conversation. The global pandemic has shed light on secondary violence in humanitarian crises like never before and flagged weaknesses within our operational systems. COVID-19 thus creates **opportunities for improved engagement and innovation** in how we identify, mainstream and respond to protection risks; including through engagement with new actors across the humanitarian, development and peace nexus, for immediate and long-term change.

Climate change and extreme weather

The impacts of climate change and COVID-19 are connected and compound each other. They both act as risk multipliers by highlighting and exacerbating vulnerabilities while causing long-term shocks which translate into an array of socioeconomic impacts disproportionately affecting the poorest and most vulnerable. While COVID-19 is the most urgent threat facing humanity today, the UN Climate Change Executive Secretary, Patricia Espinosa has reminded us that “climate change is the biggest threat facing humanity over the long term.”³⁴

Impact on ability to prepare for, respond to and recover from climate disasters

Extreme climate and weather-related disasters are not on hold due to COVID-19. Rather, COVID-19 is impacting the ability to prepare for, respond to, and recover from climate-related disasters. Quarantines and lockdowns imposed to limit the spread of the virus will make it more challenging for local, national, and international actors to respond when the next weather-related hazard hits and put the most vulnerable at even greater risk. This includes efforts of disaster risk reduction, early warning and humanitarian response work. A localised response is essential and there is a need to invest into national actors' preparedness and response capacity as COVID-19 will make it more difficult to provide international surge capacity. While currently struggling to respond to COVID-19, countries with stretched disaster response capacities in Asian and Pacific Islands,³⁵ as well as some African regions, will have to consider how they can deal with the coming weather-related crisis as monsoons, heatwaves, cyclones/hurricanes and floods seasons approach.

- For instance, **Cyclone** Harold hitting several South Pacific countries has flooded towns and left many homeless. The threat of the virus and restrictions imposed to stop it can severely impair efforts to evacuate communities to keep them safe from tropical cyclones. Even when people are moved into evacuation centres, practising social distancing is impossible.
- The Philippines are trying to balance their response to the people affected by COVID 19 in addition to supporting thousands of people displaced by a **volcano eruption** in January and by last year's cyclones. The situation may become even more stretched as the Philippine **monsoon season** starts in May, although most of the more than 20 storms the country sees each year come between June and August.
- In Kenya, heavy rains have already caused flash **floods** and landslides and the Kenya Meteorological Department has warned that the ongoing rains will increase. The rains have caused difficulties in Kisumu county where families have been displaced in Nyando, Kisumu Central and Nyakach leading to concerns that overcrowding in rescue centres could spread COVID19.³⁶ The Kenya Red Cross reports that access to health facilities is becoming a challenge with roads cut and bridges destroyed by the floods and calls for an integrated approach in the response to support the people facing the double crisis.³⁷

Impacts on the most vulnerable to climate shocks

COVID-19' secondary impacts will disproportionately affect people who are vulnerable to climate shocks. Extreme climate and weather-related disasters exacerbate vulnerabilities, increasing displacement, food insecurity, health issues, lack of access to healthcare, education and clean water. COVID-19 is disproportionately affecting the very same people who are vulnerable to climate shocks, who are least able to protect themselves or recover from extreme weather events, for instance migrant and displaced people, people with disabilities, or the elderly.

Impact on over-stretched health systems

Over-stretched health systems may not be able to cope with an additional burden. COVID-19 may stretch healthcare facilities hindering their ability to respond to upcoming weather-related hazards. This is particularly concerning in countries with existing damage to vital infrastructure. Resilient, equitable and well-resourced health systems are essential to recover from climate-related disasters, as shown by communities in Haiti, which would have been much more adept to cope and recover from Hurricane Matthew of 2016, had they had a strong health system in place.³⁸ For example, the heatwaves forecast in India and Pakistan in the coming months could have catastrophic impacts for people in settlements or lockdown with little access to water or relief from the heat, and with health systems unable to cope with an increase in caseload of non-COVID-19 patients.³⁹

Impact on climate action

Measures to prevent the spread of COVID-19, including closing down industries and businesses, imposing travel restrictions and drastically reducing air travel have resulted in a significant drop in air pollution and greenhouse gas emissions.⁴⁰ However, this is only short term and there is a concern that as the pandemic subsides, these could rapidly increase again unless there is a serious commitment to green recovery.⁴¹

2020 was recognised as a vitally important year for climate action, with COP 26 acting as a key moment for international action due to the deadline for renewed Nationally Determined Contributions (NDCs). It is crucial to not lose a whole year in vital climate negotiations especially for countries that will be even more vulnerable now to the impacts of climate change. Climate action must remain a priority as COVID-19 is making it more challenging to address extreme weather-related disasters, 90% of which are now regarded as climate-related.⁴² For instance, more needs to be done to strengthen and **invest in risk-informed early warning systems** and **early action capabilities** linked to crisis finance instruments.⁴³ Vulnerable communities in countries with weak disaster preparedness systems are the most at risk as they are unable to cope with multiple hazards. It is essential to develop such capacity at the local level.⁴⁴ Discussions are already underway for major economic recovery (fiscal stimulus) packages to address the impacts of lockdowns – it is important to use these to accelerate investments in green energy and transport, resilient infrastructure and climate change adaptation to build back better.⁴⁵

Lessons from Ebola and the need for localisation

Lesson 1: Responses need to be as locally-led as possible

Local and international actors are able to make unique and essential contributions in situations of crisis. With current restrictions on travel imposed in nearly all countries as a result of COVID-19, it is clear that the response will be primarily locally-led.

Past humanitarian responses to epidemics show that local actors, which have strong links to and are generally more trusted by communities, are key effective respondents on the ground and therefore need to receive the support they need. During the Ebola outbreak, local organisations did receive funding from the UK government, though, probably as a result of traditional funding structures, it was primarily for “curative activities” such as building hospitals.⁴⁶ However, small, community-led organisations and community volunteers must be placed at the centre of decision making on funding and receive flexible long-term funding to respond to the needs identified by them, and ensure effective prevention and behavioural change. This also includes support to supply chains and funding for core costs, as well as support to keep local staff and volunteers safe.

DFID’s funding to the Movement’s COVID-19 response is key to a locally-led response, as it is enabling the largest national network of humanitarian organisations to be mobilised as auxiliaries to their states and access the most vulnerable globally.

Lesson 2: Community engagement is key to reduce transmission, lack of trust in healthcare providers and tackle misinformation

During the Ebola outbreak, communities, and local customs and behaviours – such as communal meals or ceremonies – were largely

seen as part of the problem rather than key actors in the response to the disease.⁴⁷ However, a top-down medical approach fostered rumors, misinformation and stigma as well as triggering resistance to official treatment, which countered humanitarian efforts. Engaging communities and volunteers at the early stages of the outbreak is key for:

- **Identifying and recognising patterns of illness and disseminating life-saving information and best practices** on how to limit COVID-19 infections. Listening to communities’ needs and incorporating that information in response-planning is also important. For example, implementing safe and dignified burials – where appropriate public health measures are adopted whilst incorporating adapted local traditions – was crucial to curb the 2014-16 Ebola outbreak in Western Africa. Red Cross volunteers were, and are today, instrumental in ensuring community acceptance and compliance with this approach.
- **Tackling rumours, misinformation and stigma** linked to COVID-19. For instance, IFRC used radio, mobile cinemas and house-to-house visits as part of its response to the Ebola outbreak in DRC.⁴⁸

Lesson 3: Humanitarian Impacts of COVID-19 need to be tackled holistically

While the most immediate impacts of COVID-19 are health related, COVID-19 must be treated as a broad humanitarian crisis and include interventions beyond medical provision. Wider implications of the Ebola outbreak on livelihoods, food security and protection that were neglected left vulnerable groups without adequate assistance.⁴⁹

For instance, the current crisis is impacting the economic resilience and livelihoods of all people directly and indirectly affected by COVID-19,

46 www.devex.com/news/dfid-has-learned-a-lot-in-ebola-response-85427#.Xo3ownajN_Y.email

47 www.odi.org/blogs/16779-covid-19-five-lessons-ebola

48 <https://media.ifrc.org/ifrc/2019/07/13/radio-tackling-rumours-misinformation-drcs-deadliest-ebola-outbreak/>

49 www.odi.org/blogs/16779-covid-19-five-lessons-ebola

particularly the most marginalised groups living in countries with weak social protection systems. The Ebola outbreak showed us that lack of social safety nets aggravates poverty and unemployment, leading to a vicious circle of even greater fragility.

The damage to economic resilience and livelihoods is already forcing people to adopt negative – and sometimes irreversible – coping strategies to continue to meet their basic needs. These may include reducing the number and quality of meals (particularly adult household members for the benefit of their children); reducing funds available for education to be spent on food, incurring debt to purchase food; selling productive assets; exploiting or degrading natural resources; migration and child labour.⁵⁰

Lesson 4: Cash-based assistance to restore livelihoods and resilience

Multi-purpose cash can be the most effective emergency response of government-led shock responsive safety nets in the face of COVID-19. As a major complementary component to health and sanitation interventions, the provision of cash or voucher assistance can help:

- **Facilitate ongoing access** to key basic services such as health, education and water and protect people's livelihoods. **Early action is key** as it can strengthen communities' coping capacity and economic resilience, while also reducing the secondary impacts on vulnerable households from longer-term economic effects.
- Meet basic needs and reduce the use of **damaging coping strategies** which could have long-lasting effects.
- Protect **livelihoods** and **prevent assets depletion** to levels that would undermine the recovery capacity of the household or lead to destitution.

- **Kick start markets' functionality** in contexts where there is lack of demand and markets are unable to adapt to the crisis. It can do so by working with retailers with market-based interventions and vouchers.

- **Reduce risk of transmission** to staff, volunteers and communities, by using digital payments to deliver assistance and can be **adapted to each specific context as it is a very agile tool.**

The provision of support for livelihoods restoration and diversification through cash grants can help:

- **Support recovery off small businesses** by replacing stocks, paying utilities and debts, and adapt to new market demands.
- **Create new income opportunities** for women, youth, and those who are unable to resume their former activities.
- **Increase employability** and skills development through technical vocational and educational trainings.
- **Support markets functionality** and restore availability and access to basic food and livelihoods inputs.

Promising practice from the Ebola crisis **integrated GBV elements** into cash-based assistance programmes. For instance, a USAID / Food for Peace cash transfer in Sierra Leone provided sexual exploitation and GBV training to distribution partners, including mobile money agents.⁵¹ Women-headed households need to be prioritised when implementing cash transfers and it is essential to develop targeted economic strategies to empower women economically as active agents of recovery and change, to mitigate the outbreak's long-term impacts and support them to build resilience for future shocks.⁵²

50 <https://reliefweb.int/sites/reliefweb.int/files/resources/a-potential-secondary-humanitarian-impacts-of-a-large-scale-ebola-outbreak.pdf>

51 www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg.pdf

52 <https://gbvaor.net/sites/default/files/2020-03/GiHA%20WG%20advocacy%20%20brief%20final%5B4%5D.pdf>

Lesson 5: Civil military relations

Appropriate civil-military relations can contribute to better humanitarian outcomes in health crises.⁵³ It is generally accepted that, “a more secure world that is ready and prepared to respond collectively in the face of threats to global health security requires global partnerships that bring together all countries and stakeholders in all relevant sectors, gather the best technical support, and mobilise the necessary resources for effective and timely implementation of the International Health Regulations.”⁵⁴

Civil-military relations are potentially more challenging in a health crisis than during other types of response as their objectives may be different; while for humanitarian actors the objective is to save lives and treat the individuals at the centre of the crisis, for the military the priority may be containing the outbreak.

As shown in the Ebola outbreak, there is a need to better understand the potential to work together in these complex cases so that the needs of people at the centre of the pandemic are adequately addressed, while preserving the principled independence and neutrality of humanitarian action. These include understanding what planning assumptions each actor uses in order to inform thinking and readiness; how well civilians and the military know each other; what they can do well together and what needs to change.⁵⁵

Recommendations

Recommendation 1

The UK government to maintain global leadership in delivering principled humanitarian action

in responding to the long-term impacts of COVID-19 and to scale up principled humanitarian support to countries that will need additional financial, technical, or operational resources.

Recommendation 2

Scale up cash-based assistance as a major complementary component to health and sanitation interventions

⁵⁶ to help restore the economic resilience and livelihoods of the most vulnerable and marginalised communities and assist with direct and indirect health costs. British Red Cross has a new Cash and COVID-19 webpage to inform the Movement's cash-based assistance response to COVID.⁵⁷

Recommendation 3

The food security, economic resilience and livelihoods of the hardest hit by the economic shocks of COVID-19 must remain a priority

for the UK and donor governments, the humanitarian sector and national policy makers, in line with Sustainable Development Goal 2. Projections and vulnerability data produced must be accessible for decision makers and inform early action protocols; and there needs to be funding available to finance the response. British Red Cross is co-hosting the remote livelihoods helpdesk to support Movement response to COVID-19.⁵⁸

⁵⁶ www.agendaforhumanity.org/initiatives/3861

⁵⁷ www.cash-hub.org/resources/cash-and-covid-19

⁵⁸ www.livelihoodscentre.org/covid-19-help-desk



Photo © Farzana Hossen/BFC

Recommendation 4

Maintain or increase funding for essential health services – such as immunisation campaigns, sexual and reproductive health, and maternal and child health – and continue or establish community health programmes, to address COVID-19 impacts on local health services.

This will also strengthen local national capacity for epidemic outbreak prevention, preparedness and response capacity in those countries; and increase equitable access to health for vulnerable populations. As a matter of priority, funding support should target infection prevention and control capacity of health services, addressing the gap in personal protective equipment and materials availability. This will not only address immediate COVID 19 response, but also preserve future health workforce capacity.

Recommendation 5

The UK government to continue to lead international efforts to tackle modern slavery and human trafficking

and take steps to convene international cooperation to reduce the increased risks and impact of trafficking as a result of COVID-19. This should be done by reaffirming commitment to the Call to Action to End Forced Labour, Modern Slavery and Human Trafficking⁵⁹ and working to make sure policy is put into practice and objective 10 of the Global Compact on Migration is implemented.⁶⁰ It is also necessary to ensure firewalls between essential services and immigration agencies to allow migrants to access care regardless of their immigration status, and ensure funding for international anti-trafficking work is continued and funds that have been already allocated for the prevention, identification and support of trafficked people are not diverted to other areas during and after the pandemic. Many anti-trafficking organisations continue to provide life-saving prevention and protection work such as remote casework and innovative communication. Continuity of funds will allow organisations to respond to the expected increase in numbers and long-term needs of trafficking survivors.

Recommendation 6

Ensure that gender-based violence is addressed and resourced within COVID-19 response and recovery plans, including through scaled-up prevention activities and lifesaving GBV service provision.

The UK government should reaffirm its commitment to prevent violence against women and girls and sexual violence in conflict and maintain its global leadership by funding the development of innovative responses which address the secondary impact of COVID-19. This can only be achieved through a commitment to put women and girls front and centre of the economic response to ensure advances in gender equality are maintained.

59 www.gov.uk/government/publications/a-call-to-action-to-end-forced-labour-modern-slavery-and-human-trafficking

60 https://refugeesmigrants.un.org/sites/default/files/180711_final_draft_0.pdf

Recommendation 7

Consider the impact of climate vulnerabilities when developing and financing responses to COVID 19 and invest in risked-informed early warning systems to prepare for extreme weather, continuing to build momentum on climate action.

The UK Government should continue to lead global ambition on climate action despite Conference of Parties 26 being postponed, both by presenting an ambitious NDC for the UK; accelerating investments in a green recovery package, driving forward the adaptation and resilience strand, and maintain diplomatic engagements to secure commitments and to put policy into practice, including the Risk Informed Early Action Partnership.⁶¹ Efforts should be made to ensure that ongoing humanitarian response to COVID-19 make efforts to minimise their carbon footprint where possible.⁶²

Recommendation 8

Ensure that communities experiencing crisis are engaged in an on-going dialogue and listened to, to reduce transmission, lack of trust in healthcare providers and tackle misinformation.⁶³ Community engagement and accountability (CEA) is key

to an effective response to COVID-19, to build trust in the interventions, share reliable information about the pandemic, and better understand individuals own strategies in different communities. Information on **CEA can be accessed on the Red Cross CEA Hub.**⁶⁴

Recommendation 9

Responses need to be as locally led as possible and local actors must be put front and centre of decision-making on funding to ensure they can access the resources they need in line with the Grand Bargain Commitments.⁶⁵ This includes flexible funding to cover costs and capacity development, resources to safeguard and protect staff and volunteers and protection of supply chains for the provision of essential items. It also highlights the need to invest more into sustainable preparedness and response capacity of local actors in order to tackle both the risk of extreme weather events under the current context as well as the current and future pandemics.

61 www.un.org/en/climatechange/un-climate-summit-2019.shtml

62 <https://media.ifrc.org/ifrc/green-response>

63 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/659965/UK-Humanitarian-Reform-Policy1.pdf

64 www.communityengagementhub.org

65 www.agendaforhumanity.org/initiatives/3861

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