COVID-19
Impact on humanitarian operations

This Quick Impact Survey is part of ACAPS' efforts to better understand the current COVID-19 crisis and its impact on current humanitarian operations. It was sent to humanitarian organisations worldwide and conducted over four days.

An outbreak of respiratory disease caused by a novel coronavirus was first detected in China in December 2019 and has now been detected in most countries. The coronavirus disease 2019, named COVID-19 (CDC 2020) was declared a pandemic by the World Health Organization (WHO) on 11 March 2020 (WHO 11/03/2020). Globally, governments are responding to the pandemic with measures aimed at mitigating the spread of COVID-19, restricting movements and the conduct of business.

ACAPS has developed an analytical framework to approach the analysis of this ongoing and quickly developing crisis. We published a report on initial government measures and will continue to monitor new government measures and their impact. Based on these insights, and in collaboration with partners, ACAPS is also working on forward-looking analysis and scenarios for the humanitarian community to better prepare for the changes to come.

Key findings

- **Measures imposed by governments or taken by organisations to protect staff and the recipients of their services have not stopped operations.** While operations are affected almost everywhere, they largely continue.

- **Important adaptations have become necessary to ensure continuation of business and adjust to the new situation.** Respondents report a shift in focus of their operations, as well as in the way they function.

- **There is a backlash against the staff of humanitarian organisations in some countries.** Considering that we are only seeing the start of the pandemic in many countries, there is a risk the backlash may intensify.

- **Two lessons learned from previous epidemic responses** were identified, which may be beneficial in the COVID-19 response:
  - **The role community engagement is essential for a successful response**
  - **The risks of reallocating resources,** particularly to other activities in the health sector

Limitations

ACAPS conducted the survey to get an initial indication of how the COVID-19 pandemic has impacted operations. The survey was limited to a few questions and conducted in a rapidly developing crisis with a short time to reply. It can thus only offer an insight into the situation in a selection of countries.

Although responses came from a geographically diverse group, respondents were largely self-selected and ACAPS did not weight the results. The survey is not representative but a snapshot in time of the impact on some humanitarian operations at a relatively early stage of the crisis. It is impossible to predict, or measure, the longer-term impact at this stage. As the crisis wears on, some measures could be added, or become more stringent, while others could be relaxed or lifted in the near future, as they are difficult to maintain. To reduce the time investment to reply to the survey for the respondents, the survey offered multiple-choice questions including an open category ("other"). This is likely to have limited the breadth of answers. Several respondents answered from headquarters or for a region, deviating from the "one country-one organisation" approach requested by the questionnaire. Because of the limited representativity and in order to not lose these responses, ACAPS aggregated the answers for regions, headquarters, and single countries.

Methodology: ACAPS Analytical Framework

To respond to the need for information and analysis in relation to the COVID-19 pandemic, ACAPS has developed an analytical framework on how ACAPS wants to approach the unfolding crisis. While the situation is in flux as the pandemic progresses across the globe, this analytical framework will guide ACAPS analysis and data collection (ACAPS 2020).

The framework looks at the pre-pandemic context and how changed policies, behaviours, and actions in reaction to the crisis impact humanitarian efforts, and what the knock-on effects of these may be. The framework categorises analysis of impacts in four main areas: health; living conditions and essential services; social cohesion and protection; and humanitarian development operations.

About the Quick Impact Survey

The Quick Impact Survey represents a particular analysis in the area of humanitarian operations. The survey conducted between 27 March and 30 March, asked nine questions about the impact of government measures on operations, steps taken to protect staff and affected people, and five additional questions about the respondents. Each question offered a selection of choices plus an open category, with the possibility of multiple answers per question. Respondents representing organisations with operations in several countries were invited to submit answers by filling the questionnaire out for each country. The nine substantive questions of the questionnaire were on the type of measures taken, type of operations and how they affected them, and what humanitarian organisations are doing to ensure business continuity.

Overall, ACAPS received 136 responses from 95 different respondents, including over 80 non-governmental organisations (NGOs). The responses covered at least 52 different countries of operation, not including single answers for multiple countries, regional responses, or headquarters.
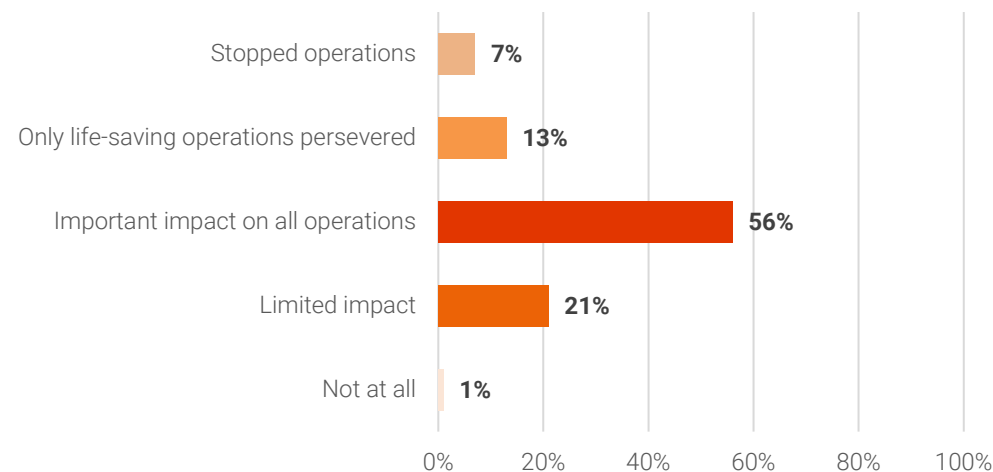
Operations continue despite the pandemic

ACAPS asked to what extent humanitarian operations were affected by host government measures to prevent the spread of the pandemic. 60% of respondents reported reduced access by the population to the services offered. Nearly three-quarters (74%) of respondents indicated that the impact is felt with the implementation of projects.

About one-fifth (22%) of respondents reported there was little to no impact on their operations. Another fifth reported they had to either completely halt operations (7%) or

reduce them to lifesaving only (13%). The majority of respondents (56%) replied that the measures had an important impact on all their operations.

Though humanitarian operations have managed to mostly continue, the impact of the measures to combat COVID-19 remain important as operations have undergone significant shifts, with only 1% of respondents reporting no impacts on their operations.

Have government measures impacted your fieldwork?

Category	Percentage
Stopped operations	7%
Only life-saving operations persevered	13%
Important impact on all operations	56%
Limited impact	21%
Not at all	1%

Mitigation to ensure continuation of business

While the impact of the COVID-19 pandemic can be felt broadly, ACAPS wanted to understand how respondents are adapting to the circumstances and ensuring that operations continue. 80% of respondents report focusing on essential activities only. Some 68% indicated they had reallocated activities to COVID-19 related actions. 43% engaged in rapid capacity building for local staff, organisations, or the population; and 23% have prioritised cash-based assistance.

The survey therefore shows change on two dimensions: The *extent of operations* on one hand and the *type of activity* on the other. A reduction in activities is implied when a vast majority of respondents answer that they focus on essential activities only. The shift in *type of activities* can be seen with a considerable number of organisations indicating a reallocation of activities and prioritising cash assistance. These are fundamental changes for operations, with considerable consequences likely in the weeks and months to come.

Backlash against humanitarian staff

In the past, local and international staff of humanitarian organisations have been targets of suspicion or even physical attacks during crisis. In the case of past epidemics, humanitarian workers have often been blamed. Because COVID-19 hit many European countries first, in which humanitarian organisations' headquarters are based, nationals and travellers from these countries may be seen as vectors of the virus. Given this history and context, the survey asked about such backlash. Approximately one-quarter (23%) of respondents saw their staff as affected.

International staff were more likely to be a target of that backlash. About 10% of respondents said backlash targeted international staff only. Approximately the same number said that international and national staff were both affected. 5% said that only national staff was targeted.

The interpretation of these results is not straightforward and because the question was a "catch-all", the severity of backlash is difficult to understand. The question covered a large spectrum of what such a reaction could consist of: "suspicion" on one end is a more or less open attitude, as opposed to "violence" with immediate and serious implications. Considering the uncertainty and worries already experienced by populations across the world in the wake of this crisis, it is not surprising to see something like perceived suspicion rise. It is possible these sentiments were present pre-COVID-19 and this crisis brings them closer to the surface. However, it is important to watch this aspect of the COVID-19 crisis. The nature of the progression of the crisis and experiences from previous epidemics suggest this could be the beginning of a trend, which could also hamper efforts to mitigate the spread and effects of COVID-19.

Lessons learned from past epidemics

The results of the survey assessing COVID-19's impact on operations highlight some trends that are relevant in view of lessons learned from past failures and good practices, when the international community was confronted with similar epidemics. ACAPS reviewed some of those lessons from the Ebola epidemic in West Africa 2014 to 2016 and Severe Acute Respiratory Syndrome (SARS) epidemic in 2003. Although the nature and scope of those epidemics differed considerably from the current COVID-19 outbreak, some of those lessons may apply.

One notable lesson learned is the importance of **community engagement**. A number of ACAPS' survey respondents flagged *communication with communities* as an area of operation impacted by the imposed measures. However, the importance of proactive community engagement to build trust in the public health response, and the effective communication of health messages was a key lesson learned from the Ebola responses. The lack of effective community engagement was demonstrated, in Ebola outbreaks, to result in mistrust and non-compliance with measures to prevent and contain the disease.

During the Ebola epidemic, fear had detrimental effects on service usage (SLURC 2018), with beneficiaries rejecting services out of fear and stigma. A number of impact survey respondents indicate that at least some of their staff have been exposed to rejection, suspicion, or violence linked with the COVID-19 outbreak. This could make community engagement in planning and preparing the response to COVID-19 more challenging in the coming weeks and months, if staff are targeted out of stigma and fear.

Another notable lesson learned is the importance of assessing the **consequences of re-focusing existing resources to the epidemic response**. A number of survey respondents said their organisation is re-allocating some resources towards COVID-19 related activities to ensure continuity of business. The Ebola outbreak in West Africa and DRC showed that if scarce resources are diverted and reassigned towards the fight against the more immediate and urgent threat, it may hamper the provision of critical aid in other areas and fail to meet other needs of the population. In the case of Ebola this had dire consequences. A "*lack of routine care for malaria, HIV/AIDS, and tuberculosis led to an estimated 10,600 additional deaths in Guinea, Liberia, and Sierra Leone*" during the 2014 Ebola crisis and there was also a 30% decrease in routine childhood vaccinations (Madhav et al, 2018, p. 323).

A similar problem may emerge in some countries with the COVID-19 response delaying other important programmes. In the Philippines, polio vaccination campaigns have been disrupted (The New Humanitarian, 26/03/2020) and there are fears that measles campaigns across Africa may also be hampered, leaving, notably, children exposed (Le Monde 03/04/2020).

Survey respondents indicated that the local population's access to services offered by their organisation is reduced as a consequence of measures taken. This is especially concerning for those populations who depend on the provision of those services to meet their needs. Existing needs have to be met, and new ones might emerge as a result of COVID-19 control measures. There is a risk they are inadequately addressed in the rush to forge COVID-19 responses.

Overview of results

95 organisations participated in the survey. Some organisations had staff members contributing from different country offices and therefore the overall number of respondents is 136. 32% are based in Africa, 25% in the Middle East, 18% in Asia, 10% are active worldwide and the remaining is represented by HQ respondents based either in Europe, in the US, or in the Pacific. 69% of the overall respondents are represented by INGOs.

Geographical distribution of participants

15%

18%

25%

32%

10%
worldwide
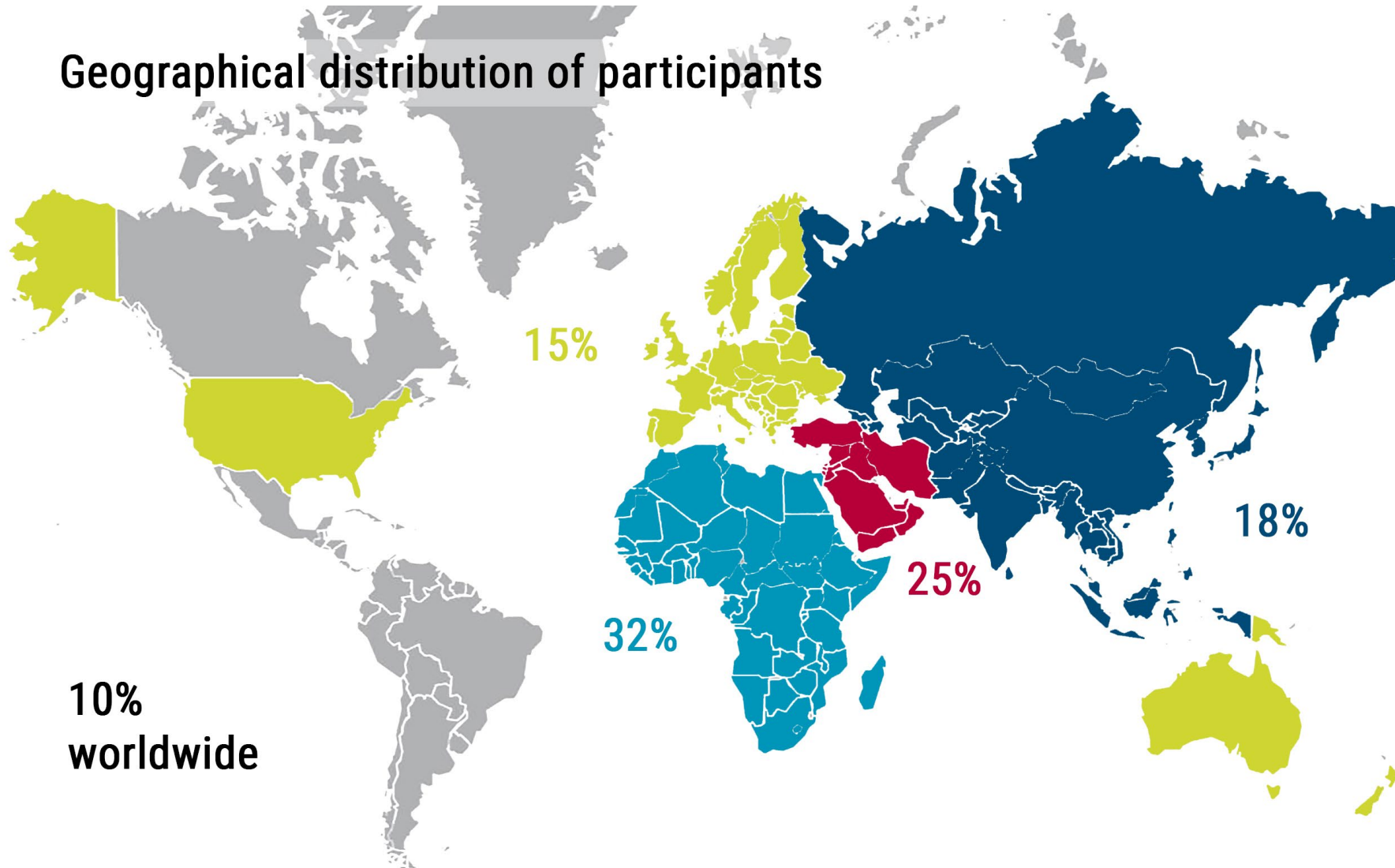
Survey questions	YES	NO
1. Have national or local authorities in your country of operation-imposed measures affecting your organisation's normal operations (e.g. limitation on movements, prohibitions on assembly, curfews, etc.)?	**93%**	7%
a. If so, which of these headings do they fall under (please use "other" if unsure)?		
Limitation of product import/exports of goods:	22%	
Restrictions on movements within the country of operation:	**78%**	
Restriction on movements internationally:	**79%**	
General lockdown:	46%	
Borders closure:	73%	
Limited public gathering/ quarantine policies:	**85%**	
2. Has your organisation made any changes to normal working routines as a result of Covid-19?	**99%**	1%
a. If yes what measures?		
Limitation of staff movement to and from the operations sites:	**83%**	
Repatriation of international staff:	28%	
Staff working from home:	**93%**	
Limited gathering:	**73%**	
Quarantine policies:	47%	
Suspension of staff:	3%	
b. Do those measures apply to both local and international staff (except for repatriation)?		
Local	1%	
International	5%	
Local and International	**94%**	
c. Have those measures impacted your fieldwork?		
Not at all	1%	

Limited impact	21%
Important impact on all operations	**56%**
Only life-saving operations persevered	13%
Stopped operations	7%

d. Areas of operations most affected by measures imposed or adopted

Implementation of programs (daily activities, monitoring and evaluation, etc.):	**74%**
Communication with donors:	26%
Communication with partners:	32%
Communication with beneficiaries:	49%
Communication with local authorities:	28%
Transport of material:	36%
Reallocation of funding:	38%
Provision of life saving or protective activities:	35%
Reduction of costs related to an expected reduction of funding:	11%
Reduced access by the population to the services offered:	60%
Re-adaptation of activities and projects resources by your organization:	**69%**

e. What steps have you taken to mitigate the impact of the measures mentioned above in order to ensure continuity of business?

Focus on essential activities:	**80%**
Reallocation of activities towards COVID-19 related actions (preparedness):	68%
Rapid capacity building activities dedicated to local staff, organizations or populations:	43%
Prioritize cash assistance:	23%

4. Have some of your colleagues been exposed to any kind of reject, suspicion or violence linked with covid-19 outbreak?	23%	72%

a. If yes, for now do you still plan to maintain the presence of international staff at the field level in the short term (i.e. at least for the next three months)?	**87%**	13%