



## Introduction

The Humanitarian Experts Network was established by ACAPS on the 6<sup>th</sup> of April this year. Each week we have invited HEN members to participate in a COVID-19 perceptions survey – about what they are seeing, thinking, and doing in the contexts they work. We do this because we believe their knowledge and understanding is a valuable source of information that can help tell a richer story about the impact of COVID-19 on lives and livelihoods around the globe. In this 6<sup>th</sup> report we asked humanitarians and development workers about:

- Where in the COVID-19 outbreak they think their country specific context is in
- Food access and how to improve it
- Livelihoods challenged by COVID-19
- How programmes are affected and
- COVID-19's impact on gender sensitive programming

From May 11 to May 16, the HEN network grew to 876 members from 482 organisations. This week 98 members from 106 countries responded to our survey.

[Click here to see HEN results for your region or country in a dashboard format.](#)

To learn more about HEN respondents this week, refer to page 11.

Please **share the HEN network with your contacts** across the globe who can help us all develop a clearer picture of how this crisis is evolving and impacting on the most vulnerable communities.

To join the HEN and participate in future surveys, click [here](#). Surveys are administered on a weekly basis and will take 5 minutes to complete. If you wish to be involved to a greater degree – please contact [hen@acaps.org](mailto:hen@acaps.org) we would love to hear from you.

## Key findings

- **Perceptions of survey respondents indicate we could be on the verge of a wave of new COVID-19 infections in some of the world's most vulnerable places.** Humanitarians in six of the world's most severe humanitarian crisis report escalating numbers of cases and fears that they are only in the early stages of an outbreak
- Funding cuts have affected humanitarian programs. **Respondents from countries with a very high severity of crisis impact pre-COVID, including DRC, Sudan, Syria and Yemen, reported funding cuts.**
- Gender sensitive programming is a concern. Respondents see an increase in needs related to gender (including GBV and domestic violence) while addressing them is far more challenging because of movement restrictions, scaled back programmes and funding constraints.
- **Lost income is the main barrier to food access, along with movement restrictions and price increases in the market.** Loss of income is partly due to decreased tourism and hospitality employment.

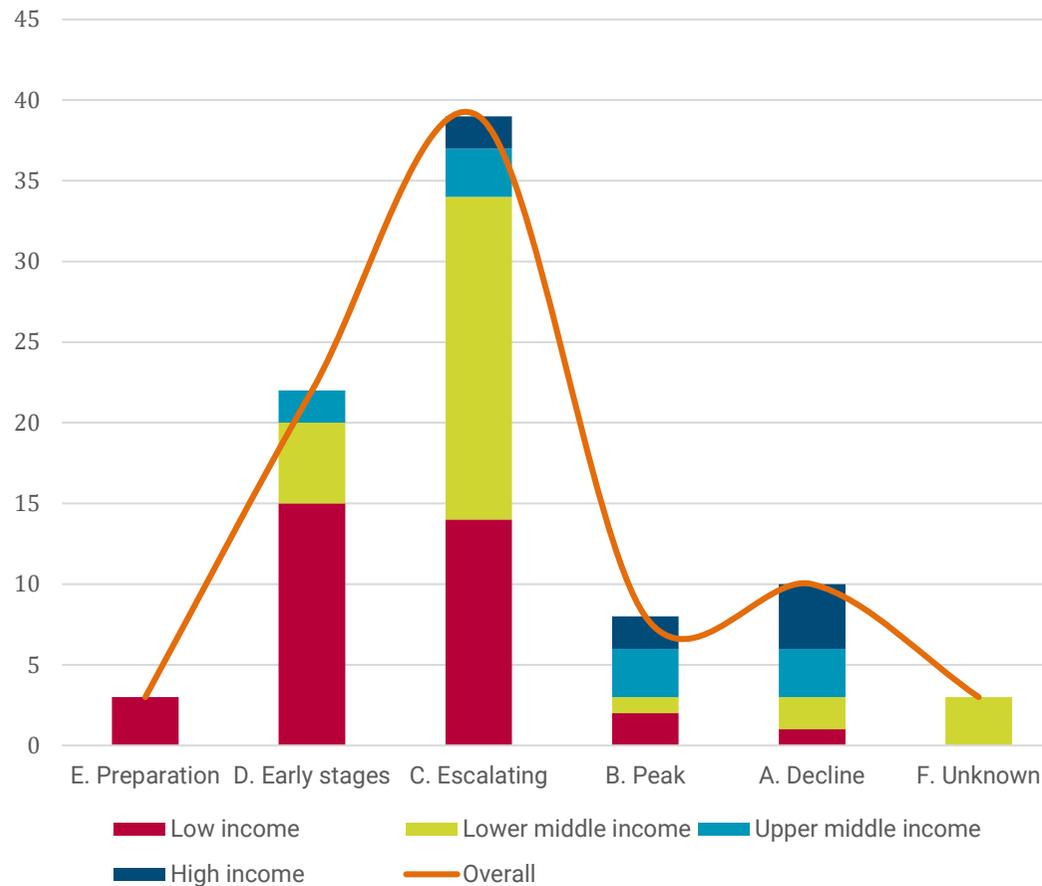
## Limitations

The survey is NOT based on a statistical sample. HEN combines and contrasts the current observations of people on the ground in different countries. It provides a distinctive source of information on people's lives which is not captured by other information (such as COVID-19 statistics or health and economic data).

## Perceptions of the outbreak

HEN Perceptions:

Where in the outbreak COVID-19 do you think your context is in



“There are only a few cases (2,500) we do not know if this is the reality, it might be 4 more or 5 times as many - in reality we do not know if we are in decline or at peak or escalating or early stages - the virus seems to spread slowly, but that is what is visible” - **Cameroon**

Perceptions of the outbreak	Country context
<p><b>At the peak or heading into a period of decline</b> (Consistent responses)</p> <p><i>Peak: At the peak of the outbreak, we believe the caseload will now gradually reduce</i></p> <p><i>Decline: The peak has been reached and numbers are now decreasing, reducing pressure on services</i></p>	<p>All of Europe Jordan Iraq Ecuador Canada Rwanda Togo Turkey</p>
<p><b>Escalation or early stages</b> (Consistent responses)</p> <p><i>Escalating: There are many known cases, but it will still get worse for some time</i></p> <p><i>Early stages: There are some cases, but the outbreak has not really taken off. It is difficult to see how we can avoid it, but it will be over a month before we really see the outbreak take hold</i></p>	<p>Tanzania DRC India Afghanistan Colombia Haiti Honduras Uganda Indonesia Kenya Malawi Lebanon Nepal Nigeria Senegal PNG Libya Sudan South Sudan Uganda USA</p>
<p><b>Unclear (mixed responses)</b></p>	<p>Bangladesh (most respondents reported it was escalating)</p>
<p><b>Unsure – “I honestly don’t know”</b> (consistent responses)</p>	<p>Cambodia Cameroon Venezuela Zambia</p>

## Where are we at in the outbreak?

The perceptions of HEN respondents indicate we could be on the verge of a wave of COVID 19 infections in some of the world's most vulnerable humanitarian contexts if numbers of cases continue to rise.

The majority of low and lower middle-income countries are now bracing for full outbreaks of COVID 19, according to HEN respondents. Meanwhile, many high and upper middle-income countries are reaching the peak of cases or are starting to experience declines.

Six of eight **'very high' severity countries** under the INFORM Severity Index – Afghanistan, DRC, Libya, Sudan, Syria and Yemen - reported either an escalation in cases, or that they were in the early stage of the outbreak (this week's survey does not have respondents for the remaining two countries in the 'very high' category - DPRK and Somalia) (ACAPS CrisisInSight 17/05/2020).

Confirmed cases in Yemen rose sharply in the last week (reaching 87 by 14 May 2020) after the first case was reported on 10 April 2020. Observers are concerned the northern authorities are underreporting suspected cases (ACAPS 14/05/2020).

The Rohingya refugee camps in Cox's Bazar, Bangladesh confirmed the first case of COVID-19 on 14 May 2020, sparking fears the virus could spread rapidly in the overcrowded camps that are home to 860,000 people with population density almost twice the diamond princess cruise ship (ISCG 15/05/2020, ACAPS 19/03/2020).

There seems to be a lack of clear information on COVID-19 in Bangladesh overall. HEN respondents did not agree on the crisis situation, with some reporting a decline in cases, others at peak, with the majority reporting escalating cases. Most other countries had a much higher level of agreement on the situation. This could be partly explained by Bangladesh being, in a sense, two separate, and very different, contexts – on the one hand there is the Rohingya refugee crisis and on the other the lower- middle income country of Bangladesh.

A HEN respondent in Gaza said that successful quarantine measures have so far prevented the spread of the virus. Gaza has recorded cases inside quarantine centres, but so far had been able to prevent community level transmission.

A HEN respondent in Peru said that the situation differed in parts of the country. Government measures in Cusco had been more effective and the virus was reaching its peak. However, in several regions, government measures were not being followed consistently and there are concerns that the virus is continuing to spread.

Respondents in Cambodia have seen limited cases in the last month but are concerned about a future second wave.

## Thoughts about food access and how to improve it

### Main factors preventing households accessing food

A key finding from the third HEN survey was that over two thirds respondents were already seeing COVID-19 impact access to food due to the inability to afford food, price increases, and job losses resulting in lack of income. This prompted us to ask, now that 3 weeks have passed, what is the main factor impacting people's access to food now?

Overall global findings this week reveal that perceptions remain that a **loss/reduction in income is perceived as the main barrier to food access**. 54% (25/46) of the those reporting loss/reduction in income as a major barrier are working in lower-middle income countries.

**Movement restrictions** was the second main factor, followed closely by lack food affordability due to **price increases** in the market. It is important to note that these findings are based on perceptions and are not consistent with every context; 10 respondents from Cameroon, India, Malawi, Yemen, Indonesia, Libya and Tanzania shared that there has been no significant change in access to food as a result of COVID-19.

### Expert Perceptions: main factor impacting people's access to food

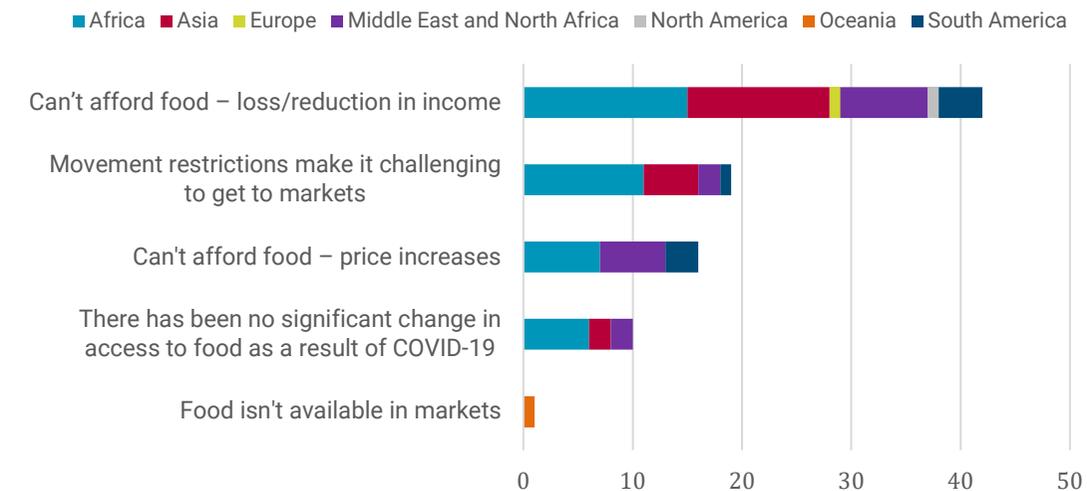


Figure 1: Q. What is the main factor impacting people's access to food now? Select one. Answers based on 90 respondents. High income countries excluded.

## Ideas about improving food security

This week we asked HEN members, “How are households, communities, and organizations working to address food insecurity in your context?”

The main ways food insecurity is being addressed in the current context are:

- Food distributions (27/98),
- Cash transfer programming (26/98)
- Government interventions (16/98)

Cash transfer programming included specific examples of cash for work (2), cash voucher assistance programming (5), and cash distribution (8).

National governments are noted by respondents as key to addressing food insecurity, and while not included in the questions, was raised by 25 % of respondents (25) across all regions with the exception of North America and Europe. HEN informants shared the following government interventions as examples to help ease the economic burden caused by COVID-19:

- Lifting or easing of movement restrictions and lockdown measures
- Reopening of shops and tourism industry
- Direct food distribution to vulnerable households
- Coordination with FAO and bilateral partners
- Safety net programs including cash transfers

At the household level, concern regarding negative coping mechanisms, or ways of adapting to difficulties in food access were expressed by HEN members in Africa. Respondents shared that rural communities seem to cope better than urban and continue to farm. Crop diversification in Kenya, DRC, and Cameroon was given as a positive example of ways families are adapting to change.

HEN informants in the Democratic Republic of Congo cited high pre-existing malnutrition rates and limited access to food as reasons for real concern of increased food insecurity in the country.

Providing increased livelihood opportunities is among the top interventions perceived to improve food insecurity. The conditions related to COVID-19 are not the biggest impediments to food security in all locations, an informant in South Sudan, pointed out the “beginning of rainy season is a bigger challenge than COVID-19 for food security in the rural areas.” Seasonal challenges and the need to support the agricultural sector, was echoed by respondents in Sierra Leone, Uganda, Syria, Lebanon, and Haiti.

## Livelihoods challenged by the COVID-19 conditions

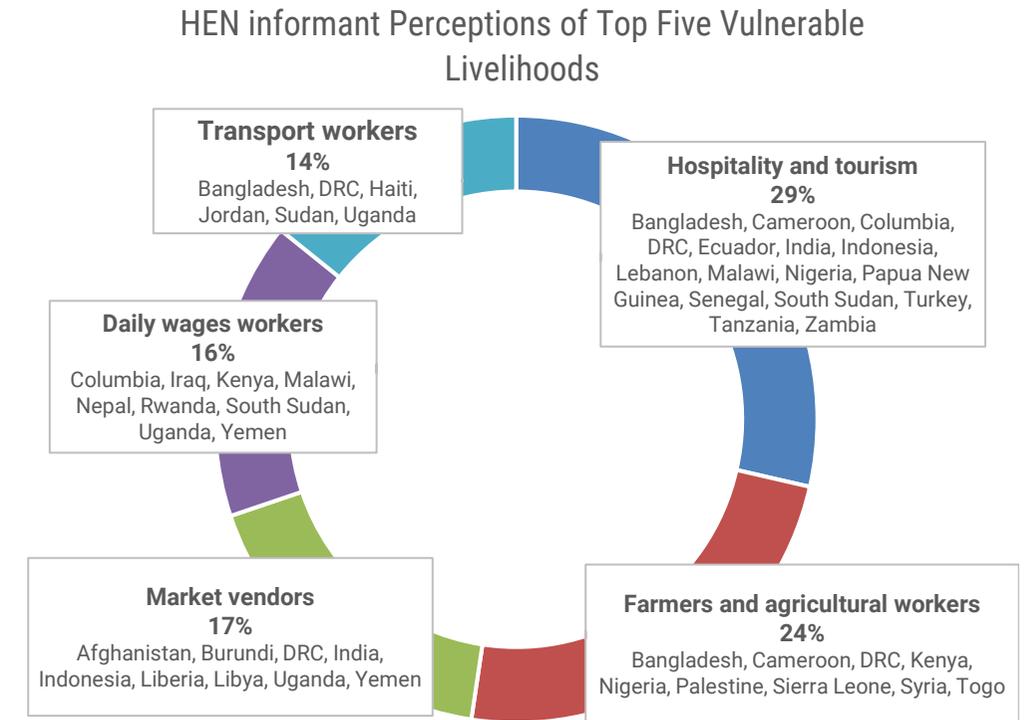


Figure 2: Q: Households reliant on which livelihoods currently face the greatest challenges in meeting basic needs. Choose One. Answers based on 90 responses; high income countries excluded from analysis. Countries listed are based on HEN respondents' selected country of focus.

Two weeks ago (in HEN Survey 4 ) respondents told us that, after the spread of the virus itself, loss of livelihoods was the biggest concern related to the impact of COVID-19. In low and low middle-income countries, the most vulnerable are left to find alternative economic means to survive as their livelihoods are placed on hold with drops in the market and strict government measures that disallow “non-essential” business activity.

This week, we wanted to understand further – Households reliant on which livelihoods are facing the greatest challenges in meeting basic needs? We asked our respondents to choose the one livelihood group they considered the most impacted and learned that **workers in the hospitality and tourism industry, farmers and agricultural workers, and market vendors** are perceived to be the most vulnerable. Households relying on income from the informal sector, factory work, or remittances were also considered to face challenges in meeting basic needs.

## Impact on programmes

A key concern in countries with ongoing crises and challenges around poverty and livelihoods is the impact on ongoing operations and programmes. We asked the HEN to see how COVID 19 was impacting on their ability to deliver humanitarian and development programming, one month on (we first asked the question in HEN round II, published 20 April 2020).

Results were mixed. On the positive side, more than half of HEN respondents (51 of 98) said they had introduced new programs in response to COVID-19. Most of these were in relation to health, WASH and hygiene programming to directly tackle the virus. In Nepal, members were supporting gender friendly quarantine facilities. A number of HEN members reported new approaches to tackle the secondary, non-health, impacts of COVID-19. HEN respondents in Ethiopia were working on early recovery planning. In Zambia, some respondents were focussed on the rapid recovery of livelihoods for communities with forest and wildlife resources. A number of HEN respondents in Nigeria and Cameroon were supporting planning the safe return of children to school and to prevent outbreaks in detention centres.

Despite earlier concerns that remote working would severely impede on humanitarian and development work (expressed in HEN Survey week 1) successful examples of remote working were shared by HEN respondents in Africa. **Many respondents reported that they had been able to adapt their work to remote programming**, including remote program planning and monitoring, remote risk monitoring and remote education in Uganda, Liberia and Cambodia. (ACAPS 14/04/2020).

However, **the overall ability to deliver humanitarian and development assistance has not changed much over the last month**. Around a quarter of HEN respondents (26 of 98) said they had scaled down most of their projects and almost half (43 of 98) said they had to scale down some programs, with Asia most heavily affected. This is largely consistent with the results of 20 April 2020.

Many respondents in Asia (6 of 20) and Africa (11 of 40) said they had experienced a reduction in funding and many had been forced to introduce hiring freezes.

Many respondents from countries with a very high severity of crisis impact pre-COVID, including DRC, Sudan, Syria and Yemen, reported that they had experienced cuts in funding. Many of these countries are in the early stages of, or bracing, for full outbreaks of COVID-19 (see page 3) and can expect the situation to worsen.

“Rumors are linked to gender that COVID-19 may be a religious punishment linked to women's failure of piety and thus are being more strictly community policed. Access for GBV services in health centers has decreased, and women typically do not own their own mobile phones to use the hotlines to report cases.” - **Bangladesh**

## Impact on gender sensitive programming

Ensuring that programme activities are appropriate to the different needs of men, women, boys and girls is a key feature of humanitarian programming, which remains extremely challenging in some contexts. Earlier survey responses from operational actors indicated that gender sensitive programming (GSP) was becoming more challenging under the conditions imposed by COVID-19. This survey, members were asked to tell us the impact COVID-19 context is having on humanitarian actors' ability to deliver gender sensitive programming.

- 51 of 98 respondents reported on the challenges they were facing delivering gender sensitive programming, a further 12 respondents provided comments on the importance of gender sensitive programming but didn't specify the challenges they were facing.
- 17 respondents said they were not facing challenges in delivering gender sensitive programming.

The open-ended nature of the response resulted in many respondents sharing more than one reason that gender programming was negatively affected. To better understand the negative impacts, key themes were sorted and tallied; the most frequently mentioned reasons are displayed below.

Reason COVID-19 context has negative impact on humanitarian actors' ability to deliver GSP	# Responses
Lack of access to communities and movement restrictions	17
Increased needs related to gender	11
Programming limited/suspended/scaled down	6
A range of issues around staffing- <ul style="list-style-type: none"> <li>• Insufficient / challenges to recruit female staff</li> <li>• Field presence reduced / less staff on the ground</li> </ul>	7
A range of issues around funding – <ul style="list-style-type: none"> <li>• Re-direction of resources to COVID-19</li> <li>• Insufficient resources overall</li> <li>• Reduction in funding</li> </ul>	6

“[the impact has been] Hugely negative - restrictions on freedom of movement combined with livelihoods impacts on HHs is resulting in increased SGBV, increased use of negative coping strategies (including survival and transactional sex), and increased domestic violence. Closure of safe spaces (for women and children and including schools) is increasing protection violations and reducing options beyond staying in the situation where the protection violations continue with impunity.” - **Nigeria**

The perceived increase in needs related to gender is connected to a broad range of factors which include:

- An increase in domestic violence due to families spending more time in lockdown at home and increased household stress
- Increased gender-based violence
- Women and girls being forced to resort to negative coping strategies including transactional sex
- The closure of safe spaces for women
- Schools being closed exposing girls to greater protection risks

## Other things HEN members shared with us

Each week we ask respondents if they have anything else that they would like to share.

Themes that came up this week included:

- **The importance the government has as the primary actor responding to the crisis** and the importance of coordinating with the government and engaging with them.

“Gaza has been holding up quite well to COVID19. Coordination of governmental and humanitarian forces proved crucial to ensure lack of outbreak in the community.”

- **The need for new ways of working in a COVID-19 environment** – that being unable to move around country contexts, visit project sites or work with communities is untenable in the face of a virus that will be with us for a long time. Responders suggested negotiating with governments to be excluded from movement restrictions and taking other preventative measures such as using personal protective equipment and ramped up hygiene.

“I think the COVID 19 would be around for quite a while and in my mind, it is necessary for organizations and government to adapt to it and find a way to keep the country running in every way. people could be allow to work in office and field trips should be resumed to ensure monitoring of projects but with strict use of

preventive measures such as the use of protective gears for the contracting and spread of the virus.” - **DRC**

- **The inability, impracticality or reluctance of people to comply with social distancing in some contexts** including, but not limited to, camps and the concern this causes with so many crisis contexts at the early stages of the outbreak.

“All out efforts are made to make community aware on the risk and preventive health measures. But It is still not sufficient as social distancing as is not feasible in the densely populated camps and adjacent host communities of Cox's Bazar. Most people are living below or close to poverty line, so they have to go out for earning. Awareness raising is very challenging where prevalence of religious and illiteracy induced conservative stigma is so high.” - **Bangladesh**

- **The absence of field level data and the ability to collect it impedes any real, evidence-based understanding of the impact of the COVID-19 containment measures on the household level.** Respondents see long term challenges in multiple sectors – health, because COVID-19 has resulted in less emphasis on ongoing health services or because people are too afraid to seek them; livelihoods and also sectors such as education and protection which are neglected in the current conditions.

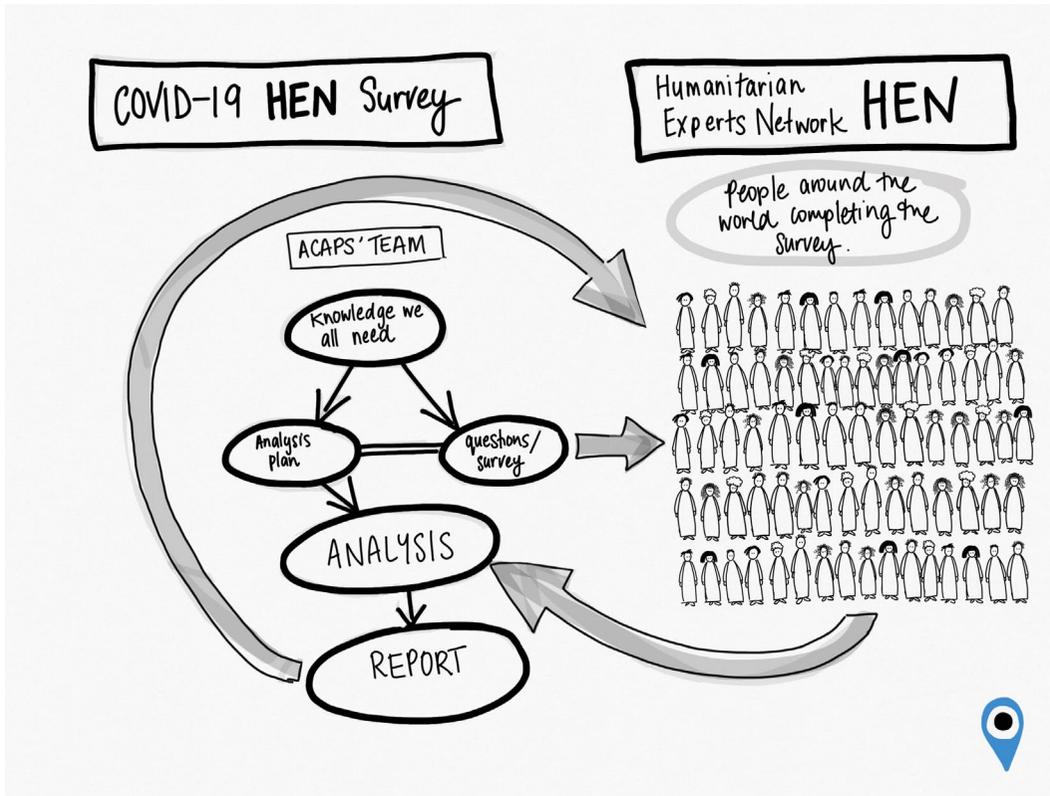
“There is likely to be an escalation of health-related challenges as people avoid (and in some cases discouraged) to seek medical attention for other illnesses due to focus / fear of COVID-19. These are likely (post COVID) to affect productivity, household stability (due to illness or death of bread winners).” - **Zambia**

- **There is an appetite to learn what works in other contexts**, understanding that there will not be a one size fits all set of solutions, but that having a starting point to adapt programming from will be helpful.

“Countries are experiencing and progressing through the pandemic differently, it will be important for a long time for all countries to be aware of the situation of other countries noting that each will build back new and differently. as countries are starting to open gradually, and experiencing second waves, this is impacting how other countries are approaching the situation as well.” - **Cambodia**

## How did ACAPS analyse the data?

Six ACAPS analysts, with technical support from Satellite Applications Catapult, cleaned, coded and summarised the HEN results. We used a Grounded Theory Approach for qualitative data. Surveys are released weekly on Mondays and are open until the following Saturday. Data for this survey was received on Saturday 16th May, with analysis and reporting taking place from the 16th-18th when the report was released. The report focuses on the findings of the survey itself with limited inclusion of secondary data.



## Who is in the HEN?

As of May 18, 2020, the Humanitarian Experts Network has 876 members (353 female, 446 male, 77 prefer not to disclose) from 482 organizations representing 106 countries of work. HEN members work in INGOs/NGOs, UN agencies, academia, government and donor agencies, think tanks, and in the media and private sector. Over 44% have 10 or more years' experience.

## HEN Week 6 Survey Respondents

This week 98 HEN members (34 female, 50 male) responded to the online weekly survey. The geographical distribution of respondents is as follows: Africa (40), Asia (20), Middle East and North Africa (18), South America (8), Europe (6), North America (4), Oceania (1), not applicable (1).

## Data and sources

The INFORM Severity Index is a composite index that measures severity of humanitarian crises and disasters globally. It brings together 31 indicators impacting severity organised in three dimensions: impact, conditions of affected people and complexity of the crisis. All the indicators are scored on a scale of 1-5. These scores are then aggregated into the overall severity score. See the full INFORM Severity Index data set [here](#).

Income levels displayed in the graphs are based on [World Bank classification](#).

[Click here](#) to see HEN results for your region or country in a dashboard format.

## Acknowledgements

This report wouldn't have been possible without the faithful participation of HEN members in taking the weekly survey. Thank you for taking time to contribute your thoughts and perceptions of COVID-19 impacts.