

# NO ONE IS SAFE FROM CORONAVIRUS UNTIL EVERYONE IS

## Oxfam Coronavirus Response Report



Partner JAGO NARI distributes hygiene kits in Bangladesh while ensuring participants keep social distance in the process. The kits include 10 bars of soap, a kilo of detergent, 8 reusable sanitary pads, 50 disposable masks, information, and a bucket with lid and tap for washing hands. (Duke Ibn Amin/JAGO NARI)

**In this interim report, we describe Oxfam’s activities from the start of the pandemic until the end of May. It is intended to show donors and supporters what their support has helped us to achieve and what more can be done. This is not the time to be cautious. As our teams, partners and communities demonstrate, there are ways to act in this crisis that support vulnerable people today and create a better future for our world.**

## 1. A DISASTER UNLIKE ANY OTHER

Unchecked, COVID-19 could claim as many as 40 million lives.<sup>1</sup> According to the WHO, at least half of the world’s 7.6 billion people cannot access essential healthcare even in normal times.<sup>2</sup> While COVID-19 particularly threatens those with compromised immune systems or specific vulnerabilities, access to healthcare, hygiene and water and sanitation are still critical for the prevention and response to the disease. Combined with physical distancing measures, informal settlements, urban slums, refugee camps and rural communities without access to such facilities are at a higher risk.

Without dramatic action to shore up the economies of developing countries, the crisis could push up to half a billion people into poverty.<sup>3</sup> The International Labour Organization estimates that 200 million workers may become unemployed.<sup>4</sup> Women will be among the hardest hit, as they are more likely to engage in informal and precarious work.<sup>5</sup> The crisis will have a deeper and longer-term impact on people living in poverty and/or ongoing humanitarian emergencies – and it will exacerbate inequality.

At the end of 2019, there were already 821 million people living in chronic food insecurity.<sup>6</sup> The UN World Food Programme estimates that an additional 130 million people will be pushed into food insecurity because of the secondary impact caused by restrictions to prevent coronavirus.

Restrictions to the freedom of movement, while necessary to protect public health, must be proportionate, non-discriminatory and allow access to basic needs. They should also take into account their disproportionate impact on vulnerable people. Already we are seeing authoritarian and controversially penal measures enforced through police brutality and excessive force in countries like Kenya<sup>7</sup> and the Philippines<sup>8</sup>. The militarization of enforcement is of great concern, as is the use of the crisis as justification for closing borders to asylum seekers and refugees<sup>9</sup>.

Domestic violence hotlines and crisis centres around the world have recorded a surge of violence against women and girls, who are locked down with their abusers<sup>10</sup>. At a time of increasing gender-based violence (GBV), the services that support those affected have reduced capacity or have even been closed as ‘non-essential’ services in some countries. The UN Population Fund predicts that, for every three months that lockdowns continue, an additional 15 million cases of GBV will occur.<sup>11</sup>

Coronavirus anywhere is a threat to people everywhere: no one is safe unless everybody is safe. However, while the public health risk can only be stopped by a vaccine that is a global public good and free<sup>12</sup>, we need to act now to prevent millions being driven into poverty and food insecurity.

## Oxfam Snapshot

As of 31 May, Oxfam and its partners have reached **4,457,211 people** since identifying coronavirus as a global priority on 18 March 2020.

Across the Oxfam confederation, **62 countries** have launched a fresh response or adapted programmes.

Oxfam is working with **344 partner organizations** globally in a collaborative response.

### Regions at a Glance:

In **Asia**, we have reached **1,571,864** people.

In the **Horn of Africa, and East and Central Africa**, we have reached **387,306** people.

In **Latin America and the Caribbean**, we have reached **102,005** people.

In the **Middle East and North Africa**, we have reached **1,493,310** people.

In **Southern Africa**, we have reached **196,996** people.

In **West Africa**, we have reached **368,212** people.

In **Europe**, we have reached **1,669** people.

### Sectors at a Glance:

Oxfam is responding to water, sanitation and hygiene needs in **51 countries**.

Oxfam is responding to food insecurity and livelihood needs in **39 countries**. In **23 countries**, we are advancing social protection through direct work with vulnerable people or influencing governments.

Oxfam is working with communities to monitor protection threats and respond to specific needs in **25 countries**.

While all our work is gender-sensitive, Oxfam supports specific influencing or programmes for gendered needs in **43 countries**.

In **34 countries**, Oxfam is working on opportunities to advance local humanitarian leadership.

## Our Donors

Our goal is to support **14 million affected people** through a **€100 million programme**.

As of 31 May 2020, we have raised **over €15 million** from institutional donors, and are close to securing another **€25 million**.

Our supporters from all over have also contributed to raising over **€2 million** to directly support our response. Moreover, since coronavirus is currently affecting every aspect of our work and for the long-term, we are predominantly raising unrestricted income which will allow us the flexibility to spend it quickly and where it is needed.

All of this has helped us reach more than **4 million people** so far. But more are in need, and we cannot do this without your help.

In global solidarity, let's play our part to reduce the spread of coronavirus and support just systems.

## 2. OXFAM'S PRIORITIES DURING THE CRISIS

Based on decades of humanitarian programming and advocacy, Oxfam believes that the best response is one that engages communities in building solutions, supporting local humanitarian leadership and ensuring that women and girls are empowered and their needs addressed. Our core work covers water, sanitation and hygiene; food security and livelihoods; protection; and gender. It is delivered in the form of cash transfers where feasible, and always in support of local markets.

In the face of coronavirus, we believe that we can confront both the symptoms of this crisis and the systems that make its impacts so much worse for vulnerable people.

With partners, allies and supporters, and building on our history of social justice, we have been campaigning for equitable systems, including on universal healthcare and health inequities; strengthening the ability of excluded groups and civil society organizations to engage with authorities and widen civil society spaces; and supporting women to be recognized for their power, influence and agency. We build our boldness on these movements and spaces.

Oxfam works with others. We use evidence so that our local and global efforts can lead to a better future. We combine our humanitarian activities with our work on economic and gender justice. While Oxfam responds to people's most urgent needs, we pay attention to the long view that systems need to change. The world's most marginalized people are not powerless – and those in authority are not all-powerful. Oxfam is focused on building the accountability of national and global governance by raising the voice of people and building collective action.

We are advocating for a global health plan with free healthcare for all and a COVID-19 vaccine that is free for everyone and considered a global public good<sup>13</sup>. Over 140 global leaders, including present and past heads of states, have publicly joined Oxfam and UNAIDS' call for a 'People's Vaccine'.<sup>14</sup> However, until this is a certainty, Oxfam is calling for the focus to be on a preventative community-centred public health response that respects human rights.

Oxfam is also raising awareness that the food and economic crisis will have a greater impact on poor countries than coronavirus – and that this crisis, much like all others, will never be fully dealt with unless long-term social protection measures cover everyone, particularly the most vulnerable populations. We are calling for massive investment in aid now, without waiting for cases to increase and food insecurity levels to climb; public funding in social protection, healthcare and feminist actions; cancelling debts; and giving space to excluded populations, including women and girls, to have a say in their response and recovery.

Even with the uncertainties brought about by the pandemic, Oxfam has continued to develop its working practices, partnerships and influencing efforts based on experience. Specifically, we use what we have learned from the Ebola response in West Africa<sup>15</sup> and Democratic Republic of the Congo (DRC), the 2008 food crisis, work with mobile and digital technologies, and our long-term local and global campaigns

demanding a better and equal future. With our experience in safe programming, we have encouraged our staff, partners and communities that we can continue to operate and respond to humanitarian needs in the face of coronavirus.

## 2.1 Facing the challenges of coronavirus

Responding to coronavirus is not without its challenges. Humanitarian access is limited by travel bans and closed borders, including even for local aid agencies. Supply chains have been disrupted, making it difficult for those in need to access critical goods and services. Funding has been slow, as everyone has been impacted in some way and governments are concentrating on problems inside their borders. Shifting to new technologies to reach people remotely needs to be resourced and tailored according to local conditions. Local organizations and leaders are doing their best to respond but require much more support than they are being given. Extra effort needs to be made to reach women and girls in closed societies where men usually speak for them.

These challenges reflect the changes that need to be made to improve the system and should not serve as a deterrent to respond. Key to improving the system is challenging and influencing the global humanitarian system to be more effective and responsive, in which Oxfam's roles as Chair of the NGO Network Steering Committee for Humanitarian Action<sup>16</sup> and a Principal of the Inter-Agency Standing Committee makes us well placed to suggest solutions<sup>17</sup>. We have raised concerns and suggested solutions for preparedness and response on behalf of the wider NGO community to UN humanitarian agencies and the UN Emergency Relief Coordinator. We have had success gaining flexible funding for NGOs from UN agencies, as well as advocating for humanitarian financing, localization, access, prevention of sexual exploitation and abuse, and protection at strategic high-level forums.

Oxfam has also been finding solutions to operational issues related to coronavirus. We are sharing our knowledge in global and country-level clusters across sectors such as water, sanitation and hygiene protection, and with humanitarian partners to improve the quality of the collective response and focus it on community voices and leadership. We have challenged the humanitarian system for a more effective response at the revision of the UN Office for the Coordination of Humanitarian Affairs' *COVID-19 Global Humanitarian Response Plan*.

## 3. SUPPORTING COMMUNITIES TO PREVENT THE SPREAD

A whole-of-society approach begins with making sure that the most marginalized and vulnerable people are involved and have an equal voice when it comes to the design and delivery of the coronavirus response. We believe in community-centred ways of working and acknowledge that people have capacities and their own solutions. We see our role as supporting these capacities, while advocating for accountability from governments, corporations and multilateral institutions.

## 3.1 Community-centred approaches

Public health systems in many countries are struggling to cope or will struggle to cope with the pandemic. Years of inadequate services call into question governments' ability to manage the pandemic. But a public health response is not just about investment in the health system. Oxfam's experience of responding to disease outbreaks is that the public health response is only effective if communities are actively involved.

### **Building Trust**

From our experience with the Ebola outbreaks in West Africa and DRC<sup>18</sup>, we know that building and maintaining people's trust – in themselves, their families, their communities and public health systems – is vital for reducing the spread of disease.

Building trust begins by assessing what communities already do, know, expect and fear of a crisis. Oxfam is working with community networks in all countries with programmes involving partners. Communication has shifted to using messaging services, including for self-referral services, where possible. In Chad, door-to-door messaging is still occurring; in the Central African Republic (CAR), discussions are formed with smaller groups to ensure respect to physical distancing measures. In South Sudan, Uganda and Somalia, teams and community members are using flyers, radio messaging and megaphones mounted on vehicles. For hard-to-reach communities, teams in Lebanon are recording sensitization messages in video presentations, which people preferred to receive through messaging apps. Working with local organizations in Iraq, Pakistan, Syria and the Philippines, we use multiple channels such as radio, social media and messaging apps to share accurate information.

Involving local influencers can be a powerful tool: they are trusted and have local networks that humanitarians need to plug into. In Kenya<sup>19</sup>, for example, we worked with the popular band Mukuru All Stars to create viral hit 'Stay Fresh (Fight with Corona)', sung in Swahili and local slang, which to date has reached 18,547 and is shared across different platforms.

### **Starting dialogues**

While providing access to information around the coronavirus is an essential step to strengthen communities' capacity to reduce the threat, building trust requires an open and honest dialogue. We therefore need to keep listening to communities and understand how people perceive the situation. During the Ebola outbreak in DRC, we piloted the 'Community Perception Tracker'<sup>20</sup> (a mobile device used to systematically record the fears, questions and perceptions of different community groups during regular activities) in 2019 to collect and analyse questions, beliefs and concerns around Ebola and the response. This allowed continuous adaptation of public health actions, such as changes in vaccine protocols and increasing the involvement of the local population in the response. Building on this success, we introduced the Community Perception Tracker for the coronavirus response, using it in Burkina Faso, CAR, Lebanon and DRC, and will be launching it in Bangladesh, Yemen and Somalia.

### Accessing information

The people who are most at risk of COVID-19 are likely also the people who have less access to information – because of problems with the language used, literacy levels, mobility and even understanding of content. Not all information is equal – in closed societies where women are discouraged from engaging freely, extra effort needs to be made to engage with them. In the Rohingya refugee camps in Bangladesh, where smartphones and internet access were forbidden<sup>21</sup>, we continue to advocate that refugees get access to information on coronavirus beyond the minimum they are currently receiving, which is through door to door consultations or household visits. Community health volunteer leaders have now been equipped with phones and airtime to ensure continuity of information flow – but much more access and at a greater scale among refugees is required.

“If the disease is real, we old people are going to die because only the rich are being treated.”

- Community Perceptions Tracker response, Burkina Faso

### Overcoming stigma

Engaging communities is critical to address and overcome stigma and xenophobia. In community consultations in Lebanon, Syrian refugees told Oxfam staff that they feared reporting symptoms as it could have consequences for their communities, including forced returns. In Uganda, there have been reports of physical violence against people infected; in Chad, inter-communal violence was likely due to stigmatization linked to coronavirus.

## 3.2 Water, sanitation and hygiene

One key action in reducing the epidemic risk seems incredibly simple: wash your hands with soap and water, keep distance from others and stay at home. But in many of the poorest countries, refugee and internal displacement camps, slums, poor rural areas and conflict zones, these simple steps are near impossibilities. Many communities do not have access to clean water nor money to buy basic hygiene items.

It is a basic human right to have access to clean water and sanitation, and it is particularly life-saving in preventing coronavirus. Oxfam is calling for huge investment in prevention as a humanitarian imperative. Around the world, our teams and partners work with some of the world’s poorest communities to setup or improve water supplies before the pandemic affects them.

While many countries went on lockdown, Oxfam and partners continued to operate as essential services<sup>22</sup>, adapting programmes for the safety of their communities, staff and volunteers. Many of our donors supported us by using existing funds flexibly to support our work on coronavirus. Funding from public supporters allowed us to get money to priority countries quickly to get these basic services in place.

Where shelter-in-place orders have left families without incomes, free access to essential hygiene items is game-changing. In Lebanon, Oxfam teams quickly distributed soap to 12,000 families with funding from the Danish International Development Agency. Hygiene kits for women and children were distributed in quarantine centres in the Occupied Palestine Territory (OPT) supported by Irish Aid; in Syria, Oxfam partner Syrian

Society for Social Development is adding another 12,000 child kits on top of 3,200 for families at risk of the virus.

In Zimbabwe, where Human Rights Watch raised concerns over the severe water and sanitation crisis, Oxfam increased the water supply through water trucking and is promoting safe hygiene practices in high-density Harare suburbs through funding from UNICEF. In addition, teams have distributed hygiene items and installed handwashing facilities for public spaces, and are supporting local water and waste management authorities.

Building communities' trust in local health systems requires strengthening the quality of the latter's services. In the OPT, drinking water and hygiene items were provided to quarantine centres and healthcare centres. In Iraq, Oxfam has been upgrading and rehabilitating water and sanitation facilities in healthcare centres. In Pakistan, Oxfam partnered with the Provincial Disaster Management Authority to improve the water system and provide hygiene items at a major quarantine centre in Balochistan province, benefiting hundreds of people returning from Iran.

Oxfam and partners worked closely with local public health and water and sanitation agencies to strengthen preventive measures. The Philippines Rural Reconstruction Movement (PRRM), an Oxfam partner in Eastern Samar, worked with local governments to install accessible handwashing stations with free soap in 34 villages. Because many staff and volunteers were under shelter-in-place orders, communities themselves took charge: 'we provided the communities with a design for a simple handwashing station, and money to buy water containers, sinks, faucets, material for the stand, and soap,' PRRM director Raymond Agaton says. 'They did the construction themselves.'

In Kenya<sup>23</sup>, 'water ATMs' (at which containers can be filled and paid for electronically) are used in informal settlements around Nairobi. Building on what communities are used to, Oxfam worked with local partner Sheepcare Community Center and the local water and sewage utility, to make these ATMs free at the point of use by paying for water in advance, supported by the public through Oxfam's COVID-19 Appeals. For soap, Oxfam paired up with the Mukuru Youth Initiative and telecommunications company Safaricom to provide residents with vouchers that both give struggling families the essentials they need and support local businesses to stay afloat.

How do you minimize contact points at public handwashing stations? Oxfam teams got creative, developing handwashing stations with foot pedals to operate water taps and soap dispensers using local materials in Bangladesh Rohingya refugee camps, Zimbabwe, Algeria, DRC and Ethiopia. In Bangladesh<sup>24</sup>, Oxfam provided the first contactless handwashing stations, with plans to install up to 600 more, supported with funding from the International Organization for Migration.

These measures need to be implemented everywhere, and now, because until a free vaccine for all is delivered, we face an indefinite period of public health measures that are only as effective as their success in the poorest communities.

### 3.3 Emergency measures that respect people's rights

Many of the communities where we work face the double challenge of long-standing conflict and insecurity as well as the new coronavirus threat. Oxfam knows from experience in the Ebola crisis in eastern DRC that it is incredibly challenging to effectively address urgent public health needs in a context of such high insecurity, and that conflict can massively reduce the ability of ordinary people to protect themselves from infection and access medical treatment.

#### **Calling for a global ceasefire**

Oxfam supported the UN Secretary-General's call for a global ceasefire on 12 May 2020 in a briefing paper called *Conflict in the time of coronavirus: Why a global ceasefire could offer a window of opportunity for inclusive, locally led peace*.<sup>25</sup> It highlighted the increased risk of the spread of COVID-19 in conflict contexts due to weak and destroyed infrastructure, including for health, water, sanitation and food, as well as the challenges of accessing humanitarian assistance due to restrictions and ongoing conflict. It demonstrated that a global ceasefire will have limited impact if there is little political will to enforce it, and that peace is usually built at a local level. Women and youth groups have long been at the frontlines of brokering local peace, but it cannot be sustainable without investment. This is a message that resonates with many – within the first week of the report being launched, there were 1,349 media stories from outlets including *Al Jazeera*, *Le Figaro* and *F24* picked up the message, as well as considerable sharing through social media.

#### **Protection**

Community protection committees and volunteers are a vital part of Oxfam's work in countries already affected by crises such as protracted conflict. They understand the impact that coronavirus and emergency measures are having on safety and dignity. Community protection committees make action plans and develop strategies to address violence and abuse in their communities, building strong relationships of trust as they do so. They provide people with vital information about emergency and protection services, and now have added awareness-raising about coronavirus to their work.

Oxfam, partners and community protection committees also carry out protection monitoring to identify patterns and trends in violence and abuse so that effective action can be taken at an early stage. We use this information to adapt how we work, advocate for the rights of those affected, and to influence the global response. As some of the worst protection threats to human life and wellbeing can only be addressed by collective influencing by the humanitarian community to those in power to take action, we have seconded an advocacy specialist to the Global Protection Cluster to support their response to coronavirus.

Information from a range of sources –communities, staff, partners, media and humanitarian structures– shows that unclear emergency measures are having a negative effect on civil society and silencing dissent,<sup>26</sup> and that the enforcement of emergency measures has sometimes been carried out with excessive force. For example, in Kenya, 12 deaths have been reported, including that of a young boy.<sup>27</sup>

Lockdown measures are crucial for limiting the spread of coronavirus, but in conflict-affected countries, threats to life, fear and desperation drive people from their homes.

Those who have fled their countries often live in highly congested camps lacking even minimum levels of water, sanitation, hygiene and food. They have limited access to healthcare, livelihoods and information. Rohingya refugees live in closed camps controlled partially or totally by armed forces<sup>28</sup>. Displaced people in Iraq and Somalia have been threatened with eviction, while female single mothers have been unable to receive additional help from relatives and friends. For those that remain locked in areas of conflict and violence, coronavirus has been used by governments to close their borders to refugees, migrants and asylum seekers.

Oxfam is particularly worried that hard-won gains on women's freedoms, including leadership and decision-making, in many countries will be rolled back. A gender assessment conducted in Afghanistan shared one young woman's concern: *'Women are now used to going out to work and earn[ing an] income. My concern is [that] if this situation lasts longer than anticipated, it may change the whole concept again [such that people believe] that women should stay at home and should be responsible for house chores, like it was in the past.'*<sup>29</sup> Another young woman said *'there is a possibility that opportunists may use this situation as an opportunity to limit women and girls to prevent them from going to work and/or pursuing their education in the long run'*.<sup>30</sup> Often, women's freedoms are tied to their ability to earn – coronavirus has severely limited economic and social independence. In countries like Afghanistan, the simple action of pursuing a livelihood gives women justification to leave the house.

#### **Access to service and livelihoods**

Access to services is a rising challenge. In Bangladesh, healthcare is difficult to access for refugees and host communities. Refugees have less access to specialized health services inside camps, as they need medical referrals and permission from camp authorities to exit camps. In camps in South Sudan, clinics are basic; in rural communities in Syria, Chad and Uganda, restrictions make it difficult to reach services from lack or less access to transport.

Access to livelihoods was limiting for refugees and displaced persons even before the pandemic; but is increasingly harder with restrictions in place. Many are totally dependent on humanitarian aid, but assistance has been limited by restrictions, country closures and funding for services. Supporting local and community-based organizations has become more relevant as the pandemic looks set to last for some time. In conflict areas such as Burkina Faso, ongoing violence has caused the full or partial suspension of services at 275 health centres. Oxfam teams are using a protection grant to support remote referral systems for mental health, child protection and GBV issues to safe houses, case management agencies and legal advice in the affected areas.

Oxfam teams in Lebanon and the Philippines – with partners UTOPIA, UNYPHIL and PHILSSA – are using protection microgrants to support those most at risk of COVID-19. In Lebanon, they are supporting people to get legal papers from courts that enable them to access healthcare more easily. In the Philippines, PHILSSA is helping people who are caring for people confirmed or suspected to have COVID-19 to purchase medicines, personal protective equipment and other basic needs.

Cash is being provided to meet a variety of protection. In the OPT, Oxfam partner MAAN Development Centre is providing food and hygiene voucher items to people who existing further protection vulnerabilities. In South Sudan, cash grants are provided to those vulnerable to GBV to receive tailored support. In Somaliland, partner Shaqodoon is working with the Ministry of Health and the Telesom company to create a helpline for 800,000 people for COVID-19 information and referrals.

### Justice Center for Legal Aid

**‘The right to live isn’t the absence of death, it’s living a life with dignity.’**

– **Ayesha Al Omary, Executive Assistant Director, JCLA.**

Justice Center for Legal Aid (JCLA), an Oxfam partner, is the largest legal aid provider in Jordan. They support poor and vulnerable people – many of which are women – to overcome the socioeconomic barriers to justice. They approach all legal issues from a human rights perspective, and their mandate is based on the fundamental belief that everyone deserves access to justice regardless of whether they can afford it.

## 4. SOCIAL PROTECTION TO BRACE AGAINST THE FOOD AND ECONOMIC CRISIS

### 4.1 Food security

While health is a fundamental human right, the right to adequate food highlights the secondary critical impacts of coronavirus. Poverty and inequality have made some of the necessary public health measures harder for vulnerable people and those living in poverty. For many without work protections, restrictions have stopped incomes. This has put many people who live on daily subsistence wages, in an impossible dilemma: poverty is as dangerous as the virus, and a lot of families could die because of hunger.

The number of people living with food insecurity could double due to coronavirus – a problem with immediate public health implications and long-term impacts.<sup>31</sup> People who are acutely food insecure are at greater risk of death. Malnutrition can weaken immune systems, which makes a person more susceptible to coronavirus. People who are food insecure likely have tenuous job security and fewer resources to buy food or access healthcare.

**“This virus is really dangerous. I have never seen such a disease in my lifetime, but in our community, poverty is another disease, it is as dangerous as this virus and if people continue staying home this way, a lot of families could die because of hunger.”**

– **Female community member, 33, Shahrstan, Afghanistan**

Early action at great scale is required to prevent further deterioration. Lean seasons will become leaner and deeper without the availability of labour and agricultural inputs. As part of the cycle of food systems, farmers need access to markets, which may have been impacted by closures and transport restrictions. Early action will not just respond to the secondary impacts of coronavirus, but also prepare communities better for the next disaster. Oxfam teams in more than 15 countries across 5 regions are calling for local and global action on the food crisis, and raising the profile of small-scale food producers, especially highlighting how this impacts women farmers<sup>32</sup>.

Rural women comprise half of the agricultural workforce, and must juggle this work with the burden of the majority of unpaid care work in the home – which has increased due to coronavirus making healthcare and education harder to access outside the home. Our ‘Food Frontliners’ campaign has reached 20 million people and has engaged 194,000 people with the stories of the small-scale producers and workers who are the engines of food systems being impacted by coronavirus.

In-kind food assistance is critical. Where there are populations that do not have access to markets or food prices are fluctuating, it has helped families to meet their food needs. Across rural, urban, camp and conflict contexts, teams have distributed food rations in countries including Guatemala, Honduras, South Sudan, the CAR and Bangladesh. Reflecting on our experience in Ebola, we know that people in quarantine require more than just medical support. In the OPT, teams have supported families in coronavirus quarantine with hot meals, supported by Irish Aid.

Many countries affected by conflict already suffer from food crises, including Afghanistan, South Sudan, Syria and Yemen, so Oxfam and partners has been splitting resources between responding to coronavirus and existing conflict and food insecurity work. In Afghanistan, for example, teams were already providing with in-kind food assistance and agricultural inputs but have said that more is needed to address the food insecurity crisis inflated by coronavirus. As this year’s *Global Report on Food Crises* starkly states, countries ‘*may face an excruciating trade-off between saving lives or livelihoods or, in a worst-case scenario, saving people from the coronavirus to have them die from hunger*’.<sup>33</sup>

## 4.2 Livelihoods and markets

Informal markets have been heavily impacted by coronavirus – in direct contrast to the realization around the world that this work is essential.<sup>34</sup> Street vendors, traders, daily workers and domestic workers have been on the frontlines caring for the sick and elderly, selling food and basic necessities, and keeping public spaces clean for generations. Two billion people work in the informal sector – more than 60% of the global workforce.<sup>35</sup> Women are far more likely to work in the informal sector, and far more likely not to have any employment rights. In the poorest countries, 92% of women are informally employed.<sup>36</sup>

“I might not even survive this pandemic but right now, the most important thing for me is my children. I cannot see them go hungry.”

- Atsede Getaneth,  
single mother  
(Ethiopia)

Migrants are particularly vulnerable, as they are often excluded from government social assistance mechanisms. Large numbers of those who were managing before

lockdowns closed borders have returned to their home countries, walking or hitchhiking hundreds of kilometres, often on dangerous journeys. Tens of thousands were stranded in many countries that host migrant workers. Oxfam worked with partners SVS, EFRAH, BLESS, KSS and Parvayaran Mitra to serve 48,250 meals to migrant workers stranded in five locations in India.

At present, many of our teams are seeing more urgent needs addressed best by cash grants and food assistance. But of particular worry is the loss of income now and the loss of livelihoods in the future as each month of restrictions pass. Many governments are recommending ‘telework’, but this is a luxury that serves the privileged few. Many people have already lost their jobs and more people will be hungry as we try to limit the spread of the pandemic. A massive increase in social protection benefits is necessary not just to help people survive now, but is the foundation of a future that protects all people better.

### 4.3 Advocacy with governments

Since early April, Oxfam has been raising the alarm that economic and food crisis caused by this pandemic will fall hardest on extremely poor and vulnerable people. In *Dignity Not Destitution*,<sup>37</sup> which was covered by more than 5,000 media outlets, we identified how \$2.5tn could be unlocked through aid, adopting emergency solidarity taxes, debt cancellation and Special Drawing Rights from the IMF<sup>38</sup>, if global leaders would only show the will and imagination to act together. We laid out an ‘economic rescue plan for all’ detailing how those funds could be spent on cash grants and other forms of social protection, and bailouts for small business. Oxfam identified 46 countries that were spending on average four times more money paying debts than on public health services at the beginning of the year. The suspension of debts would not only support an immediate response to coronavirus, but counter the long-term impacts. With this message, we have lobbied the African Union and key leaders on debt relief; Ethiopian Prime Minister Abiy Ahmed has publicly supported the call.

We are particularly advocating for governments to use cash. It gives people the flexibility to choose which needs to prioritize – from medical expenses, education, buffers for lost livelihoods or basic food security – even as we know that some groups will need specific support that is not cash. Cash transfers also support local markets by keeping cash circulating in the local economy.

190 countries are stepping up to deliver social protection measures in varied ways to mitigate the impacts of coronavirus.<sup>39</sup> Some 60% of this is through social assistance (or direct transfers), of which half are given through cash<sup>40</sup>. These social protection mechanisms are reaching over 1.7 billion people, with 1.3 billion being reached with cash (68% being new recipients of cash transfers),<sup>41</sup> and Oxfam welcomes the swift actions of governments and donor funding to achieve this. We remain concerned that it may not be fast and widespread enough to meet the projected increase in poverty and food insecurity because of the scale of the crisis.

‘I used to employ 20 workers in my factory, now I only have two. My business is suffering. I don’t have a clear vision for Gaza’s future anymore.’

- Yehia, 63 years old  
Owner of a sewing factory in Rafah

We see Oxfam's role as complementary to governments' support with food and livelihoods, and we have responded according to each country's context. Where there are acute needs, we have provided assistance in food and cash to those who urgently need them. We are also working with governments who have existing social protection systems to use, improve and include. We are working with civil society organizations to push for temporary social protection mechanisms to become permanent solutions.

In Kenya, Oxfam, Kenya Red Cross, Concern Worldwide and ACTED have piloted a cash assistance programme for 1,504 families in urban informal settlements to top up their government social protection assistance. We are working through the local government and with the local community to identify the families most vulnerable to coronavirus. We are now working with different donors to expand this programme to 20,000 households and advocating for the government to integrate this caseload into their existing urban social protection programme.

In Vietnam, we effectively lobbied the Ministry of Labour to rollout a hotline for 7.8 million informal workers to develop a more effective disbursement plan for national relief packages. Oxfam in Cambodia is working with partners to lessen the impact on the most vulnerable people through immediate support, sustained social dialogues and meaningful advocacy of partner organizations on the prioritization of the government's social protection. The governments of Indonesia and Timor-Leste welcomed Oxfam's inputs on interventions in their economic stimulus plans. In the Middle East and Northern Africa, Oxfam is working with regional actors to understand the concerns of informal sectors in being part of social protection schemes.

Partnering with others, we are using our experience working with the most excluded to show how to include not just their needs but their voices into responses. We need to amplify their voices now because, once the spread of coronavirus is contained, governments will consider how to reorganize their budgets to mitigate the impacts of the global recession, which should keep intact funding for services for excluded groups. Oxfam is calling for this process to be organized the voices of excluded groups on what they need to ensure their long-term social protections are covered.

## 5. AN INCLUSIVE RESPONSE

### **The 'shadow pandemic' of violence against women and girls**

Violence against women and girls has been a persistent pandemic with or without a disaster. The emotional, mental, economic, social and physical toll of coronavirus combined with locking victims in with their abusers are dangerous conditions.

Combining information from Oxfam's own teams and local partners, as well as information shared by the Global Protection Cluster, we know that GBV cases are surging in countries like Colombia, Iraq and Myanmar. In addition to violence, the risk of sexual exploitation and abuse has increased in Mozambique. There is an increase in femicide in Latin America<sup>42</sup>, while in Kenya sexual offences constituted 35.8% of all crimes two weeks after containment measures were started. In the OPT, calls to domestic abuse hotlines have reached quarterly averages within weeks.

There have been reports of suicides and attempted suicides as a result of GBV. It also leads to unplanned pregnancies at a time of interrupted medical services due to restrictions. As financial stress increases, women and girls can be used as currency in some contexts—through early marriage or transactional sex.

There are pockets of resistance against the increase of violence, led by Oxfam’s partners. In Pakistan, we used social media to connect vulnerable women with government and non-government protection services, helplines and counselling services, building on an existing women’s leadership programme that supports women in enrolling in social safety net initiatives. In Bangladesh, the youth are distributing leaflets on what support services are still available. In Iraq, leaflets on GBV services were included in food and hygiene kit distributions; a woman from Mosul said to staff ‘this is the first time I have received something which is for me only’.

When a curfew was announced, an Oxfam partner, Jordanian Women’s Union<sup>43</sup>, quickly adapted their hotline to route social workers’ phone numbers, anticipating that women would need to reach someone even as social workers had to work from home. They have been lobbying to keep their privately run shelters open to provide housing, meals, and legal and psychosocial support as an essential service. They have also been calling for social workers to be allowed permits to support women who need to move to shelters. In a country like Jordan, where almost 80% of women do not report GBV for fear of repercussions, the continuity of these services maintains and provides a level of trust.

In Afghanistan, an estimated 87% of women experience at least one form of violence,<sup>44</sup> and 97% have reported that violence has increased since lockdown began.<sup>45</sup> Oxfam supported a partner, Organisation for Human Welfare (OHW), to increase its hotline capacity for protection issues, providing a network for case management support and information-sharing on GBV and coronavirus for the public to use. OHW have included more male counsellors since noting an increase in calls from men.

“They [women] do not have access to healthcare centres and God forbid, if a woman gets the virus no one will help her.”

- Director of a women’s rights organization, Afghanistan

In Honduras, the Women’s Voice and Leadership project provides emotional and legal care to women survivors of violence, use digital technologies for campaigns, and carries out social audits to monitor the inclusion of women in the government’s coronavirus response. We are also supporting two shelters for women survivors of violence to buy food and personal hygiene items, and providing transport for shelter personnel to continue to operate safely.

What we are learning from our teams is reinforcing our experience in the Ebola outbreak and other crises – an increase in violence against women and girls is a certainty, and we must not wait for data to begin to act. Communities and local organizations need to be supported to maintain programmes and hotlines for the prevention of domestic violence. We must continue to lobby governments so women and girls continue to have access to essential services, including for sexual and reproductive health, and GBV services. We must adapt to use technologies and work with groups, including young people, to stay engaged and connected so that survivors do not feel abandoned in the pandemic. Support for and engagement with women’s rights organizations –

which have the knowledge, experience and connection to communities that is most sorely needed in times of remoteness and isolation – is critical.

## **Investing in community capacity and women’s rights organizations**

The people who know their needs best are people immediately affected. Thus investing in community capacity through locally led responses is a powerful approach, particularly as they support in strengthening and improving disaster management capacity for the longer term. In Indonesia, Oxfam is strategically reinforcing local and national civil society groups’ ability to respond to coronavirus between the Muhammadiyah Disaster Management Center and Pujiono Center, to complement and monitor the government response.

It is challenging to ensure communities receive appropriate support, particularly in harder-to-reach areas. However, local and national organizations continue to maintain access and relationships in spite of these challenges, and continue to provide support while international organizations cannot. We work with partners to share how we can operate safely and lessen fears, to ensure that we continue to provide humanitarian assistance without compromising staff and community safety. Along with providing safety equipment to partners, community volunteers and health centres, we train Oxfam and partner staff on how to manage, particularly as they work in difficult conditions –congested camps, slums and informal settlements. We also support how they connect to communities; for example we provided mobile devices to partner staff working in one of the most remote locations in El Salvador.

In the Rohingya refugee camps in Bangladesh and Za’atari camp in Jordan, teams continuing to work to provide services to refugees have been crucial in maintaining trust. Where there are restrictions, teams continue to operate as essential workers<sup>46</sup>. Local capacity are the front liners to any response, and building on that sustains and plays a critical role in responding to crises like coronavirus.

In many crises, women and girls have the first voices to be lost, and are the first to lose services. Women informal workers are largely without protections and women perform 76.2% of unpaid care work – three times that of men<sup>47</sup>. Women’s rights organizations have long been clear about the gendered impacts of crises, and continue to operate in spite of the risks to their safety from coronavirus and violence. They are shouldering the increased responsibility of representing women’s voices where emergency measures limit civil society spaces, and the increased care load, including self-care. When given quick funding and a platform, women’s rights organizations can do much, including maintain the links with communities that are needed in these times of isolation.

In the Philippines, cash grants were provided to women informal workers to purchase their families’ basic needs. Protection microgrants were provided to women’s rights organization UNYPHIL to spread awareness on information referral pathways, psychosocial and legal assistance; to give one-time cash assistance to households with suspected and confirmed COVID-19 cases; to support with hospital transportation and burial needs; and to provide medicines, and hygiene and safety items.

## 6. RECOMMENDATIONS

As the virus has moved beyond the epicentres of the first few countries impacted, it is affecting others in a way that makes it difficult to track. There will be more spread out epicentres in countries with less capacity for mass testing, and thus it will be more difficult to predict its movement. Oxfam continues to work on prevention, responding to the food and economic crisis and local to global advocacy calling for systemic change.

### **Scale now and provide flexible funding**

As former Liberian President Ellen Johnson Sirleaf has said, coronavirus anywhere is a threat to people everywhere. We are now certain that this disaster – unlike any other we have seen in our lifetimes – requires the action of each individual. It needs us to scale now before needs climb and before half a billion more people slide further into poverty. It requires flexible funding to channel money to the people and communities on the frontlines. It needs us to support women’s rights organizations to highlight the gaps in the responses.

### **Improve the system for a better future**

Coronavirus has exposed, and deepened the problems of, our unequal systems. There can be no return to ‘normal’ – especially given that the status quo has not worked for the vast majority of society to this point. Systems that are unequal – social, economic, political, and others – must be built differently. We must work together to shift irreversibly towards a sustainable, more equal and humane future in which governments work for all of us – not only the fortunate few – and rise to confront global challenges like our climate emergency and gender inequality. Every government, institution and person must play their part. We must act now to save millions of lives and kickstart the future that humanity needs. We cannot wait. Only a compassionate and collective global response will do.

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