# Covid-19 – Discussion with Donors on Humanitarian Response in Asia-Pacific

***Date:*** 14 May 2020, 15:00 – 16:30 BKK Time

***Venue:*** Virtual (Teams)

***Participants:*** More than 100 participants attended the meeting including the donors, UN agencies, International Organizations, IFRC/ICRC and NGOs.

C***hairs*:** OCHA ROAP

1. **Background and Introduction**

Following the launch of the second edition of the Global Humanitarian Response Plan (GHRP), the WHO Country Preparedness Response Plan (CPRP) and other country and regional plans, OCHA ROAP convened a discussion with key humanitarian donor agencies on their strategic perspective on how the response to Covid-19 and to other humanitarian challenges in the region will evolve.

Ms. Amy Martin, the Head of Office of OCHA ROAP, welcomed the participants and outlined the objective of the session is to understand donor’s priority and how we can work together to best use the fund efficiently and mobilize the resources, making sure it could be delivered to the most vulnerable community.

1. **Overview of global and regional appeals (GHRP) -** *please refer to PPT for more details.*

Mr. Daniel Gilman (OCHA) provided an overview of revised Global Appeals as well as multi-sector response planning in Asia-Pacific countries.

There are three critical and complementary components of the UN’s efforts to save lives, protect people, and rebuild better: 1). the humanitarian response, as detailed in the OCHA-led GHRP for COVID-19; 2) the health response, led by the World Health Organization (WHO) and detailed in the Strategic Preparedness and Response Plan (SPRP); 3) the UN Framework for the immediate socio-economic response to COVID-19.

The three components of the UN’s multilateral response are complementary and address different aspects of the complex crisis. There are some areas of necessary overlap, such as in reinforcing health systems, and providing urgently needed health supplies and medical equipment. The best place to ensure the right mix of these elements is at the country level, through teams led by Resident Coordinators and Humanitarian Coordinators.

OCHA ROAP had analyzed these plans in the region and presented initial statistics and findings – these findings are preliminary as many plans were still the process of finalization or revision and reflected only a partial view of the needs and requirements. 1). In A-P region, a total of 19 countries have its COVID plans in addition to the Pacific response plan which covers 14 countries; 2) the region has requested $594 million from the GHRP and 11 other countries have multi-sector response plan for COVID-19 while others are still in the development; 3) In total, over $2 billion (most for health response) was being requested across various plans in the Asia-Pacific, which included $653 million requested for non-health response mostly concentrated in existing humanitarian countries such as Afghanistan, Myanmar, Pakistan and DPRK. This did not include Government Covid-19 response plans – only those where the UN and NGO and civil-society partners were requesting funds, although there was overlap in some cases.

1. **Donor presentations on strategic priorities for the region**

**European Commission Humanitarian Aid (ECHO),** *Mr. Koen Henckaerts, Regional Health Advisor, Asia and Pacific*

ECHO’s priority remained in countries with humanitarian context, either complex emergency or natural disaster. ECHO highlighted three main strategies/priorities moving forward: 1). the COVID-19 treatment of infected population found in refugee and IDP populations, but also maintain life-saving operations for people in need 2) Employ a multi-sectoral approach while advocating for Cash transfer and e-transfer modality in this region; 3) Ensure disaster preparedness in the region. Given the upcoming monsoon/cyclone season, it is crucial to ensure COVID-19 has been incorporated into SOPs and risk analysis. ECHO had reprogrammed with ASEAN countries and part of the funding would be gone to the social consequences of the pandemic. Funding had also gone to healthcare and risk communication.

**The United States Agency for International Development (USAID),** *Ms. Lana Oh,* *Regional Advisor*

*USAID/OFDA - East Asia and Pacific*

COVID funding had gone to existing humanitarian settings (to vulnerable populations). USAID is prioritizing Afghanistan, Myanmar, Philippines and Pacific in the A-P region. Response priority is to leverage existing partners and existing programming (health, WASH, protection) on the ground, instead of creating new programmes to ensure the timely response. Other priorities include maintaining existing operations, monitoring social and economic impact of COVID, and adapting response to the monsoon/cyclone season. USAID stressed the importance of ensuring the public health situation would not deteriorate into a humanitarian crisis.

**The UK Department for International Development (DFID),** *Mr.**Stu Garman & Ms. Kate Newton, Humanitarian Advisor, Asia-Pacific and Latin America*

DFID had committed 276 million through global appeals. There was a recent announcement for the rapid response fund – a NGO central funding mechanism. Countries interested in the region: Bangladesh, Afghanistan, Pakistan. Research on vaccines and therapeutic drugs is ongoing. DFID also contributed to economic and bilateral response. Over 60 per cent existing DFID portfolio is COVID-19 relevant, the focus therefore would focus on maintaining existing programs and exploring possibility to scale up. It was unlikely to see additional bilateral programming in existence to current ones. Ongoing discussions include: 1). how to leverage resource between DFID’s multi-lateral and bilateral networks; 2) upcoming risks and risks over longer term, balancing immediate response to COVID with a scope of future.

**The Australian Department of Foreign Affairs and Trade (DFAT)**, *Mr. Mark Tattershal, Assistant Seceretary, DFAT*

DFAT noted the complexity of the situation and concerned the long-term consequences. They were reshaping the development programme around COVID-19 response and recovery, and partnership in particular with countries in the Indo-Pacific region. With Pacific and Southeast Asia being its priorities, DFAT would focus on health security, risk of stability, protection of vulnerable groups, management of the economic impacts in the recovery phase. Major initiatives include: 1) Established and maintained a humanitarian corridor providing essential supplies and personnel to the Pacific and Timor Leste; 2) rolling out major program through community organizations in Pacific focusing on community preparedness and hygiene measures. DFAT was rethinking on how to reprioritize development budget to focus on COVID. DFAT would have an emphasis on their contribution to the broader global response as well.

**The Swiss Agency for Development and Cooperation (SDC)**, *Dr. Pedro Basabe, Senior Regional Advisor, SE Asia and Pacific*

SDC had committed to COVID-19 response and recovery focusing on 1) reprogramming about 41 million USD which had already committed to joint appeals including ICRC/IFRC, UN multi-partner Trust Fund, GHRP etc.; reprogramming the cooperation with ASEAN and AHA Centre. 2) country level direct programming and additional proposals for Laos, Cambodia, Myanmar, and Bangladesh for response and recovery including support to the migrant populations. SDC also supported tropical cyclones such as the TC Harold and the current cyclone in Bangladesh.

**The Ministry of Foreign Affairs and Trade (MFAT), New Zealand** *(Ms. Kate Bradlow)*

MFAT’s priority is the Pacific, followed by Southeast Asia and the rest of the world. MFAT had put together a 50 million New Zealand dollars package to support Pacific governments and NGO partners, working closely with the Pacific Islands Forum (PIF) to ensure the continuity of humanitarian aid flow through the region. Fifty per cent of MFAT funded activities through New Zealand’s United Nations Pacific Partnership would be focused on delivering the Pacific Humanitarian Team COVID response plan. Regarding Southeast Asia, MFAT would continue focus on bilateral programming especially in Indonesia, Myanmar and Bangladesh. Meanwhile, MFAT would support the GHRP through $7 million to the Central Emergency Response Fund (CERF). Focus outside Pacific and Southeast Asian would be on the most vulnerable countries.

1. **Facilitated discussion and Q&A**

**Q: How does the Global appeal trickle down at regional and country level? How did it ensure an inclusive approach with NGOs on board for the process? *(ECHO)***

***OCHA:*** The first edition of GHRP was generic and did not include country details. However, the second edition in May had outlined country specific funding requirements. Currently, new plans are under development for countries newly added to GHRP (i.e. Pakistan, Iran, Philippines) and revision of existing plans are taking place to make them more detailed and operational. For example, Afghanistan would have a revised and reprioritized HRP soon. The best place to ensure the right mix of the elements of plans is at the country level. With more detailed country level planning, there should be also good opportunities for NGOs’ engagement. There had been discussion at global level to ensure sufficient funding flow to NGOs and local groups that were actually on the ground when others had limited operational capacity due to travel restrictions. The IASC principals had reaffirmed the need to accelerate funding to the frontline responders. NGOs had been prioritized in place where there were Country Based Pooled Fund (CBPF). To date, 75 per cent of projects being submitted to the CBPF were from NGOs. More details and progress would be further made in the 3rd edition of GHRP which was yet to be released.

**Q: In terms of WFP common services, what are the challenges that WFP and partners are facing, and how can NGOs access to the service? *(ECHO)***

***WFP:*** The first passenger flight had departed from KL to Yangon, and logistic hub based in Guangzhou, China was established. WFP was progressing on various service contracts in the region and the Service Portal was open for requests.

**Q: As we are approaching monsoon season and typhoon season in many parts of Asia-Pacific, what is the current planning to ensure COVID sensitive approaches? Are there any concerted efforts around response and operations for this natural disaster season amid COVID? *(USAID)***

***MFAT:*** shared their reflection in terms of the protocols of handling and deployments from TC Harold amid the Covid-19 crisis. MFAT, together with PIF, WHO and partners were working on the development of a universal protocol for the Pacific incorporating lessons learned from the TC Harold response.

***OCHA:*** noted that the regional EPWG meeting had a lesson learned session on the TC Harold response and relevant documents could be recirculated to those interested. OCHA ROAP is currently supporting revisions of contingency plans for natural disasters in Bangladesh, Vietnam and Philippines, as well as in developing a regional guidance on COVID response plan. The revised contingency plans are expected to integrate COVID sensitive elements into the natural disaster planning.

**Q: Are there additional resources from donors and governments beyond reprogramming? Is there willingness to discuss potential increased cost to make operation COVID safe? *(IFRC)***

***DFAT:*** additional funding for the response is a challenge given the domestic needs coupled with substantial hardship in implementation. DFAT is conscious of the challenge posed to conventional delivery by COVID and would flag in their policy towards more localized methods of delivery.

***USAID:*** The announced COVID funding is supplemental, and the good COVID programming to be factored into the regular programming cycle. USAID recognized that remote and localized programming may need to be adopted for the COVID operational context and acknowledged the costs/investment required of these approaches. USAID encouraged partners to discuss with USAID/OFDA how these approaches may or may not need to be integrated as part of planning, ongoing programs and responses to sudden onset emergencies.

***DFID:*** Most funds were prioritized at country level for COVID programmes where the country office work with partners had identified immediate priorities. DFID stressed that they do not want any COVID funding to undermine existing critical humanitarian work.

**Other Comments:**

**ICVA** advocated for the inclusion of NGOs**,** and conveyed a few messages:

* Continue working on balance between COVID and non-COVID programmes and noted in the field there were COVID dominates in the pre-existing humanitarian settings.
* Rising concerns among NGOs on the possibility of decreased funding over other humanitarian needs. Funding NGO forum and network in a more systematic way.
* Expecting more flexible and approachable funding mechanism for NGOs.
* Not all covid19 response from CSOs/NGOs is included in the MSRP in the country level, as the priority sectors are pre-determined referring to GHRP. There is a challenge around convening such discussions on Nexus alignment, perhaps donors can convene a high-level dialogue to help explore these issues?

**UNICEF: The** definition of vulnerable group and population of concern for humanitarian community in the context of COVID has its complexity. They re-emphasized the link between humanitarian and development in response to COVID crisis; importance of doing damage control on populations that are not targeted by our response; suggested listing the issues and have more content focused discussion for the next event.

***IFRC***: Against its emergency appeals, 150 million swiss francs funded and about 30 million allocated to Asia-Pacific region for 38 countries. The appeal is under revision and looking for 100 million for A-P. 80 per cent of the fund would go to the large operations such as Afghanistan, India, Indonesia, DPRK etc. as well as supporting the national society in China. It is essential to support the health system and to mitigate the social, economic impact as well as the institutional preparedness and reach to the local level. IFRC further stressed that the COVID-19 is not only a public health disaster, but reports had been suggesting 40 to 60 million people would be pushed back into extreme poverty, and the importance of the link between humanitarian and development funding.

**Next steps**

OCHA would look at reconvening similar forums for donor briefings in the future and try to expand to include other donors from the region, IFIs and other non-traditional donor agencies.

**Questions and comments from the online chat:**

* *ECHO funding is based on the humanitarian proposals received through our annual HIPs. attention is paid on needs assessment and meeting gaps. In general ECHO funding is balanced between UN and NGOs - a ratio of 50:50 or 60:40 based on country strategies and the added value of partners and their response strategies*
* *(ICVA) Following point on localization - this is very much a 'hot' topic for donors and international humanitarian sector now all the way to IASC Principles. But the rhetoric has not shifted the reality on the ground (yet), so it is good to hear DFAT and others speaking positively in regard to new thinking on localization and managing risk, this is very needed. But if talk is not turned into action swiftly to allow preparedness and ensure local and national actors can continue to safely and effectively stay and deliver in the short term, the long-term implications are very concerning.*
* *(Myanmar, ActionAid). In a number of conflict areas including Rakhine as well as the South East, which is seeing a resurgence of armed confrontations, access has been entirely cut off -even more so than previously. This means the only providers left are those at the frontline -and this is no longer national NGOs, or even local NGOs operating from the state capitals, as they have also been cut off, but really the CBOs, the youth and women groups, the informal community networks. We need to rethink localization and funding channels accordingly.*
* *(World Vision) I want to raise the needs of Protection that we are seeing from World Vision programs areas.  Due to lockdowns, there are increase cases of violence to children, GBV etc.  I feel that we have not raise this enough during the discussions.*
* *Recommendations to UN/Donors: Urgently upscale funding and programming for life-saving services for women and girls – including gender-based violence and sexual and reproductive health, prioritize funding streams for local women’s organizations, groups and networks as front line responders in both the short, medium and longer term, alongside a greater role in designing and; Funding for gender transformative programming – i.e. not only improving women’s access to key services, but also helping communities and systems to understand and challenge the social norms that perpetuate inequalities – should be prioritized alongside life-saving action.*
* *Question: Capacity of local NGOs come forefront when it is LHL in COVID19- how would COVID19 response and funding mechanism for local NGO be flexible receiving direct funding?*
* *Question: supporting ActionAid observation on local action delivered by informal organizations for this was typical during the outbreak in Hubei China. Is there flexible and reliable ways to support these new potential partners?*