

Webinar on COVID 19 and FSC

26 March 2020



Agenda

- 1. Introduction
- 2. Risks related to food security
- 3. What the gFSC is doing
- 4. Presentation of the gFSC survey
- Voices from the field: Cox's Bazar, DR Congo,Whole of Syria
- 6. Current situation (Global Health Cluster)
- 7. Q/A
- 8. Way forward and conclusion



2. Risks related to food security

Risks related to Food Securi

a. Beyond immediate health concerns, short-, medium- and long-term impacts are expected on food systems and food security.

b. The worsening of the food security situation can also have negative impacts on the progression of the pandemic by weakening immune systems.

The crisis is leading to instability in both local and global food markets, causing a disruption to food supply and availability.

Reduced Food Availability (local food production, food supply, dysfunctional markets)

Reduced Food Access (food prices, production, reduced and/or more expensive imports, livelihoods sources, access to markets, social protection programmes and safety net initiatives)

Reduced Stability as the markets themselves are highly unstable leading to a great degree of uncertainty;

Nutrition is likely to be affected as people shift diets to more shelf-stable and pre-packaged foods





- Countries with <u>high levels of food insecurity</u>
- Lower income countries characterized by more labour-intensive production
- Countries prone to <u>natural disasters</u> (floods, earthquakes, etc.) and environmental disasters (locust)
- Areas/countries with <u>high concentration of population</u>, including refugee/IDP camps, slums and urban areas
- Countries with high security risks, conflicts and volatile environment

The most affected will be the poorest and most vulnerable segments of the population, including the displaced and those living in refugee camps, those with no or limited access to safety nets initiatives, those in protracted crises).



3. What the gFSC is doing



- Active FSC webpage: https://sites.google.com/view/fsc-covid19/home
- Review and produce documents: programme continuity, SOP on food and cash, tip sheet
- Support FSC teams: call center (Skype, email)
- Link with TWG: cash & market, Programme quality to develop missing documents/information
- Linkage between HQ (FAO and WFP) and field: call, HR issue

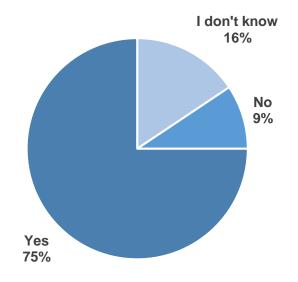


4. Presentation of the gFSC survey



Crisis Management team & ICCG/OCHA initiatives

Has a Crisis Management team (at HCT level) been created in your country?



COVID coordination has started in 75% of the countries

Actions taken by OCHA / ICCG

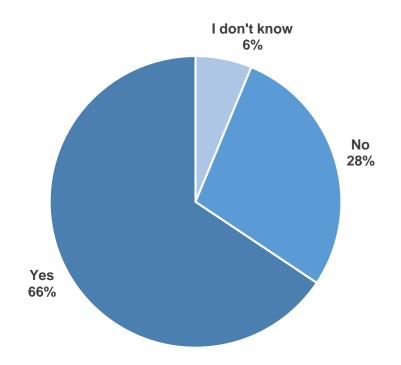
- Inter-sector preparedness / contingency plan
- Increased coordination (ad-hoc meetings)
- Guidelines on meetings delivery (shift to virtual meetings)
- Guidance for humanitarian response
- Common COVID-19 shared folder with all available tools and guidelines
- Advocacy with the government for access and facilitation
- Prioritization of HRP activities, with dedicated 4Ws and reporting channels (Iraq)
- Assessments of needs, and restrictions (humanitarian, access) (Venezuela)



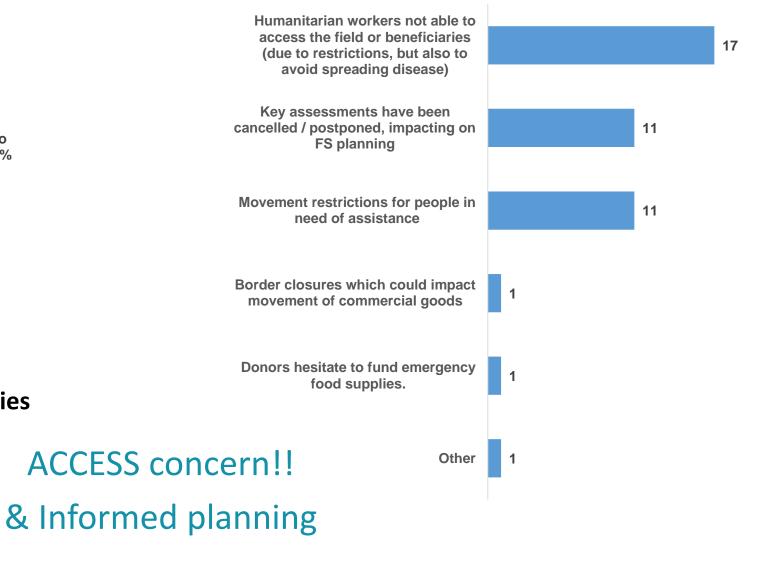
Negative "proactive measures" affecting FS response

Proactive measures

Is there currently any sign of "proactive measures" that could negatively affect the FS response in country?

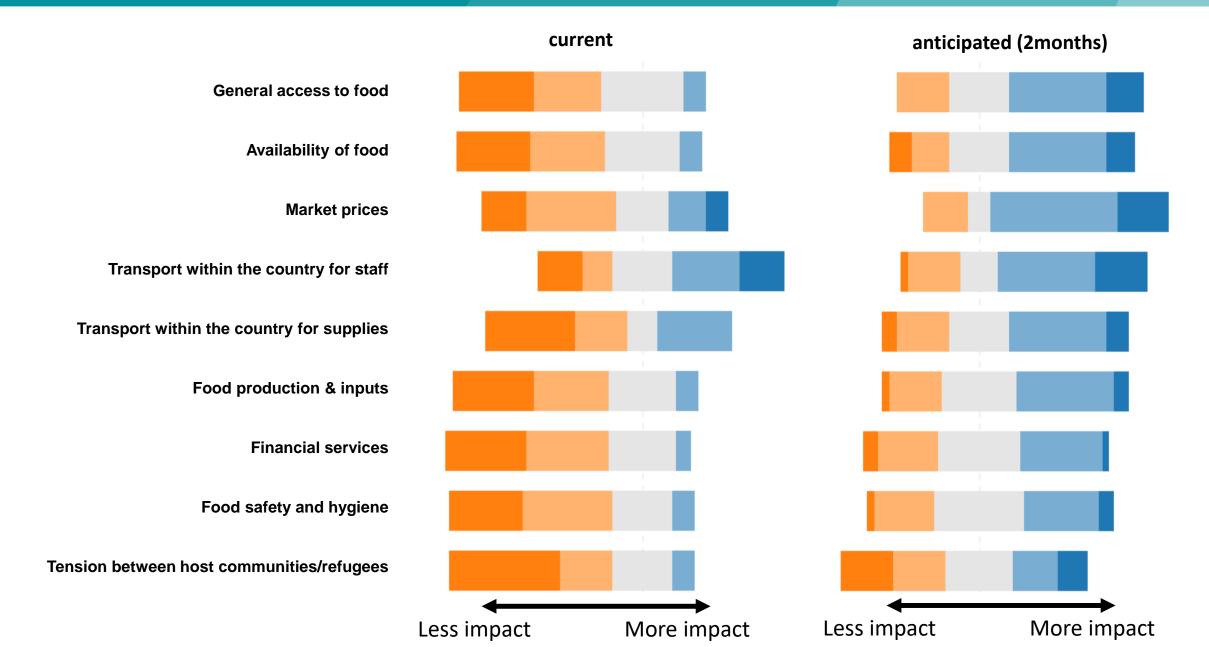


Negative measures in 66% of the countries





Impact on Food Security aspects



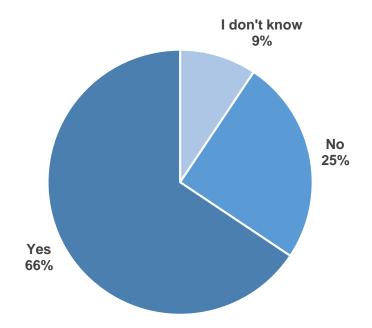


Activities to scale-up - FSC recommendations for partners

- Impact analysis, assessments of impacts on agricultural value chain and labour market, price monitoring, impact on most vulnerable groups
- Additional short-term food assistance to COVID-19 most affected districts:
 - additional caseload, urban areas
 - in-kind VS cash VS combined
- Support agricultural production and livelihood; food production programs; provision of seeds, fertilizers and inputs
- Ensure strict enforcement of hygiene and health protocols during distributions / Hygiene and sanitation materials during distributions
- Awareness raising and Communication with Communities, information provision on hand washing and safe distancing, avoiding unnecessary activities
- Logistic support in case of people's movements restriction

Changes already happening - partners

Are there any changes that are happening in the current FSL programming due to the COVID 19?

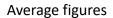


Changes already happening in 66% of the countries

- Double food ration, phased distribution schedule
- Potential take home packages for school feeding
- Delivery of food assistance at home
- Adopting emergency distribution SOPs (hand-washing, social distancing, etc.)
- Considering change in transfer modality (commodity vouchers, cash)
- Suspending biometric verification
- Propositioning supplies in warehouses
- Getting ready to provide additional support to new caseload (link with suppliers)
- Slowing down / cancellation of livelihoods / self-reliance activities

Impact on Food Security Coordination - current vs predicted

From 1 to 10, how much the COVID has / will have an impact on the FSC coordination?



4.3

Current

5.3 /10

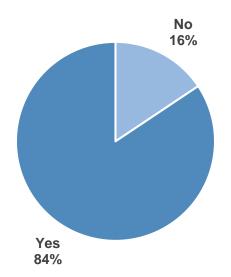
Predicted

- Coordination meetings cancelled or delayed (connectivity issue)
- Trainings / workshops postponed
- Movement restrictions affect activities such as field visits, support to regional hubs, assessments (MSNA, FS)
- Suspension of other activities (e.g. TWGs) due to focus on Covid-19 (for FSC team)
- Reduced engagement with FSC due to focus on Covid-19 / health (both for gov't counterpart and FSC members)
- Partners' office closures, staff evacuations, potentially people getting the virus
- Slower response of partners due to teleworking



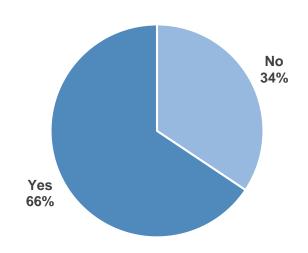
Guidance received (CLAs and OCHA) and requested by partners

Guidance received from CLAs?



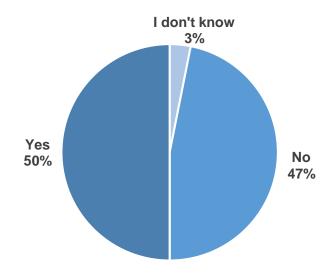
Programming (e.g. how to adjust GFDs)
CLAs contingency plans
Meeting / trainings / missions
HR and security issues
WHO guidance

Guidance received from OCHA – ICCG?



Inter-cluster plans
Health information
Precautionary measures
Govt guidance

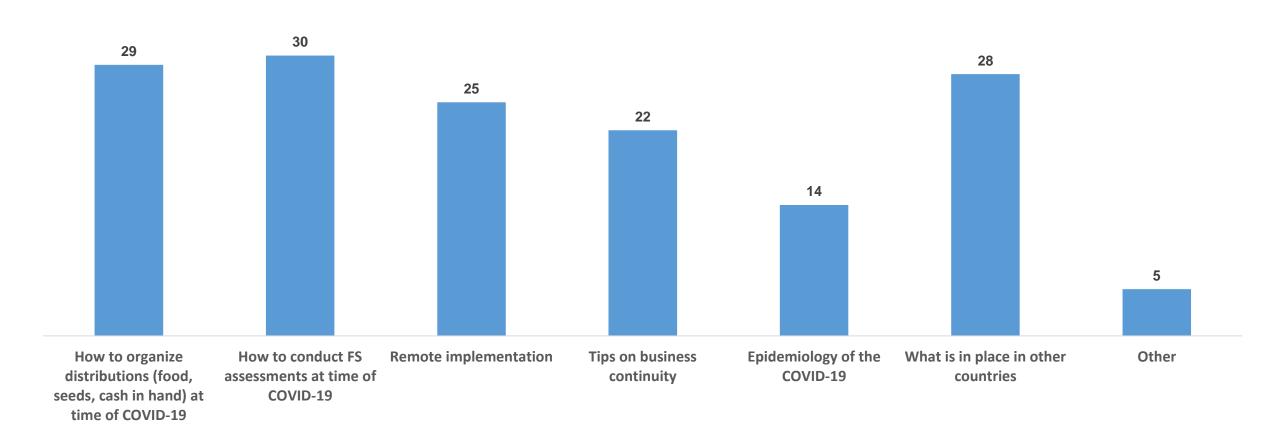
Guidance requested by partners?



Programming (continuity of activities, adjustments)
Health awareness material
Trainings, meetings
How to approach donors

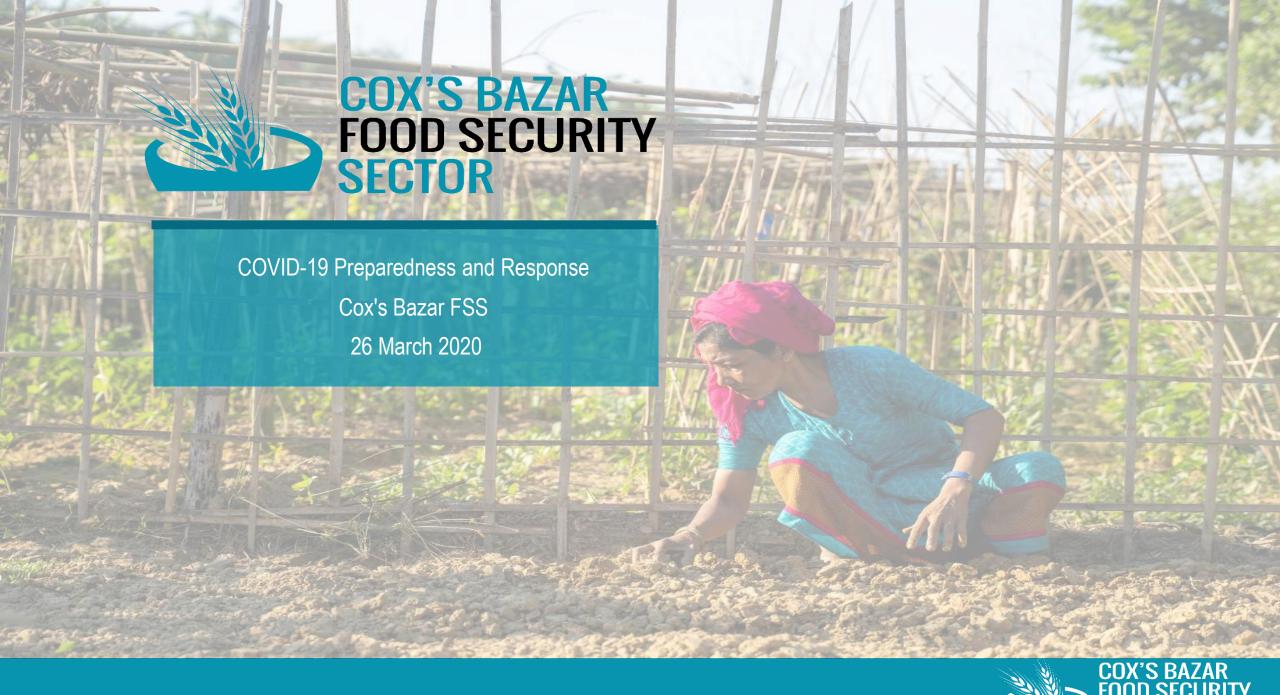
Guidance requested to global FSC

What type of information would you like to receive from the gFSC?





5. Voices from the field





Context: Bangladesh and Cox's Bazar District

Bangladesh

Population: 164.7 million (World Bank, 2017)

Population density: 1,115 ppl / sq.km

Poverty: 15% of population (24.7 million) live in extreme poverty (World Bank)

Climate risk: 9th most vulnerable in the world, due to monsoon floods and cyclones (Climate Risk

Index)

Cox's Bazar District

Population: 2.2 million (Bangladesh Bureau of Statistics, 2011)

Poverty: 17% of population living in extreme poverty, most poor and vulnerable district in the country

Main economic activities: Domestic tourism and agriculture (namely fisheries, and livestock)

Food security: 40% of the host community do not have access to nutritious diet, 88% refugees

vulnerable according to Refugee influx Vulnerability Assessment (REVA) II by WFP



Context: Rohingya Crisis

Rohingya influx

In August 2017, over 700,000 Rohingya escaped to Cox's Bazar in three weeks and they settled in makeshift camps.

- 855,000 registered Rohingya refugees live in 34 camps.
- The Kutupalong mega-site with over 600,000 people is the biggest refugee camps in the world
- High population density
- No right to movement, no right to work. Cash and livelihoods programming not favored by GoB.
- Refugees 100% dependent on humanitarian assistance and services provided by humanitarian organizations (UNHCR and IOM camp management and Refugee Repatriation and Relief Commissioner is the GoB authority
- September 2019: ban on internet and mobile communication for refugees 3G/4G with high impact on the humanitarian operation
- Fencing of the camp boundaries by the civil military began in 2020
- Increased social tension due to economic impact on the host community
- COVID-19 could cause devastation in the Rohingya camps due to high population density and inadequate hygiene and sanitation infrastructure

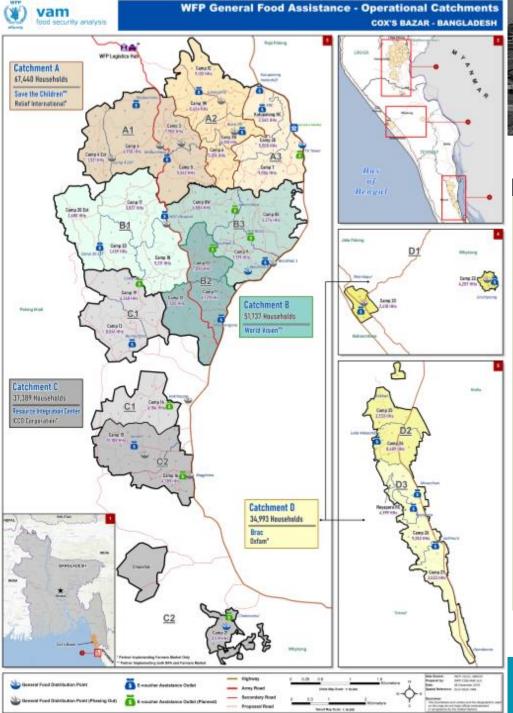


Context: FSS Activities in Rohingya Crisis

- JRP 2019 was 70% funded, JRP 2020 total ask was \$877m (\$254m allocated for FSS)
- WFP and cooperating partners provides blanket General Food Assistance through e-voucher (66%) to be redeemed in 15 outlets and in-kind rations of rice, pulses, oil (34%) to all refugee HHs
- Farmers' Market for fresh foods (pilot to be scaled up) and complementary food voucher assistance
- Self-reliance support for Rohingya refugees (skills training, stipend, in-kind inputs)
- Livelihood support for Bangladeshi host community (IGA training, investment grant, in-kind inputs)
- Reforestation / greening activities in the camps and in the host communities (150 ha planted in 2019)









Map of WFP Operational Catchments and GFA facilities

- 4 GFA partners
- 7 Farmers' Market partners
- 2 Complementary Food Voucher assistance partners



Updates by WHO

COVID-19 Highlights: National Level (Bangladesh)

Total Tests	794	Last 24 Hours Test	82
COVID-19 Positive Cases	39	Cases in Last 24 Hours	0
Recovered	7	Death Cases	5
Data as on 25 March 2020			

Hotline at IEDCR for COVID-19 support and information:

01927711784, 01927711785, 01937000011, 01937110011, 01401184551, 01401184554, 01401184555, 01401184556, 01401184559, 014011184560, 01401184563, 01401184568, 01550064901-5

Cox's Bazar Level Update

- One COVID-19 positive case has been reported in the district (host community member)
- 12,997 people (2% of population) reached with key COVID-19 messages in the camps
- 3,411 people reached with COVID-19 messages in the host communities
- CwCWG working on messaging to address false rumors (flying news) in the camps regarding 'covid-19 vacines,' false messaging on cause or treatment, etc. ACAPS conducted <u>this assessment</u> to support in understanding and improving community messaging



Preparedness and Response Plan

Main concerns:

- Bangladesh poor health care system and high population density
- High density in Rohingya camps, poor health and sanitation, dependency on humanitarian assistance, limitation of movements and suspension of 3G/4G limits communication
- Only one institution with testing capacity in the county IECDR, very limited ICUs in the country and no capacity
 in Cox's Bazar, Limited PPEs
- Tension between Host Community, refugees, and NGO workers due to perceptions around covid-19 and uncertianty of the socio-economic implications

Closure of schools: Schools closed for 2 weeks from 16 March - learning centers in camps by RRRC.

Limitation to travel: from 26 March (national holiday) to 4 April holiday to ensure social distancing and protective measures. Only kitchen markets, grocery shops and pharmacies open.

Lockdown in the camps - No cases reported in the camps to date (only rumors)

Advisory by RRRC (local authority) on 24 March to activate Essential mode (link)



Preparedness and Response plan

Intersectoral COVID-19 Preparedness Plan v.4 led by Health Sector and facilitated by Inter Sector Coordination Group (ISCG) (<u>link</u>)

- Scenario 3: Case in camps up to 10 and limited local transmission
- Scenario 4: widespread cases in camps and widespread local transmission

Main activities:

- The establishment of isolation and treatment facilities with planning underway to prepare an initial 1,500 beds. Health partners are now preparing all possible beds in existing facilities (390 beds), and are seeking appropriate sites to establish new isolation and treatment facilities in the camps and in the HC for additional 1,000 beds.
- Risk communication and community engagement messages rolled out across the District in the local communities and in camps (communication in the camps limited by absence of 35/4G services)
- Handwashing, distribution of soap and other hygiene and sanitation supplies scaled up
- Intersectoral COVID-19 distribution recommendations (link) introducing social distancing and hand washing
- Cooperation with Health, WASH, CwCWG at food distribution points and e-voucher outlets
- ISCG weekly SitRep (link)



Impact on humanitarian operation

Definition and negotiation of essential and critical services (link)

Essential

- The operation is to move immediately to essential services and assistance only. The goal is to reduce staff footprint of the operation, and to introduce social distancing as far as is possible within the camp setting, while ensuring that some assistance and services are scaled up in light of the needed COVID-19 response and the coming cyclone/monsoon preparedness.
- All possible preventive measures must be taken in the camps at all ongoing services and facilities (handwashing and disinfection, minimizing groups/attendance as far as possible and distancing as far as possible). Distributions must follow the guidance in place.

Critical

- In this modality, staff presence will be massively reduced, with many or most essential services to be provided by volunteers on the ground, or potentially by the Military.
- Adequate measures and guidance must be given to volunteers delivering critical services
 and assistance. Modalities for ensuring the most vulnerable have their needs attended to in critical mode, must
 be clarified.



Response challenges

The major current gaps are the extremely limited testing, and intensive care capacity in the District. The concern about testing capacity is the possible delays in securing results which may impact the effectiveness of the response. The absence of intensive care capacity is a major concern, as this will inhibit the ability to provide needed care quickly for serious or complicated cases. Even if equipment was available, securing skilled medical staff to manage the situation will be a major challenge.

Communications are key to the timely and effective management of this situation. The humanitarian community continue to advocate for enabling 3G and 4G in the camps: with COVID-19 and the cyclone and monsoon season approaching, communication will be essential for actions to be taken to save lives in support of and collaboration with the authorities.

Humanitarian access must be ensured throughout the response to COVID-19, including access of humanitarian staff into the camps, and refugees' access to life-saving services. Positive collaboration on timely project permissions and visa issuance, especially for health, WASH and CwC partners will ensure ability to respond adequately and timely,

Inclusion of Rohingya in the National Preparedness and Response Plan (National Preparedness and Response Plan V5 <u>– link)</u>



Impact on General Food Assistance

WFP prevention and risk minimization measures for General Food Assistance operation (Link)

- Daily, door-to-door beneficiary mobilization to be suspended by March 30, households will receive a permanent monthly distribution token.
- Only one person per household will be allowed to enter WFP in-kind distribution points and e-voucher outlets.
- Only one visit per household to e-voucher outlet and in-kind distribution point to receive one-month ration this will help reduce caseload per day, decongest sites and reduce crowding.
- Everyone must **sanitize hands before entering WFP premises**. Cooperating Partners are setting up hand washing stations and will screen body temperature of people at the entrance this week.
- Cooperating partners to enforce social distancing at the waiting sheds, distribution point and e-voucher
 outlets through physical demarcation with a red painted line or tape.
- Biometric authentication on SCOPE and Building Blocks to be waived across all distribution points and e-voucher outlets starting 22 March, Sunday.
- SCOPE household realignment exercise has been postponed since Saturday, March 21. WFP will not change family composition in SCOPE database until further notice. However, SCOPE cards will be distributed with food at the distribution points and e-voucher outlets.
- Farmers market operation to be suspended until further notice and scale up also postponed.



Impact on humanitarian delivery

Main changes

- Decongest and speed up distributions minimum of 400 persons access the facilities per day
- From value voucher to commodity voucher refugees will receive a pre-packaged food assistance
- Reduced footprint 1,100 humanitarian staff for GFA

Main challenges: engaging retailers (increase of food prices, personnel) and engage CPs (fear)

Scenario 4 / critical mode – over 10 cases in camps threshold:

- Shift to in-kind
- Engaging with authorities / civil military (handing over food distribution to the civil military dropping food from trucks

Scenario 3/ essential mode

- Self-Reliance activities (training, gardening, etc.) suspended
- Livelihoods activities in the host community limited: groups of less than 10 people, seeds distribution door-to-door, limited amount of activities approved on a case by case bases.



Challenges and way forward

- Ensure delivery of live-saving food assistance to Rohingya refugees (pipeline, personnel, access)
- Impact on food security prices (rice +30%), food availability, access to income, markets functionality
- Refugees were relying on CfW, self-reliance as additional resources
- Host community impacted,- opportunities + social tension with refugees
- FAO and WFP/VAM are planning survey/assessment on market impact
- Ensure preparedness and response for Monsoon and Cyclone season
- Advocacy for Cash assistance (host community and refugees) if market functional
- Advocacy for re-programming
- Support GoB social safety nets program
- Re-program self-reliance/livelihoods projects: production of cloth masks, scrubs and gowns, CfW to support COVID-19 awareness
- Additional funding for Health, WASH, CwCWG.
- FSS Covid-19 contingency planning partner survey <u>link</u>
- Information sharing: google drive, resources, by-weekly remote meeting



Identification Process





Food Distribution





Approved Livelihoods Activities during Covid-19 response – Sewing personal protective masks (design approved by Civil Surgeon)











COVID-19: the DRC case

1. Current situation in the country

- HRP 2020: 15.6 mil. people in need. From a FS point of view: + 2 mil. people compared to 2019. DRC still highly dependant on food imports
- Health facilities very poor conditions
- COVID-19 update on 24.03: 45 confirmed cases, 3 deaths. 100% in Kinshasa.
 Restrictive measures by the DRC Gov.



COVID-19: the DRC case

2. Current impact on humanitarian deliveries and food security

- Difficulties in getting to DRC and travelling across the country. Impact on the implementation of ongoing programs + assessments
- Some sectors, example: education, immediately impacted by Gov. restrictions such as schools closure
- FS. Need to find alternative ways to plan and put in place key activities such as distributions
- FS. Need to better coordinate market analyses, to get reliable data in a more frequent way and to cover urban contexts such as Kinshasa
- FS. Mainly due to speculations, average prices of some food commodities such as locally produced rice already increased (15%)

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COVID-19: the DRC case

3. Projected impact on food security

- Closure of borders further affect prices (food commodities and other related items such as fuel) in already fragile areas
- In urban contexts: more unemployment, less food access. Risk of social unrests
- In rural contexts: movement restrictions and difficulties in getting agricultural inputs also lead to a reduced food availability



COVID-19: the DRC case

4. Way forward and plans

- Building FS scenarios still ongoing. HRP will be most likely revised accordingly
- Need to further interact with the Gov., which just announced the set-up of an ad-hoc coordination and response mechanism at Kinshasa level
- Be ready to keep on reviewing approaches and implementation methodologies, based on the evolution of the crisis.
- Food assistance. Cash will be prioritised, despite some logistics challenges.
 DRC SoP to be shared
- Livelihood. Farmers / fishermen access and the provision of essential production inputs will be prioritised
- Given the COVID possible impact on the DRC pre-existing crisis, a more effective fund raising (2019: 40%) has to be achieved

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WoS COVID-19



WoS – COVID-19 Overview

- Current Cases: 1 (Damascus) confirmed on 22 March
- COVID-19 Humanitarian Response architecture
 - Damascus: Crisis Coordination response committee
 - NES: COVID-19 Task Force
 - NWS: Emergency Response Task Force
- Country Response Plan:
 - Dedicated COVID-19 response plan led by WHO/ OCHA at country level for advocacy/ funding using 8 pillar response plan
 - Hub level operational response through above committees and task force for referral mechanisms, identifying cases and health facilities
- Local Authority response/ restrictions:
 - Damascus curfew: 6:00 18:00
 - NES: 24 hrs lockdown
 - NWS: No restrictions (yet)
- Borders:
 - Damascus:
 - NES: KRI/ Syria border closure for people and commodities
 - NWS: border closure for people



Impact on Humanitarian Assistance

- General Food Assistance:
 - Delay of ALL food distributions across all hubs until SoPs and guidelines put into place by at least a week (camps and non-camps)
- Bakery Support:
 - On-going without distruption
- Agriculture and Livelihood Programming:
 - Suspended until further notice/ April
- Cash based transfers:
 - NES: Suspension/ hawala liquidity
 - NWS: Suspension/ updating SOPs and mitigation measures
 - Damascus: limited operations



Impact on Food Security (long-term)

- Markets:
 - Food prices
 - Monitoring
- Supply-Chain disruptions
 - Markets
 - In-kind
 - Cash
- Impact on FS in Syria:
 - Agriculture/ labour
 - Livelihood/



FSS response

- Team structure
- Information Sharing
- SOP/ Guidance notes contextualization
- Training of partners
- Regular hub meetings re: COVID-19 issues for partners
- FSS Templates:
 - Daily trackers on programme disruption
 - Stock check
 - FAQ document



Key Challenges

- Regularity working environment
 - Staff withdrawal
 - Curfews/ lockdown
- Information management
- Contextualization of gFSC guidance notes



Way-forward and future plans

- Collaboration with REACH on customized market monitoring
- Wheat Value Chain assessment on impact
- COVID-19 WoS response planning monetary value on the FSS response
- Advocacy on livelihoods continuation
- Discussions around modality etc.



Thank you!



7. Questions / Answers



8. Way forward & Conclusion