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tracking the global humanitarian response to Covid-19

report

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Acknowledgements

Development Initiatives (DI) and the International Rescue Committee (IRC) have collaborated on this research to provide an independent and up-to-date overview of Covid-19 response – how much funding there has been, and how it has been delivered. Information like this helps donors give more effective support, and unpacks the data to show general funding trends, as well as the quality of funding and reporting.

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Executive summary

This report by the International Rescue Committee (IRC) and Development Initiatives (DI) analyses humanitarian funding to the Covid-19 pandemic response in 2020. It introduces new analysis by IRC and updates previous analysis provided by DI during 2020.¹

Key findings

- Humanitarian funding failed to keep pace with rises in Covid-19 cases and their consequences. The impact of Covid-19 contributed to an increase in humanitarian needs by 40% over 2019's needs, and the gap between needs and funding grew.
- A total of US\$6.6 billion of humanitarian grants was contributed to the Covid-19
 pandemic response, including US\$3.7 billion channelled to the UN's Global
 Humanitarian Response Plan (GHRP). Just 39% of the GHRP's funding requirements
 were met.
- By gross volume, the three largest recipients of overall humanitarian grant support for response to Covid-19 were Yemen, Syria and Afghanistan. A small number of donors carried a large portion of the Covid-19 humanitarian funding burden, among whom the largest bilateral contributors were the US and Germany, largely mirroring previous trends for humanitarian funding.
- A humanitarian system already under strain was unable to mobilise sufficient
 additional resources when faced with a global shock. Covid-19 funding requirements
 within the GHRP were consistently less well funded than other UN appeal
 requirements in 2020. Of 52 countries, just 5 received more than 75% of funding
 required, while 12 received less than 25%.
- Just 16.5% of all humanitarian funding to Covid-19 was provided directly to non-governmental organisations (NGOs) (international, national and local), and just 20.5% of funds provided through the GHRP were channelled to NGOs. Critically, the reported data still does not show how much funding is passed down the funding chain to front-line implementers, for example from UN agencies to international and local NGOs.
- Data reported to the UN Financial Tracking Service (FTS) and published to the
 International Aid Transparency Initiative (IATI) has significant gaps, creating an
 incomplete picture of the response. For example, data on when, where and to whom
 funding is committed and how quickly it is disbursed is incomplete and inconsistent.
 These gaps inhibit more effective planning and action.

Key recommendations

- Donors should provide sufficient timely, multi-year, flexible funding to meet increasing immediate and longer-term needs due to Covid-19.
- Donors should prioritise funding to front-line NGO implementers in fragile and conflict-affected contexts to ensure the response meets the needs of the most

- vulnerable and those most likely to be left out of the response. In some fragile and conflict-affected states, NGOs provide more than 75% of the health response.²
- Donors and aid organisations should normalise increased flexibility provisions introduced in the Covid-19 response and improve the accuracy of their reporting on the duration and earmarking of funding.
- UN agencies, which received the bulk (67.3%) of humanitarian aid for the Covid-19 emergency response, should report to FTS and publish to IATI data on the funding they sub-grant to partners for a more complete picture of how and where funds are being spent.
- Donors and aid organisations should update their financial data including the
 dates of commitment and disbursement regularly and frequently. FTS should
 retain dates of commitment and payment in its system to improve transparency on
 the speed of the response.
- The UN Office for the Coordination of Humanitarian Affairs (OCHA), donors and IATI
 publishers should prioritise improvements to interoperability between IATI and FTS,
 to make reporting of humanitarian financing better streamlined, consistent and
 efficient.

Introduction

It has long been a challenge to track funding when a humanitarian disaster or crisis hits. After the 2010 earthquake in Haiti, year on year people asked 'What happened to the money meant to rebuild Haiti?' In 2014, when Ebola broke out across West Africa, attempts to track the funding meant for the response only raised more questions. Today, nearly five years after the Grand Bargain commitments to improve financial transparency, and despite some progress, the data we need to inform timely decision-making and allow for accountability is still lacking in a number of key areas.

In March 2020, when Covid-19 was declared a global pandemic, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) launched the Global Humanitarian Response Plan (GHRP) to support the response in low- and middle-income countries. Although the GHRP was not the only vehicle for responding to the pandemic, it accounted for the majority of international humanitarian aid for the crisis. On 31 December 2020, the GHRP officially concluded, marking a moment for stocktaking.

Two key takeaways emerge from the following analysis of the Covid-19 humanitarian financing data. First, the available data indicates a relatively bleak picture: funding for the Covid-19 humanitarian response has not been at the scale, speed or flexibility required to meet increasing needs, nor has enough funding gone directly to NGO implementers with greatest access to hard-to-reach, vulnerable populations. Second, inadequate reporting has obscured a complete understanding of where and which organisations funding is flowing to, and how quickly it is actually being disbursed to implementing agencies. Without these details, the international community cannot plan an effective, coordinated, comprehensive response – essential in the management of a pandemic.

A note on the data and methodology

Our analysis is based on the best data publicly available for the overall global Covid-19 emergency response, including funding for the GHRP. The data analysed is drawn from:

- UN <u>OCHA's Financial Tracking Service</u> (FTS), to which donors and implementing agencies voluntarily report, with data curated before appearing on the platform.
- The <u>International Aid Transparency Initiative</u> (IATI), a common reporting standard to
 which members voluntarily directly publish their data on activities, and are therefore
 responsible for data quality and completeness.
- The <u>Covid-19 funding data prototype</u> developed by Development Initiatives (DI) as part of the Grand Bargain Transparency Workstream.

While the Grand Bargain recognises IATI as the common standard for organisations to publish humanitarian funding data, with <u>Signatories committing to IATI publication</u>, FTS remains more commonly used to track humanitarian financing, especially against humanitarian response plans.

To enhance the alignment and interoperability of IATI data and FTS, the Grand Bargain's Transparency Workstream has supported a pilot to enable the ingestion of IATI data by

FTS. As our analysis below illustrates, data quality and completeness vary across both platforms. This results in variable utility and reliability for analysis. It remains impossible to create a complete and accurate picture of the response to this crisis. We need rapid improvements in reporting and data quality, for better transparency, accountability and outcomes.

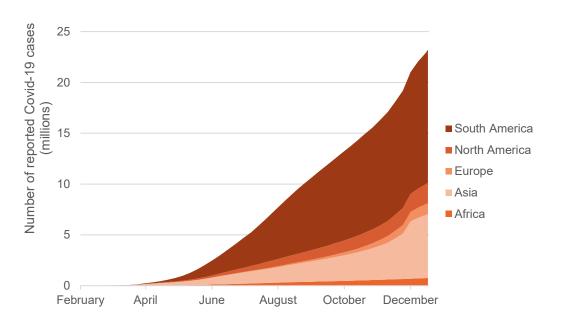
Where were the impacts of Covid-19 most dire?

The low- and middle-income countries included in the Global Humanitarian Response Plan (GHRP) account for 30% of reported Covid-19 cases and 39% of all reported deaths worldwide, while representing 32% of the global population. Since the GHRP was launched on 25 March 2020, total confirmed Covid-19 deaths in GHRP countries have risen to 722,509. In many contexts, the reported figures significantly underestimate the true numbers due to insufficient tracing, especially in crisis settings like Yemen, Afghanistan and Ethiopia.

The economic fallout of the pandemic has further weakened already fragile economies, driven more than 270 million additional people into <u>acute food insecurity</u> worldwide, precipitated a <u>tragic increase in gender-based violence</u>, and brought <u>education systems</u> <u>to a halt</u>. South America has been particularly hard hit – GHRP countries in the continent account for 16% of all cases worldwide and 20% of all deaths.

Figure 1: Reported Covid-19 cases continue to rise in GHRP countries, especially in South America

Number of reported Covid-19 cases by region



Source: Our World in Data

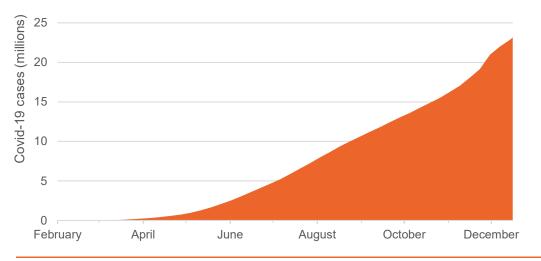
Note: A version of this chart that displays totals for all regions and dates can be found online at: www.devinit.org/resources/tracking-global-humanitarian-response-covid-19

How well did aid track with rising Covid-19 cases?

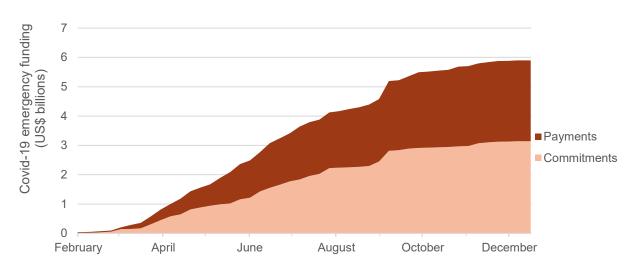
As of 31 December 2020, donors had committed or paid a total of US\$6.6 billion to the Covid-19 emergency response across 160 countries, including US\$3.7 billion towards the Global Humanitarian Response Plan (GHRP). The GHRP alone was funded at just 39%, leaving a shortfall of US\$5.8 billion to meet the increasing and pressing humanitarian needs of populations in the 63 low- and middle-income countries it targeted. For comparison, non-Covid appeals were funded at 52% in 2020.

Figure 2: Humanitarian grants have not kept pace with the increasing scale of the Covid-19 crisis





Humanitarian grant funding



Source: (above): Our World in Data. Area chart by country in GHRP, (below): OCHA FTS via the Covid-19 Humanitarian Portal.

Note: A version of this chart that displays totals for all regions and dates can be found online at: www.devinit.org/resources/tracking-global-humanitarian-response-covid-19

These headline numbers obscure significant regional differences. For example, the Eastern European response was 83% funded while the Latin America and Caribbean response was just 23% funded, as of OCHA's final GHRP progress report, despite the severity and lethality of the pandemic in South America.

How did humanitarian funding match up to the GHRP requirements for Covid-19?

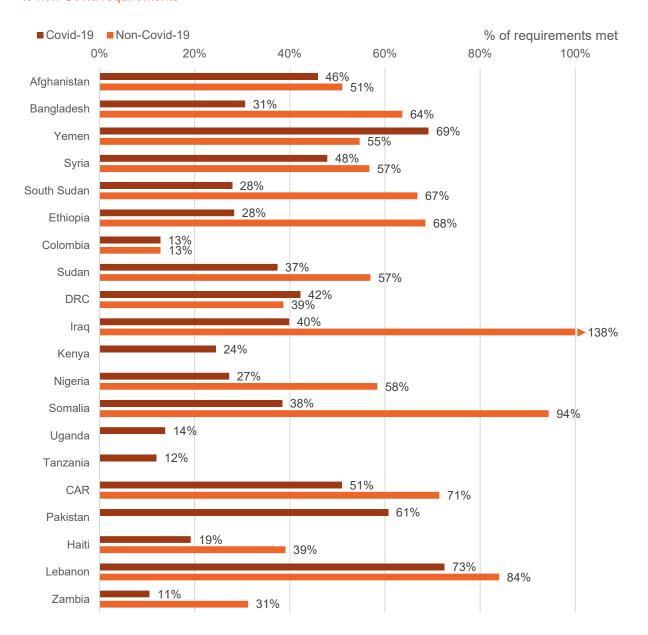
The Covid-19 Global Humanitarian Response Plan (GHRP) outlined funding requirements for the 63 countries identified as most in need of humanitarian assistance as a result of the Covid-19 pandemic. This included 55 countries with existing humanitarian needs, and an additional 8 countries with humanitarian requirements solely as a result of the pandemic. By the close of the GHRP at the end of 2020, the sum of requirements for countries covered totalled US\$9.5 billion. However, just US\$3.7 billion of funding was realised against this, representing 39% of all requirements met.

Levels of funding have not been consistent across countries covered by the GHRP. At the conclusion of the appeal, just 5 of the 52 countries included in the GHRP³ had received more than 75% of their Covid-19 requirements. Conversely, 12 of these 52 appeals had received less than 25% of Covid-19 requirements, with one country receiving less than 10%: the Democratic People's Republic of Korea (8.8%).

A humanitarian system already under strain was unable to mobilise sufficient additional resources when faced with a global shock. The proportion of all UN appeal requirements met in 2020 was significantly lower than in previous years. However, Covid-19 appeals generally fared worse than other appeals, exacerbating the impact of the pandemic in many countries already in crisis (Figure 3). With the extent of underfunding for Covid-19 appeals varying significantly, some countries fared much worse than others, with the potential that the impact of the pandemic may be more severe and their recovery slower. Among the 20 countries with the largest GHRP requirements, Covid-19 needs have been consistently less well-funded than other humanitarian needs. Of these 20 countries, 17 had UN appeals for both Covid-19 and other humanitarian needs, yet only the DRC and Yemen had a higher proportion of their Covid-19 requirements met.

Figure 3: Covid-19 appeals consistently received a lower proportion of funding than other humanitarian appeals

20 largest Covid-19 appeal requirements – Covid-19 GHRP requirements met compared to non-Covid requirements



Source: UNOCHA FTS.

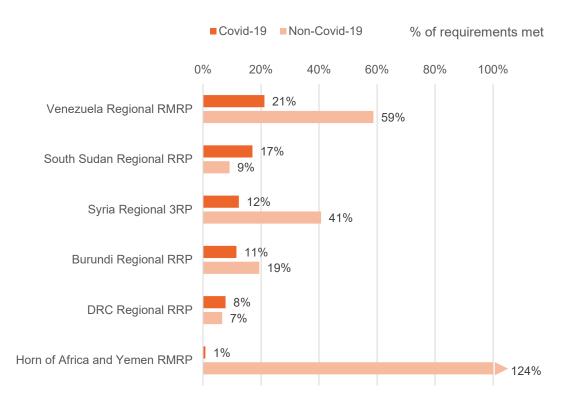
Notes: Countries are ranked by Covid-19 requirements as reported under the Covid-19 GHRP. Data is in current prices and was downloaded on 11 February 2020. Country data excludes regional plan requirements and funding except for Bangladesh RRP. DRC: Democratic Republic of the Congo; CAR: Central African Republic. Kenya, Uganda, Tanzania and Pakistan did not have a non-Covid appeal.

How did coverage of Covid-19 requirements vary between regional refugee plans?

Regional refugee plans were also comparatively poorly funded in their Covid-19 response, with none having more than 21% of Covid-19 requirements met in 2020. The starkest disparity between Covid-19 and other requirements met can be seen in the Horn of Africa and Yemen Refugee and Migrant Response Plan, with just 0.8% of the former, but over 100% of the latter, being met.

Figure 4: Coverage of Covid-19 requirements varies greatly between regional refugee plans

Regional refugee plans – Covid-19 GHRP requirements met compared to non-Covid-19 requirements



Source: UNOCHA FTS.

Notes: Bangladesh RRP not shown. DRC: Democratic Republic of the Congo; RMRP: Refugee and Migrant Response Plan; RRP: Refugee Response Plan; 3RP: Refugee Response and Resilience Plan.

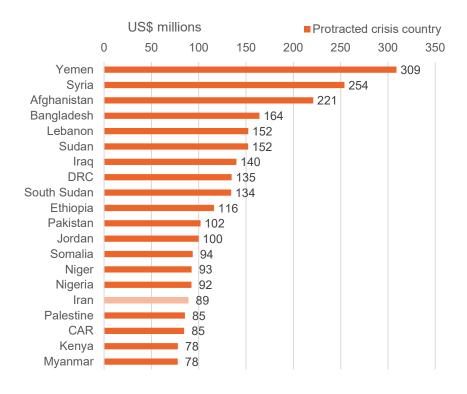
Which countries received the most funding in humanitarian grants for Covid-19 needs?

By gross volume, the three largest recipients of overall humanitarian grant support for response to Covid-19 were Yemen (US\$309m), Syria (US\$254m) and Afghanistan (US\$221m). In total, these three recipients accounted for 17% of all assistance targeting the pandemic allocated directly to countries.

Of the 20 largest recipients of all humanitarian grants related to Covid-19 in 2020, 19 were countries already experiencing a protracted crisis, and 15 were classified as being at either very high (5) or high (10) risk from impacts of the Covid-19 pandemic according to the Index for Risk Management (INFORM) (Figure 5).

Figure 5: Countries experiencing protracted crisis received the largest volumes of Covid-19 humanitarian grants

20 largest recipients of Covid-19 humanitarian grants



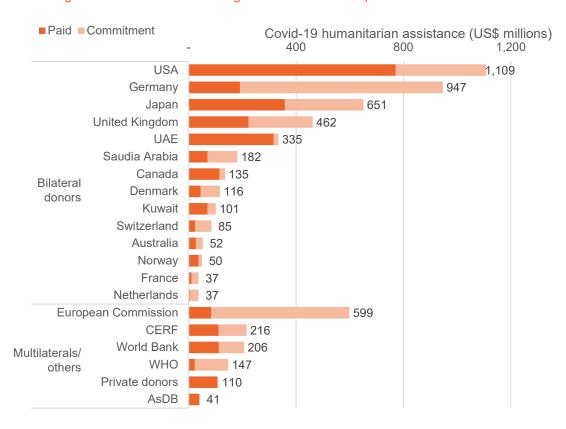
Source: UNOCHA FTS. Notes: DRC: Democratic Republic of the Congo; CAR: Central African Republic. Data is all country-allocable grants including those within regional plans.

Who were the largest donors of humanitarian grants to the Covid-19 emergency response?

Funding patterns from bilateral donors for Covid-19 humanitarian needs largely mirror previous trends for humanitarian funding. The largest volumes of humanitarian grants to the Covid-19 emergency response in 2020 were provided by the US (US\$1.1bn) and Germany (US\$945.9m), who have been the two largest donors of humanitarian grants since 2016. Together these two donors accounted for 47% of total humanitarian grant funding from governments for the Covid-19 emergency response, a slightly higher proportion than the 44% of grant funding they provided to all humanitarian needs in 2019.

Figure 6: Donor funding patterns for Covid-19 largely mirror those for other humanitarian grants





Source: UNOCHA FTS. Notes: Only first-level funding shown. UAE: United Arab Emirates; CERF: Central Emergency Response Fund; AsDB: Asian Development Bank.

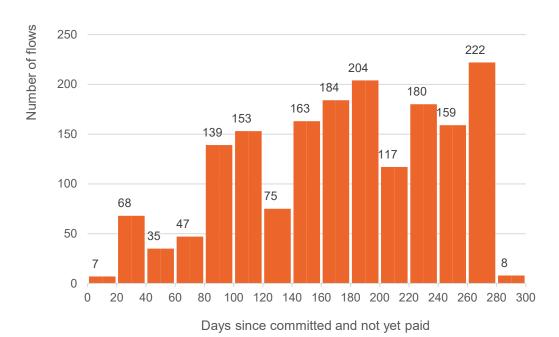
Can we see how much aid actually entered the humanitarian system and how quickly?

Not only is the entire emergency response several billion dollars short of meeting needs, there also appears to be a wide gap between paid and unpaid financial commitments, according to available data.⁴ If this data reflects reality, it would indicate that funding is not reaching those in need fast enough to stem the impacts of Covid-19 effectively and efficiently.

At face value, the data from the Financial Tracking Service (FTS) and International Aid Transparency Initiative (IATI) suggests that there may be a significant volume of funding committed that has not been disbursed, or that has been disbursed very slowly. According to FTS data on Covid-19 funding flows, 40% of the commitments (2,115 of 5,337 flows) remain unpaid. On average, unpaid commitments have been committed for more than 174 days, with a median at 182 days.

Figure 7: More than half of unpaid commitments have been outstanding for more than 170 days

Number of unpaid commitments by days since commitment date



Source: OCHA FTS via the Covid-19 Humanitarian Portal

The United States, the largest contributor to the Global Humanitarian Response Plan (GHRP) at over US\$1 billion committed and paid, fares better than most donors in how much of its aid is reported to have been paid: of its 582 reported contributions, 340 are marked as completed payments – including 116 updated from commitment to paid after initial reporting. On average, it has taken roughly one week (9 days) for a US contribution to be updated from commitment to payment, while the longest duration from commitment to payment was over a month (41 days).

In some cases, the slow release of committed funding may be appropriate – such as for aid committed towards important future initiatives, such as vaccine distribution. However, if the picture painted by the reported data is accurate, with just US\$2.8 billion disbursed out of a total of US\$6.6 billion committed, it would suggest that funding is not flowing fast enough to meet existing and rising needs. While some larger implementing organisations may be able to start programmes once a commitment is made, and before receiving funds, relying on reserved funding, this practice can cause significant challenges for smaller and especially local organisations that need money in hand to begin activities.

Unfortunately, we cannot have full confidence in what the data tells us about the timeliness with which funding has been disbursed. In part, the data appears to be a product of poor-quality and untimely reporting and publishing. For instance, European Civil Protection and Humanitarian Aid Operations (ECHO) has reported that just 36 of 400 flows (US\$31.5 million of US\$410.9 million) were paid as of 31 December 2020. However, internal data from the International Rescue Committee (IRC) shows that in fact funding had been received from ECHO in full or in part but that this data had not yet been updated on FTS. Moreover, we know that a significant proportion of funding recorded on FTS remains as 'committed' and is never reported as having been disbursed – in 2019 and 2020, this proportion was 36% and 44% respectively of all financial flows in terms of volume. This is despite a high degree of confidence that, as legally binding contractual commitments, these funds are eventually disbursed.

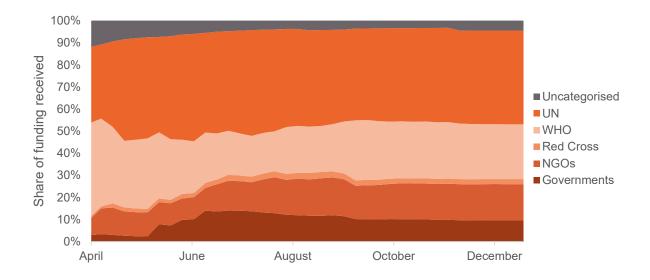
Comparing data reported to FTS and published to IATI for individual reporters does not provide a clearer picture on the speed of disbursal of funding. Looking at data published to IATI for three large donors highlights several inconsistencies in individual publishing practice. For instance: many fewer flows are published to IATI than to FTS; disbursed funding has apparently been reported as commitments; there is some reporting of commitments with negative values. The substantial differences between flows reported to the two platforms, along with inconsistent reporting practices within the same platforms, highlight the difficulties in accurately tracking humanitarian funding for the response to Covid-19.

Has funding reached frontline responders?

Much of the overall emergency funding within the Global Humanitarian Response Plan (GHRP) and for other Covid-19 needs that has been committed or paid has been directed towards UN agencies. As of 31 December 2020, non-governmental organisations (NGOs) had directly received just 16% of all bilateral funding,⁵ with the World Health Organization receiving 25% and other UN agencies 42%.

Figure 8: NGOs have received a small fraction of direct funding while UN agencies have received the most





Source: OCHA FTS via the Covid-19 Humanitarian Portal.

Note: A version of this chart that displays totals for all regions and dates can be found online at: www.devinit.org/resources/tracking-global-humanitarian-response-covid-19

Similar to other metrics, the overall numbers mask some bright spots. Some donors, like European Civil Protection and Humanitarian Aid Operations (ECHO), fared better on this metric than others; ECHO contributed 29% of its reported contributions directly to NGOs.

It is unclear how much of the funding going to UN agencies is then cascaded to NGO implementers at the front lines of the response. UN agencies do not consistently report where they cascade their funding to, nor how quickly they disburse their funding. For example, the UN High Commissioner for Refugees (UNHCR), the UN International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) do not routinely provide to the International Aid Transparency Initiative (IATI) the names of the organisations implementing activities with their funding. Due to this lack of data, we do not know to which partners, in what volumes and how quickly funding is being passed on.

What does the data miss?

It has been difficult to analyse fully the humanitarian funding to the Covid-19 emergency response. This is partly because the data-reporting infrastructure is inadequate, and partly because of inconsistent and incomplete reporting and publishing (including late reporting). For instance, current platforms do not capture whether donor funding is new or repurposed – meaning we cannot say how much new funding entered the system to respond to Covid-19, and how much existing funding was repurposed from one sector or country to another.

In addition, different properties of funding – duration (multi-year or short-term), degree of earmarking, extent of flexibility in grant agreements – can also be critical to ensure that a crisis response is efficient and effective. (International Rescue Committee (IRC) and Development Initiatives (DI) jointly explored this in a 2020 report).

In IRC's experience, a number of donors were ready to be flexible with existing programmes. However, progress needs to be made to improve reporting and publishing against existing features of the Financial Tracking Service (FTS) and the International Aid Transparency Initiative (IATI). For instance, this could include recording the level of earmarking, and to agree what other properties of funding could and should be reported, to gain a full picture of financing and better ensure it meets needs.

Recommendations

There are hints of the end of the Covid-19 pandemic, with vaccines reaching some low-income countries. However, fragile contexts – and especially marginalised populations within them, such as refugees – will likely receive vaccines long after distribution efforts in wealthier countries. Without changes to the delivery of and accountability for international aid, Covid-19 cases will not decline in these fragile states, with the risk of variants emerging that are resistant to vaccines.

Donors and UN agencies are uniquely positioned to improve the effectiveness and efficiency of aid through greater transparency and timely and accurate reporting of humanitarian financial data. Donors and aid organisations should fulfil their existing commitments to greater transparency within the Grand Bargain and ensure transparency remains central to future aid-reform efforts within the Grand Bargain and beyond.

More transparency is needed to: ensure assistance is targeted to where needs are highest, minimise gaps in the global humanitarian response, facilitate coordination between humanitarian actors, and enable accountability for outcomes. Some progress has been achieved in this regard. However, as our analysis demonstrates, significant improvements remain to be made.

To achieve a more effective response to Covid-19 in humanitarian settings:

- 1. Humanitarian funding should be at scale to meet rising needs.
 - a) Donors should increase their levels of assistance to address globally rising needs, even in testing economic circumstances, in an environment in which global health and economic recovery will not be secured unless the pandemic and its effects are effectively managed everywhere.
- 2. Humanitarian funding should be flexible and predictable, and these aspects of funding should be tracked.
 - a) Donors and UN agencies should provide more multi-year, flexible funding to implementing partners.
 - Donors and UN agencies should normalise increased flexibility provisions introduced in the Covid-19 response.
 - c) Donors and aid organisations should accurately report data on the earmarking of all their funding,
 - d) Donors and aid organisations should agree the characteristics of multi-year funding that should be captured in reporting, working from the <u>definitions</u> developed within the Grand Bargain Quality Funding workstream.
- 3. Humanitarian funding should be prioritised to front-line responders, and this funding should be tracked.

- a) Donors should prioritise funding to front-line implementers including national and community-based organisations in fragile and conflict-affected contexts where needs are greatest.
- b) All implementing agencies should report to the Financial Tracking Service (FTS) and publish to the International Aid Transparency Initiative (IATI) data on the funding they sub-grant to partners (including how much, to which partners and where). This applies in particular to UN agencies, such as the UN High Commissioner for Refugees (UNHCR), the UN International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO), three of the four largest recipients of funding for the humanitarian response to Covid-19.
- 4. Humanitarian funding should be disbursed quickly to meet immediate needs.
 - Donors should ensure that their policies and practices routinely allow for timely disbursement of committed funding, especially to local NGOs requiring payment to start implementation.
 - b) Donors and aid organisations should report the dates on which funding commitments are made and when this funding is disbursed, and update this information regularly, for example once a month.
 - c) FTS should ensure that its flow information clearly captures and retains the dates on which funding is committed and on which it is paid.
- 5. Reporting of humanitarian funding should be streamlined, consistent and efficient.
 - a) The UN Office for the Coordination of Humanitarian Affairs (OCHA), donors and IATI publishers should support efforts to enable the interoperability of data published to IATI with OCHA's FTS.
 - b) OCHA should prioritise improvements to FTS to enable the easier and more efficient ingestion of data published to IATI.
 - c) Donors and aid organisations should ensure internal data management processes to enable data published to IATI and reported to FTS to be consistent and comparable.

Notes

¹ Development initiatives, 2020. Chapter 3, Crisis financing to the Covid-19 pandemic response. Global Humanitarian Assistance report 2020. Available at: https://devinit.org/resources/global-humanitarian-assistance-report-2020/crisis-financing-covid-19-pandemic-response. Development initiatives, 2020. Financing humanitarian needs amid the Covid-19 pandemic. Available at: https://devinit.org/resources/financing-humanitarian-needs-amid-the-covid-19-pandemic.

² UN News, 2019. Central Africans 'need our help now': UN's deputy relief chief. Available at: https://news.un.org/en/story/2019/09/1045662

³ This excludes 11 countries in GHRP covered by only Regional Refugee and Migrant Response plans.

⁴ Funding flows are divided into three categories: pledged (which indicates a non-binding intended contribution), committed (which indicates a contractual agreement), and paid (which indicates actual disbursal).

⁵ According to FTS, NGOs received 20% of direct funding under the GHRP to date at the time of writing.

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We deliver trusted and actionable insights for decisionmakers and partners based on what available data can tell us. We increase data use by growing people's skills, expertise and confidence in data and showing how data can drive better outcomes. And we improve what data is available by helping others to collect, share, manage and use data responsibly and effectively.

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We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls. Founded in 1933 at the call of Albert Einstein, we now work in over 40 crisis-affected countries as well as communities throughout Europe and the Americas.

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