



# How Are Organizations Responding To COVID-19?

## Summary Report for Week of March 16, 2020

Each week until further notice, Humentum will issue a spot poll designed to gain insight into how organizations working in the international relief and development sector are responding to the coronavirus pandemic.

This weeks poll focused on guidance and protocols for staff, challenges in creating fit for purpose business continuity plans, and considerations for short and long-term disruptions to program implementation and organizational sustainability. Based on the poll, whose full results can be found below, here is how organizations are responding:

- Over 60% of organizations have made work from home mandatory, with only 6% seeing no change in how people work. Other organizations are either making work from home voluntary, encouraged but not mandated, or mandated with specific exceptions
- For staff returning from personal travel, new work from home practices create natural self-isolation. Self-monitoring is encouraged.
- Preparations for instances of staff testing positive include:
  - o Informing staff of CDC guidance, disclosure practices, and HIPPA confidentiality
  - o Plan to follow CDC / Department of Health / Local Medical Personnel Guidance
  - o Determining whether to affirmatively ask/require staff to self-report COVID-19 symptoms (other than just staying away from work)
  - o Protocol includes variations of:
    - Report to HR (voluntary or mandated)
    - Follow medical professionals' instructions
    - Immediately self-quarantine
    - If applicable extra office cleaning
    - Contact local health authorities (doing best to protect individual information)
    - Notify those who have been in close proximity to staff member; in some instances, 14-day quarantine for staff confirmed to have had close contact
- Over 50% have issued no changes to their existing sick leave policies and practices. Close to 1/3 have provided additional leave (sick or paid days off), while others are increasing their flexibility.
- While 53% of respondents say their business continuity plans are fit for purpose, the rest either don't have a plan (32%) or have one that is not fit for purpose (15%). Organizations are most worried about:
  - o Program Management and Implementation: Health concerns at projects where health systems are weak, meeting the needs of beneficiaries without being in-person, doing the work without traveling, field business continuity plans, charging to directs when employees aren't able to work at 100%

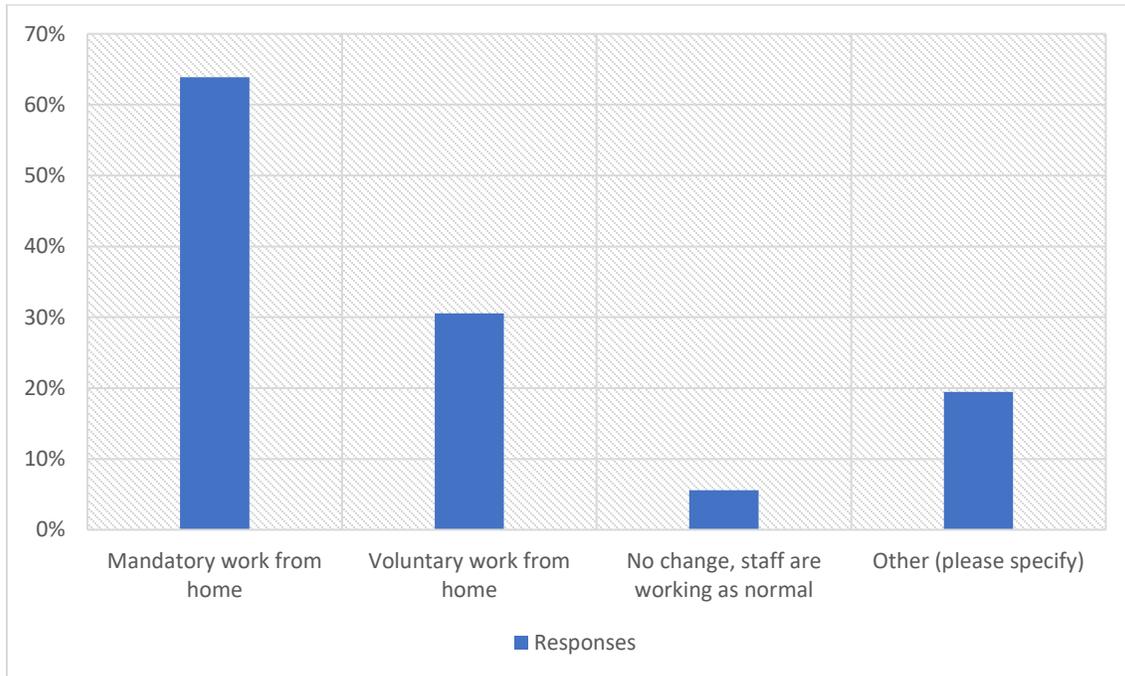


- Financial Systems and Planning: impact of possible recession, maintaining financial controls in a virtual setting, donations
- Safety and Security: evacuation preparation, physical site security
- Human Resources and Key Personnel: health and wellness, travel, maintaining day-to-day business functions (e.g. payroll, leave administration, etc)
- Communication: striking the right balance between caution and business needs, communicating with external stakeholders
- Guidance for Expats and Third Country Nationals (TCNs) varies along a spectrum of no travel at all, no non-essential international travel, approval for essential travel required, and working on a case-by-case basis. Some organizations are recommending that staff that need to go home do so as soon as possible or leaving it open as a personal choice.
- Many respondents do not have plans in place for potential disruptions to program implementation or are in the early stages of planning. Plans include: scaling back programs or putting them on hold, seeking guidance and flexibility from funders (e.g. no-cost extensions), scenario planning, and trying to find creative solutions to implement programs virtually, where possible.
- Respondents are just beginning to identify and plan for the long-term impacts of COVID-19. Those organizations who are taking action are continually updating their business continuity plan, undertaking financial forecasting, modeling, and scenario planning, analyzing how COVID-19 will impact new business development, and preparing to work from home for as long as needed

*Analysis based on the March 16-18, 2020 Humentum COVID-19 spot poll, with 36 organizations participating.*



Q1 What working from home guidance have you implemented? (Tick relevant option(s))



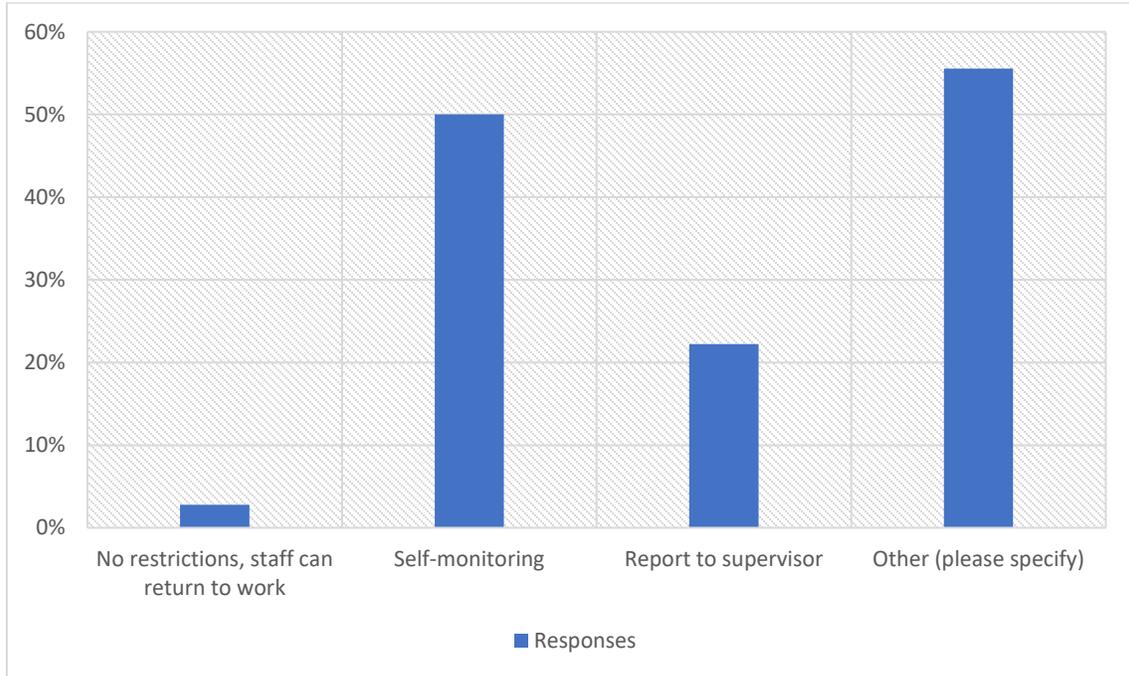
Answer Choices	Responses	
Mandatory work from home	63.89%	23
Voluntary work from home	30.56%	11
No change, staff are working as normal	5.56%	2
Other (please specify)	19.44%	7
	<b>Answered</b>	<b>36</b>



<b>Other (please specify)</b>
We are struggling to determine the best way forward for our programs in Ghana - we want to staff to feel safe and supported while also still attempting to carry out programs in as much as we are able.
Voluntary work from home in the US and considering that policy in some other countries on a country-by-country basis.
We are 'teleworking by default' - that is, everyone should telework and use the office as a fall back if their living circumstances do not allow for safe telework (such as sick house mates, or construction during the day on their building)
Mandatory work from home, but exceptions may be granted
Exception for small number of jobs that cannot be performed at home and must still come to physical site. But we have taken extra precautions to enable social distancing in the workspace, elevated level of sanitation, self-declaration of high risk allowed to those needing to remain home on sick leave.
Strongly encouraged work from home
based on global locations category ... all cat 4 & 5 are mandatory work from home



Q2 What policies have you implemented for staff returning from personal travel?



Answer Choices	Responses	
No restrictions, staff can return to work	2.78%	1
Self-monitoring	50.00%	18
Report to supervisor	22.22%	8
Other (please specify)	55.56%	20
	<b>Answered</b>	<b>36</b>



Other (please specify)
MANDATOR WORK FROM HOME
We were discussing this and then went to mandatory telework.
Not applicable.
Report to Human Resources if they traveled to or transited through an area with 100+ cases.
Work from home for 5 business days, but now everyone can work from home if they wish; which of course, most have.
none
Follow national CDC guidance.
N/A
Self-isolation if from level 3 or 4 country
Report to HR and supervisor.
14 day required work from home following all travel
But since we moved to mandatory WFH that takes care of this situation now
All are working remotely
forced working from home
Staff are all working remotely in our US/Europe/Aus offices; Country Directors are taking it case by case in Program Countries
self-isolate for 14 days
Voluntary report to HR
They are working from home like everyone else at this point.
depending on location self-monitoring
14 days of quarantine depending on which country they are returning



**Q3 What protocols have you prepared if staff test positive or have encountered a positive case?**

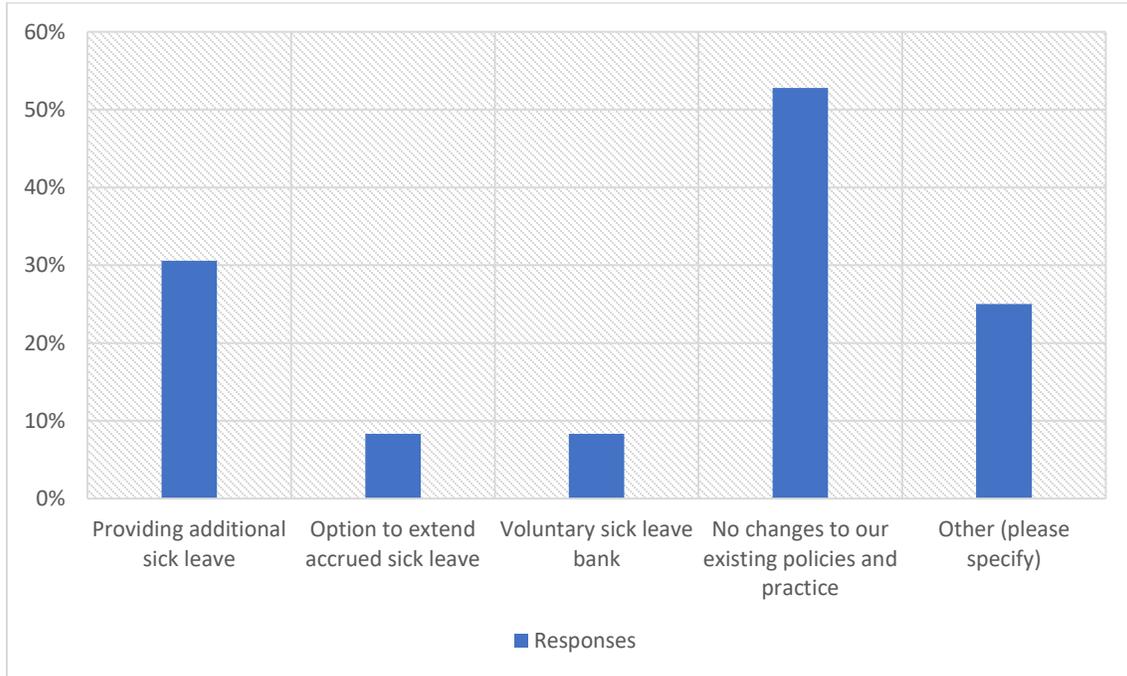
<b>Responses</b>
None of our colleagues have been tested positive yet.
NA
Rolling this out with managers tomorrow, to staff after that.
quarantine for the requisite period
None at this point
When we learned of potential exposure in office building (at least 2 degrees of separation), we implemented remote work and were determining next steps when we learned test was negative. No additional measure been taken since we already moved into longer term social distancing. As of 3/16, we informed staff of disclosure process and HIPPA confidentiality if someone tests positive. It is voluntary to disclose but prevailed on our ethical obligation to alert of exposure, which can still done with confidentiality.
None
Report to Human Resources.
None yet.
take sick leave and get better
Go to a hospital and seek treatment.
Suspected cases will be reported to our S&S team, who will determine whether the staff had contact with others in the course of business and will promote reporting to relevant DPH. We are still determining whether to affirmatively ask/require staff to self-report Covid symptoms (other than just staying away from work).
Required to work from home if encountered positive case
Follow the CDC/Local Medical Personnel Guidance.
Working through PCP and local health authorities. We are aiming to protect individual information, but also want to ensure anyone who may have been exposed can be traced. Working closely with HR and our Chief Medical Officer.
Must report immediately to HR, follow medical professionals' instructions, and no return to any office. HR will then notify staff that another staff member has tested positive and take all precautions to self-quarantine to the extent possible.
We will follow state dept of health guidelines about communication and quarantine.
See medical attention and quarantine for at least 14 days or as required by your country's health care authorities.
No formal protocols
Do not come to physical facility of ours at all; notify HR Leave Administrator; we gather list of peers/partners with whom one had close proximity to notice them of an incident (no name), then track with employee to clearance by medical professional to close the case. If staff person was in office prior to symptoms, extra cleaning of their workspace.
Quarantined. Looking at extending paid sick leave for those who have confirmed cases.
we are working from home so will support staff as needed



We will require staff to follow the CDC guidelines for quarantine following exposure or infection.
No protocols yet
The individual will need to self-quarantine and follow medical direction. If the employee has exhausted sick leave, we will continue to compensate the employee for time off. The same applies if someone has to self-quarantine because of a household member's confirmed case.
We have not yet
We have asked them to confidentially report to HR, and to follow the CDC guidance (which we've provided).
if staff are in an office, all staff are sent home till we know more. office is cleaned.
wait of facts maintain confidentiality of staff name and limit group comms unless actions need to be taken 14 days quarantine for staff confirmed to have had close contact Deep cleaning of area Mandatory work from home for co-located staff



**Q4 What additional time off policies or guidance are you issuing?**



Answer Choices	Responses	
Providing additional sick leave	30.56%	11
Option to extend accrued sick leave	8.33%	3
Voluntary sick leave bank	8.33%	3
No changes to our existing policies and practice	52.78%	19
Other (please specify)	25.00%	9
	<b>Answered</b>	<b>36</b>

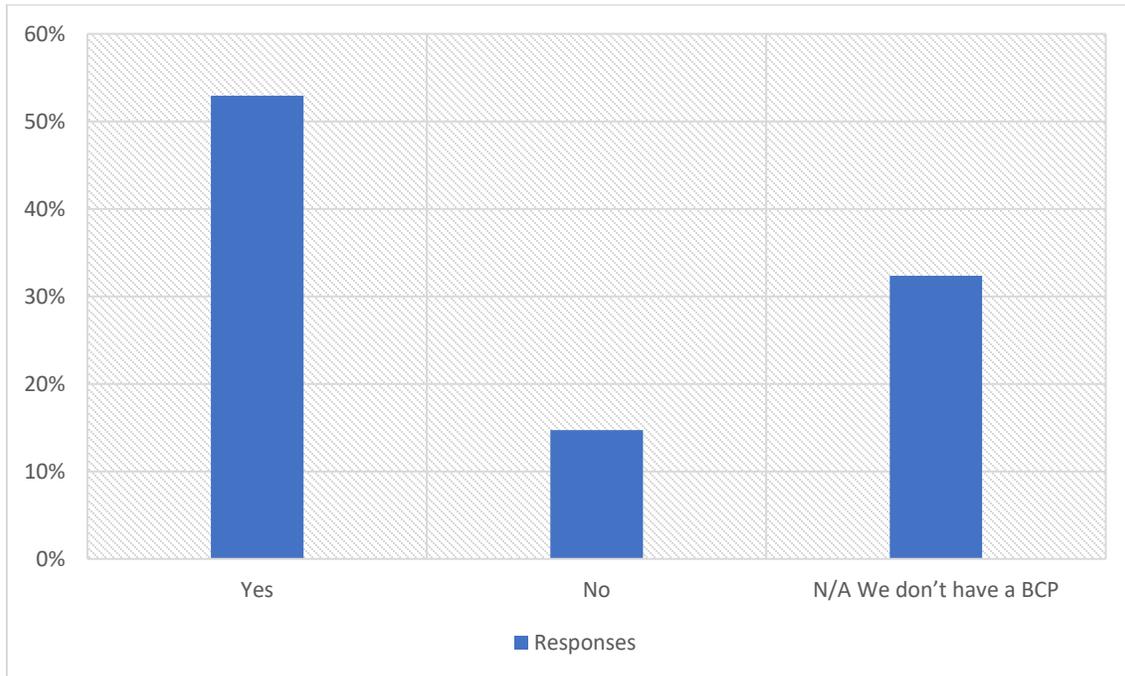
Other (please specify)
Considering alternatives to accommodate potential extended time off needs for non-essential /non-exempt employees.
We already have sick leave donation policy.
Allowing staff to continue paid sick leave even if their accrued sick leave is exhausted (without impacting future accruals).
May provide additional paid leave for those who cannot work from home due to the nature of their job or childcare responsibilities



We are telling anyone with significant challenges to raise it to their supervisor and HR; we are considering setting up alternatives depending on duration and need.
Developing additional paid days off emergency approach
We are being very flexible!
No changes yet, waiting on more information from congress
added 15 days to support COVID-19 impact



Q5 Is your existing business continuity plan (BCP) fit for purpose?



Answer Choices	Responses	
Yes	52.94%	18
No	14.71%	5
N/A We don't have a BCP	32.35%	11
	<b>Answered</b>	<b>34</b>



Q6 What area(s) of your business continuity plan (BCP) are you most concerned about?

Answer Choices	Responses	
Financial Systems and Planning	36.00%	9
Human Resources and Key Personnel	24.00%	6
Safety and Security	28.00%	7
Communication	24.00%	6
Program Management and Implementation	52.00%	13
N/A We don't have a BCP	28.00%	7
	<b>Answered</b>	<b>25</b>

#### Financial Systems and Planning

- Our financial systems are on the cloud which makes remote working very convenient
- Insufficient
- Donations, audits, settling supplier invoices
- Contingency planning especially due to the possible recession
- Ensuring that all functions can be handled at home while still maintaining financial controls
- Must receive and process donations
- Our a/p and a/r are still highly manual and paper intensive. They will be difficult to convert quickly to electronic procedures.

#### Human Resources and Key Personnel

- Insufficient
- Health and wellness, availability, travel.
- Ensuring key processes and functions continue to run now and we can quickly scale up once the pandemic is behind us
- Must maintain payroll, leave administration, HR service desk; support fundraising roles

#### Safety and Security

- Insufficient
- Possible evacuation vis-a-vis travel restrictions, health concerns compromise security infrastructure.
- Physical site security at major sites; on-going emergency working group



## Communication

- Striking the right balance between caution and business needs, maintaining communication with stakeholders like government, beneficiaries, donors.
- This is a particular focus now with all our global staff on a mandatory teleworking period
- Maintain intranet

## Program Management and Implementation

- As a global healthcare organization, we don't have clear understanding of the risks and opportunities to continue programming should the locations we work in report a positive case.
- Field implementation
- Health concerns at project locations where health systems are weak, possibility of cross-infection, government advisories and restrictions on movement.
- Concerns about how to meet the needs of beneficiaries considering that most everything we do with clients is in-person
- It is most difficult to conduct our work without travel
- Govt. grant proposals and monitoring critical
- Field BCPs and the vagaries of the donor
- Especially technical program support, deliverables, charging to direct when employees aren't able to work at 100%
- Not interrupting programs

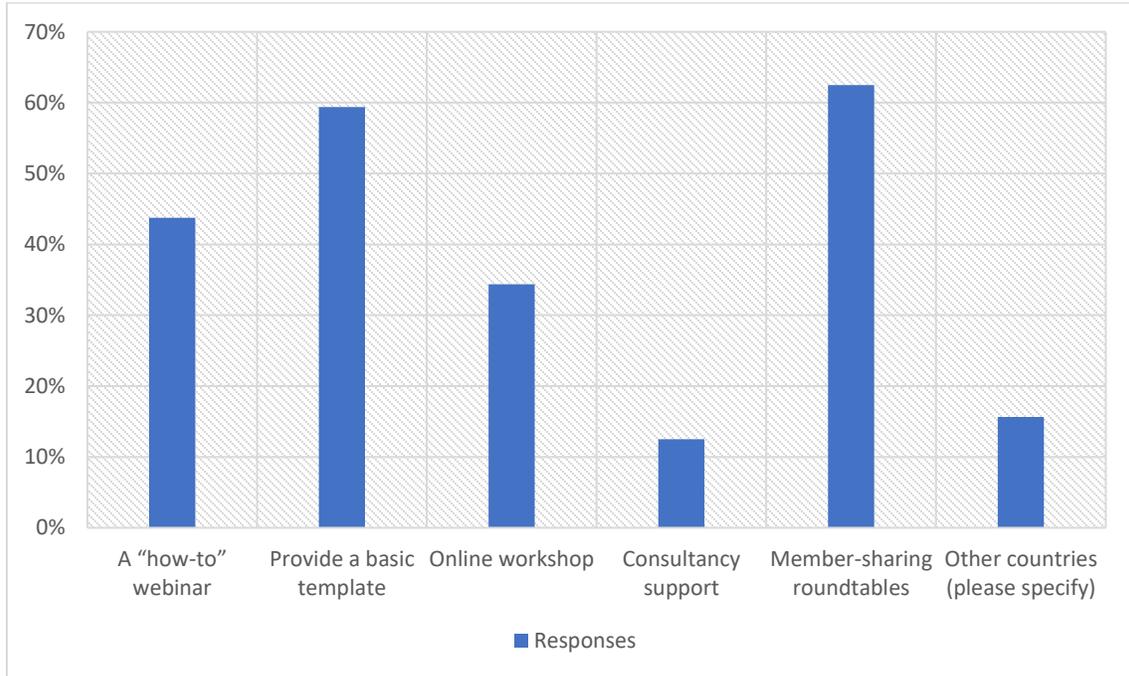


Q7 What guidance are you giving Expat/TCNs regarding international travel?

Responses
Return to your home duty station.
option to evacuate and utilize paid time-off. expenses fully paid.
Suspended all international travel through March 31 except to get to home of residence or home of record, will probably extend.
Our parent organization prohibits international travel effective March 9, 2020
We are not providing guidance on personal travel other than the following points: traveling at own risk; annual leave should be taken for traveling on weekday; and discuss with supervisor of potential implication.
Do not travel.
Varied; upon request.
none
Business international travel is restricted to ESSENTIAL travel only, If you have to leave and go home, do so ASAP (before borders close).
No non-essential business travel. Expats/TCNs allowed to return home if desired (their option).
To cancel all traveling, regardless.
Repatriation if they think it's advisable for them given their details
Not applicable
Case by case - also putting them in touch immediately with ISOS to determine if there are underlying conditions that could trigger a reason to evacuate. Issue is concern about exposure during travel and potential higher risk at destination.
do not travel
Not allowing travel at this time.
No non-essential int'l travel
Must be approved at highest levels in HQ.
No travel allowed, domestic or foreign
No international travel unless an emergency.
we are actively monitoring all travel restrictions we know so far and inform international staff accordingly
Still working on
only biz essential is allowed
always have personal choice to leave
are taking mandatory evacuation country by country based on country category and local medical capabilities



Q8 How can Humentum best support your business continuity planning?



Answer Choices	Responses	
A "how-to" webinar	43.75%	14
Provide a basic template	59.38%	19
Online workshop	34.38%	11
Consultancy support	12.50%	4
Member-sharing roundtables	62.50%	20
Other countries (please specify)	15.63%	5
	<b>Answered</b>	<b>32</b>

Other countries (please specify)
COO Monday meeting is great. No time for anymore.
Philippines; Ghana
EMEA, Europe, Latin America
Staff Care guidelines/resources
keep sharing information and best practices



**Q 9 What plans do you have in place for potential disruptions to program implementation?**

<b>Responses</b>
None.
na
Track reasons for postponing (and in rare cases cancelling).
Reviewing workplan to identify delays to deliverables etc.
We are making program adjustments on a short term basis as we know things will be changing in the coming weeks.
None developed.
N/A
Nothing
Scale back programs or keep them on hold, consult with donors, seek no-cost extensions.
We are developing a number of scenarios and updating those as the situation around us continues to change
Seeking guidance and flexibilities from funders.
Devising and testing other ways to meet the needs of clients through telehealth or phone-based support Negotiating with donors on flexibility in meeting outcomes
Working on that now.
Trying to move everything to remote
Being largely handled by global headquarters and national country field operations but we have child sponsorship and are developing plans now for impacts to C.S.;
No formalized plans yet. Meetings to discuss
will address soon
We anticipate that program implementation will be delayed, as partners are diverted to COVID-19 response and staff have travel restrictions. We're working with partners to ensure that reports are filed and payments sent, as possible.
Working on finding creative solutions to implement programs virtually where possible
Working through that now, and hoping to engage our donors.
We are still figuring this one out
We are preparing a business continuation plan
we are working on them
still be worked



**Q10 What additional planning is your organization doing to address the long-term impacts of COVID-19?**

<b>Responses</b>
We are focusing on the current situation right now.
implemented WFH for HQ and testing CO capacity for WFH. Developing BCPs at country and HQ levels.
Working with parent organization for HQ and with USAID AOR on field office to determine scenario plans
While some in the organization are discussing the impact on fundraising, we haven't discussed the long-term impact on programming.
Just beginnng this, but not yet organized.
N/A
None. Hope to find out during the Senior Leadership Meeting.
Nothing at present. It depends on the broader context.
We are prepared and ready to work from home as long as needed.
We plan to keep our BCP ever green and to now include a robust section on how to plan for potential epidemics in future
We are focused on short-term continuity right now; technical teams are also collaborating to think through technical guidance and engaging with WHO to ensure alignment.
preparing alternative budget and resource scenarios, moving some activities to online only
financial modeling
Working on that as I complete this survey.
Financial instability due to stock market
Financial reforecasting exercise and scenario planning; very early in thinking about long term impacts.
In discussion stages.
Still working this out in the short run.
Analyzing impact on FY budget; also how it will impact new business development.
n/a
We envision that telecommuting will become permanent for many more staff.
thinking about what are in country programs can do to help with virus education
still being worked