



# GLOBAL HRP COVID-19

INFORMATION UPDATE

1 MAY 2020

## Global Humanitarian Response Plan: Financial update



The Global Humanitarian Response Plan (GHRP) for COVID-19 launched on 25 March seeks \$2.01 billion over a period of nine months (April – December). The plan is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGO consortiums.

The GHRP is one of the pillars of the global response to COVID-19, focusing on the humanitarian health and multi-sectoral humanitarian needs of the most vulnerable people in countries already facing a humanitarian or refugee crisis, or with high levels of vulnerability. The GHRP complements other plans – such as the WHO Strategic Response and Preparedness Plan (SPRP) – that focuses on global health response and the countries not included in the GHRP. Other frameworks, notably the [UN framework for the immediate socio-economic response to COVID-19](#), support social and economic recovery beyond the immediate health crisis.

The May update of the GHRP will be released on 7 May and will include more detailed needs for the current set of countries, as well as requirements for a set of additional countries. Humanitarian Country Teams, Inter-Cluster Coordination Groups and Clusters have worked together to update their operations and activities, reprogramming whenever possible, identifying new requirements to respond to the consequences of COVID-19, and preparing for possible outbreaks. The GHRP will be updated on a periodic basis.

As of the end of April, funding of more than \$880 million had been reported for the activities of the GHRP, with additional donor announcements also made, but not yet reported. This is almost \$280 million more than the amount that had been reported (\$602

million) in the first GHRP information update on 20 April. Coverage of the GHRP's initial requirements of \$2.01 billion has risen from 30% to 44% over the past 10 days. An additional \$608 million of non-GHRP funding has been reported, bringing the grand total for the COVID-19 response to \$1.50 billion. The non-GHRP funding is either for activities or countries that are either not in the plan (e.g. for the Red Cross/Red Crescent Movement Appeal) or for which details on activities or countries have not yet been reported.

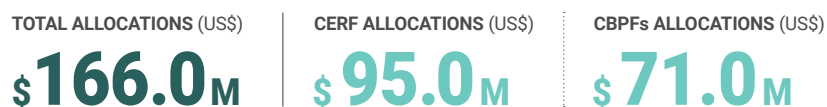
For the latest figures on GHRP funding and other coordinated response plan funding, please visit the [Financial Tracking Service \(FTS\)](#).

Abridged versions of the original GHRP are available in [Arabic](#), [Chinese](#), [English](#), [French](#) and [Spanish](#). A dedicated COVID-19 space has been created on the [OCHA website](#). For further information on COVID-19 activities, guidance and reports, please visit [Relief Web](#), [Humanitarian Insight](#), [HDX](#) and [Humanitarian Response Info](#).

The [Inter-Agency Standing Committee \(IASC\)](#) website also features nine guidance documents developed jointly by IASC members and/or IASC Reference Groups. Topics include: camps and camp-like settings; mental health and psychosocial aspects of the pandemic; food distributions and operating procedures; schools; persons deprived of their liberty, protection from sexual exploitation and abuse; gender, flexible funding; and emergency response preparedness. Some of this guidance is available in different languages.

IASC guidance on other topics is being developed. There is also a link to reference documents developed by IASC partners, including NGOs such as Care International, IRC, HelpAge International, A4EP, and others.

## Pooled funds allocations and announcements



The Central Emergency Response Fund (CERF) and Country based Pooled Funds (CBPF) are important tools in the fight against COVID-19. They have allocated a combined \$166 million to support at

least 36 countries. These allocations will save lives by scaling up preparedness and prevention, stopping the transmission of the virus, and mitigating the impacts of the pandemic in vulnerable countries.

<sup>1</sup> The GHRP requirements and funding are part of the Global Humanitarian Overview.



CERF has made three announcements totaling \$95 million. Given the rapidly evolving context and the need for swift action, CERF disbursed the funds to nine UN agencies through global allocations rather than country-specific grants. Agencies were given the flexibility to choose how and where to use the funding, within the parameters of the GHRP. The first CERF-funded project had an early start date of 3 February. The \$95 million will support 11 sectors, including logistics (\$40 million), health (\$34 million) and water, sanitation and hygiene (\$5 million).

CBPFs are providing flexible funding to fight the pandemic to all humanitarian partners, UN agencies, international and national NGOs, to deliver a holistic response to COVID-19. CBPFs are particularly supporting preparedness, community engagement, access to emergency health care and the delivery of essential services to people affected by the disease and simultaneously by conflict and natural disasters.

As of 1 May, twelve CBPFs (out of 18) released a total of \$71 million (allocations and reprogramming) to respond to the pandemic. Approximately 51 percent of the total funding will be granted directly to NGOs.

Humanitarian partners have swiftly integrated prevention, preparedness and response in their programming, e.g. handwashing campaigns, distribution of hygiene kits, public prevention campaigns (leaflets, radio, TV). OCHA has made a special effort to help NGOs respond to the challenging and fast changing operational environment, by issuing "flexibility guidance". OCHA hosted a webinar, attended by more than 300 NGO partners, to strengthen understanding of the flexibility guidance.

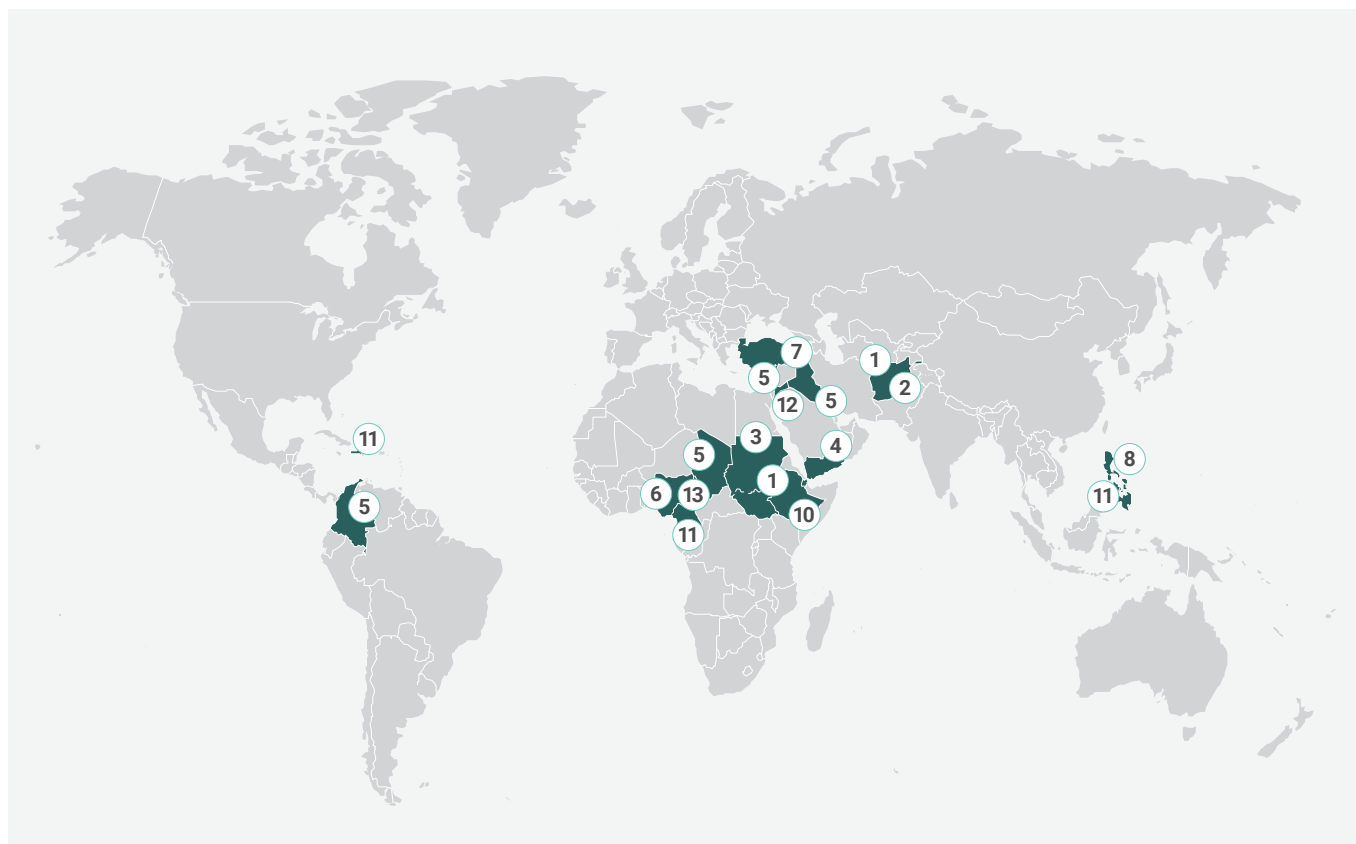
CBPFs have not only been early to respond to the pandemic, they have also supported a variety of flexible programmatic approaches, including: transforming education programs into distance learning (Syria Cross Border); delivering home-based services/ assistance (Ukraine, Jordan); scaling up SGBV response with cash, medical referrals, sheltering (Lebanon); setting up detection and surveillance systems, procurement of equipment and laboratory supplies and creation of ICUs and isolation rooms (oPt, Afghanistan, Sudan).

| COUNTRY      | CBPF ALLOCATIONS | CERF ALLOCATIONS | TOTAL ALLOCATIONS | COUNTRY            | CBPF ALLOCATIONS | CERF ALLOCATIONS | TOTAL ALLOCATIONS |
|--------------|------------------|------------------|-------------------|--------------------|------------------|------------------|-------------------|
| Global       | -                | \$43.2 M         | <b>\$43.2 M</b>   | Libya              | -                | \$2.0 M          | <b>\$2.0 M</b>    |
| Afghanistan  | \$11.5 M         | \$2.4 M          | <b>\$13.9 M</b>   | Mali               | -                | \$1.7 M          | <b>\$1.7 M</b>    |
| Bolivia      | -                | \$0.1 M          | <b>\$0.1 M</b>    | Myanmar            | \$2.2 M          | \$1.2 M          | <b>\$3.4 M</b>    |
| Brazil       | -                | \$0.2 M          | <b>\$0.2 M</b>    | Niger              | -                | \$1.7 M          | <b>\$1.7 M</b>    |
| Burkina Faso | -                | \$4.1 M          | <b>\$4.1 M</b>    | Nigeria            | -                | \$1.9 M          | <b>\$1.9 M</b>    |
| Burundi      | -                | \$1.7 M          | <b>\$1.7 M</b>    | oPt                | \$6.2 M          | \$0.9 M          | <b>\$7.1 M</b>    |
| CAR          | \$5.0 M          | \$1.8 M          | <b>\$6.8 M</b>    | Pakistan           | -                | \$1.3 M          | <b>\$1.3 M</b>    |
| Chad         | -                | \$1.9 M          | <b>\$1.9 M</b>    | Peru               | -                | \$0.1 M          | <b>\$0.1 M</b>    |
| Colombia     | -                | \$0.2 M          | <b>\$0.2 M</b>    | Somalia            | \$2.0 M          | \$2.6 M          | <b>\$4.6 M</b>    |
| Djibouti     | -                | \$0.2 M          | <b>\$0.2 M</b>    | South Sudan        | -                | \$1.4 M          | <b>\$1.4 M</b>    |
| DPR Korea    | -                | \$0.9 M          | <b>\$0.9 M</b>    | Sudan              | \$1.0 M          | \$3.4 M          | <b>\$4.4 M</b>    |
| DRC          | \$10.0 M         | -                | <b>\$10.0 M</b>   | Syria              | \$23.0 M         | \$1.8 M          | <b>\$24.8 M</b>   |
| Ecuador      | -                | \$0.1 M          | <b>\$0.1 M</b>    | Syria cross-border | \$6.8 M          | -                | <b>\$6.8 M</b>    |
| Ethiopia     | -                | \$1.0 M          | <b>\$1.0 M</b>    | Tanzania           | -                | \$0.4 M          | <b>\$0.4 M</b>    |
| Haiti        | -                | \$2.9 M          | <b>\$2.9 M</b>    | Turkey             | -                | \$0.4 M          | <b>\$0.4 M</b>    |
| Iran         | -                | \$2.8 M          | <b>\$2.8 M</b>    | Ukraine            | \$2.0 M          | \$0.9 M          | <b>\$2.9 M</b>    |
| Iraq         | -                | \$0.7 M          | <b>\$0.7 M</b>    | Uzbekistan         | -                | \$0.2 M          | <b>\$0.2 M</b>    |
| Jordan       | \$0.9 M          | \$2.4 M          | <b>\$3.3 M</b>    | Venezuela          | -                | \$4.0 M          | <b>\$4.0 M</b>    |
| Lebanon      | \$0.5 M          | \$2.1 M          | <b>\$2.6 M</b>    |                    |                  |                  |                   |





## COVID-19 Field Practice: Adapting the response



The following examples highlight field practice and how the humanitarian response is being adapted across global humanitarian operations to address the COVID-19 pandemic.

### Programming

1

In order to comply with social distancing guidance and to limit the exposure of vulnerable people to the virus, humanitarian partners are providing bigger food rations at less frequent intervals - for example in **Ethiopia, Sudan, South Sudan, Afghanistan** and **Djibouti**. Supplies are also being pre-positioned closer to camps, for example in Ethiopia.

2

In **Afghanistan**, humanitarian partners have been engaging with the World Bank on their plans for a complementary national cash/food assistance programme aimed at reaching non-humanitarian caseloads with safety-net support due to the impact of COVID-19. The aim is to ensure that humanitarian and development interventions are aligned in terms of packages, distribution timetables, and beneficiary selection.

3

The World Food Programme signed an agreement with the Ministry of Finance in **Sudan** to import 200,000 metric tons of wheat, which will help ensure a continuous supply of flour to local bakeries. This amount is equivalent to approximately 10 per cent of Sudan's required wheat import for 2020. The Government will repay WFP in Sudanese Pounds, which will enable the Central Bank to retain more than \$50 million in hard currency needed to provide strategic commodities.

4

In **Yemen**, the UN and the private sector launched a new partnership to tackle COVID-19. A group of multinational companies – the International Initiative on COVID-19 in Yemen (IICY) – is donating tens of thousands of coronavirus testing kits and medical equipment (including 225 ventilators and 500K masks) to Yemen, which has very limited testing capabilities. The UN will distribute the donated equipment. [Click here](#) for more information.



## Access

- 5 Globally, countries with humanitarian operations are facing significant and widespread restrictions on movement. This has led to restrictions on the movement of aid workers into and within countries. In some countries, specific access has been negotiated to ensure that aid workers can continue to support operations and supplies can be imported and transported. For example, in **Palestine, Iraq, Yemen, Colombia** and **Chad**, to name a few, access negotiations with governments and other stakeholders have yielded positive results to ensure that critical humanitarian operations continue, in addition to the COVID-19 response.

## Information and Advocacy

- 6 In **Nigeria**, aid agencies in the north-east have ramped up awareness and risk communication messages. Capitalising on existing partnerships with leading media providers with the widest coverage in the region, a series of animation videos, public service announcements, pamphlets and myth busters were jointly developed with Government and community leaders in two widely spoken local languages. Pamphlets, that include toll-free line information, have been distributed across IDP camps and communities, and live-radio programmes with call-in segments are being aired on local radio.
- 7 OCHA **Turkey** is producing a five-part video series with profiles about people affected by and responding to COVID-19 in north-west **Syria**. The [first video](#) has been viewed more than 20,000 times on Twitter.

## Information Management and Technology

- 8 In the **Philippines**, an online COVID-19 tracking system – [StaySafe.ph](#) – has been developed by Multisys Tech. Corp. in partnership with the National Task Force on COVID-19. It is an online and mobile application system used by national/local governments to help aid health and disaster experts with early detection and local forecasting through real-time tracking.
- 9 In **South Sudan** a mapping of likely COVID-19 risk hotspots using satellite imagery was undertaken to better understand particularly high-density areas like urban settings. Protection of Civilian sites and refugee camps. Similar efforts in Yemen have also been carried out to assess the vulnerability of IDP sites to COVID-19.

## Community engagement

- 10 In **Ethiopia**, NGOs are engaging traditional local community leaders to disseminate COVID-19 awareness information as opposed to using NGO staff as per usual practice. In addition, information and advocacy materials related to the virus are being translated and published in local languages to enhance communication.
- 11 In many places we are seeing the private sector express their sense of community solidarity in support of the humanitarian response to COVID-19. In the **Philippines**, for example, OCHA and UNDP have worked with a private sector consortium to mobilize \$30 million to help more than a million low-income families who have lost their livelihoods as a result of the “community quarantine”. The private sector consortium has also mobilized its members to manufacture PPE locally, which is also the case in **Haiti** where humanitarian partners are working with the national textile industry which is one of the few private sectors still able to operate. In **Cameroon**, the humanitarian community is working with the National Institute for Technology to produce masks for health workers.

## Coordination

- 12 In **Jordan**, the Resident Coordinator’s Office, USAID and UNHCR have formed an informal senior-level troika to ensure greater coherence in the nexus of humanitarian and development COVID-19 response activities.

## Gender

- 13 In north-east **Nigeria**, Norwegian Church aid has adapted existing physical safe spaces for women and girls into GBV phone booth stations where phone-based case management support can be given. Existing safe spaces have been equipped with a series of simply constructed private, phone booths/stalls where survivors can call GBV case workers who are on standby at set times and receive support. Infection Prevention Control (IPC) protocols, including social distancing policies, are being used. This kind of programming adaptation may be the most minimally disruptive and cost-effective solution for both providers and survivors in some settings.



## Thematic focus: Children and Child Protection



The particular challenges of vulnerable groups are an important part of the pandemic analysis and response planning and will be highlighted in the GHRP May update. Children and youth are one of these groups. As highlighted in the [UN Secretary-General's Policy Brief](#) on the impact of COVID-19 on children:

*“Children are not the face of this pandemic. But they risk being among its biggest victims with the crisis already having a profound effect on their wellbeing.”*

COVID-19 has multiple direct and indirect impacts on boys' and girls' protection, well-being, and development, both short- and long-term. For example, closure of schools, confinement, and reductions in food security and household income pose life-threatening risks for children. These risks include exposure to violence, exploitation, abuse, family separation, and harmful coping mechanisms, such as child marriage, hazardous child labour, and recruitment to armed groups.

**Child Protection interventions are, thus, lifesaving for children. Key actions to protect children in COVID-19 preparedness and response include:**

- Prioritizing child protection services, including mental health and psychosocial support, case management, alternative care services and monitoring, child helplines, ensuring family unity and other essential services, to ensure continued operations.

- Adapting existing programming based on access constraints. For example, strengthening child helplines and radio messaging along with establishing remote monitoring with vulnerable children.
- Providing practical support to child protection case workers and caregivers to maintain and adapt support for children and families at high risk of violence, abuse and exploitation.

The Child Protection Area of Responsibility (CP AoR) and its members are working to support child protection coordination groups on the ground with technical guidance and remote support through thematic specialists, four language help desks and a community of practice managed with partners. The CP AoR organises regional webinars to share practices across operations and collects COVID-19 [tools, guidance](#), and country examples in a [central repository](#). The CP AoR also maintains a [global mapping](#) of child protection risks related to COVID-19. It has also produced various resources, including [messages for governments](#) on coordinating the protection of boys and girls during the pandemic, an adapted [needs identification and analysis framework](#), and [tips for integrating localisation in COVID-19 response planning](#).