



GLOBAL HRP COVID-19

BI-MONTHLY HIGHLIGHTS
20 MAY 2020

Global Humanitarian Response Plan: Financial update

REQUIREMENTS (US\$) ¹	FUNDING REPORTED (US\$) ¹	COVERAGE
\$6.71 B	\$1.01 B	15%

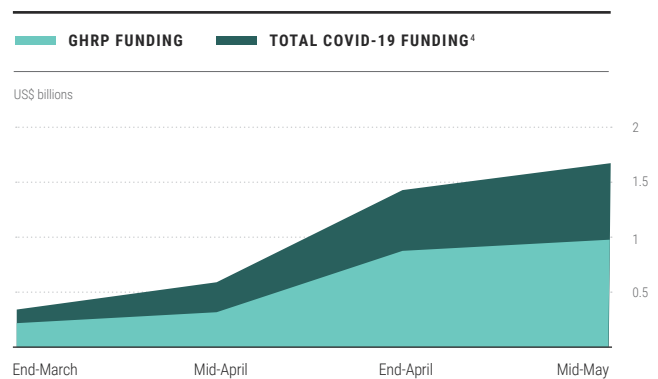
At the end of March, the UN launched the \$2.01 billion coordinated Global Humanitarian Response Plan (GHRP) for 54 countries to fight COVID-19 in some of the world's most vulnerable countries in a bid to protect millions of people and stop the virus from circling back around the globe.

On 7 May, the updated GHRP was released, covering an additional nine countries (so 63 countries in total): Benin, Djibouti (part of the Regional Migrant Response Plan), Liberia, Lebanon (now counted as a "country" on top of being part of the 3RP for Syria), Mozambique, Pakistan, the Philippines, Sierra Leone, Togo and Zimbabwe. These countries were added following an IASC review based on five main criteria: 1) risk analysis based on vulnerability and response capacity; 2) existing humanitarian concerns despite the absence of an ongoing humanitarian plan; 3) countries part of the Regional Migrant Response Plan for the Horn of Africa and Yemen; 4) existing shocks or stresses; and 5) low-income status.²

The total financial requirements of the GHRP have risen to \$6.71 billion due to a rapid evolution of humanitarian needs, the inclusion of the additional countries, increased costs of essential health and other supplies, and air and sea transportation. \$5.64 billion will cover needs in the 63 countries covered - with \$3.49 billion targeting Humanitarian Response Plans countries, nearly \$1 billion intended for Regional Refugee Response Plans countries; \$439 million for Regional Refugee and Migrant Response Plans countries; \$157 million for countries under other plans; and \$606 million for the countries under new plans presented in this update. Of this amount, most requests are for the health, food security, WASH, protection and education sectors. The remaining \$1 billion is to support common humanitarian services, such as medical evacuations, field hospitals and passenger and cargo air services.

As of 20 May, \$1.01 billion (15% of requirements) has been received, with another \$637 million reported outside the GHRP,³ bringing the total received for the COVID-19 humanitarian response to \$1.64 billion.

GHRP: Funding trend (March–April 2020)³



Due to the rapidly changing and unpredictable nature of the pandemic and its consequences, the GHRP will be updated in June as needs evolve.

The additional requirements for the COVID-19-related emergency response compound the already significant funding gap for humanitarian response plans globally. As of 20 May, only 14 per cent (\$5 billion) of the \$36.7 billion appealed for in all humanitarian appeals, including the GHRP, had been received. While global humanitarian funding exceeds what was reported at the same time in 2019, this shortfall is dramatic as humanitarian needs predating the outbreak have worsened, and indications are that needs will increase significantly by the end of 2020 due to the secondary impacts of COVID-19.

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

Abridged versions of the GHRP May update 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](#).

¹ The GHRP requirements and funding are part of the Global Humanitarian Overview.

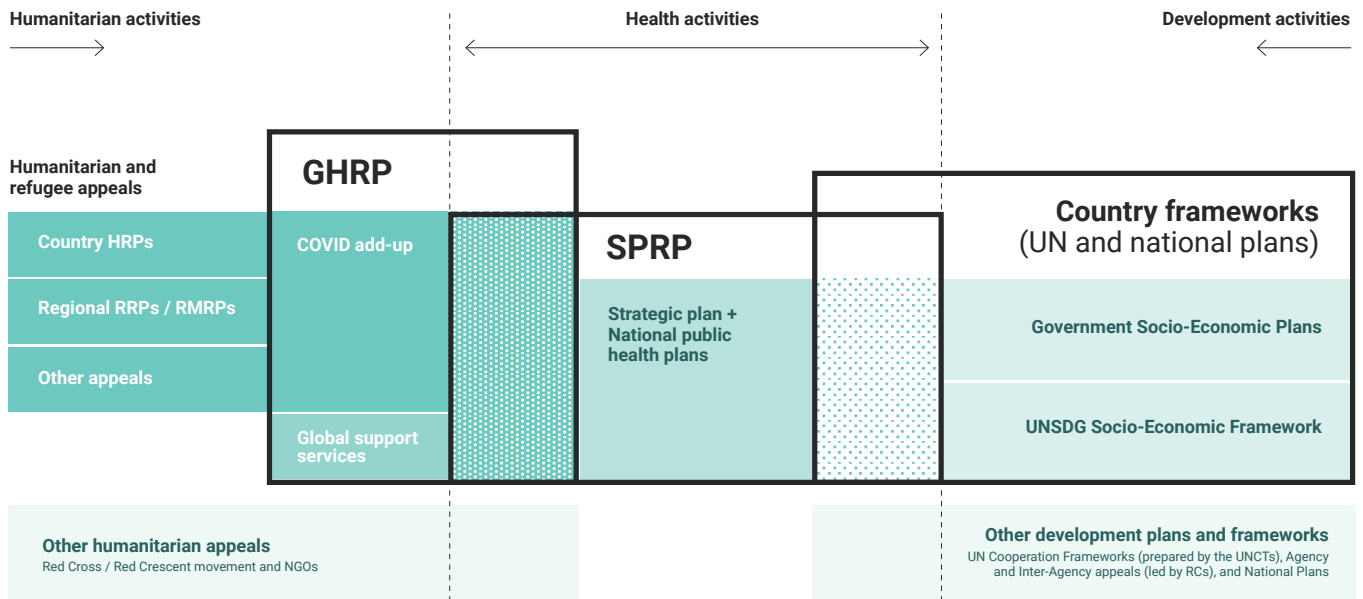
² For more information about the countries added to the GHRP May update and the list of additional at-risk countries to watch, see [page 14 of the GHRP](#).

³ 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. These figures do not include funding or announcement not reported to FTS.

⁴ Total COVID-19 funding includes support to organizations and activities in UN-coordinated plans, as well as reported funding for the Red Cross / Red Crescent Movement, in-kind assistance, bilateral funding and others.



United Nations Coordinated Multilateral Response to COVID-19



The health, humanitarian and economic challenges brought about by the COVID-19 pandemic require solidarity and a global response at a magnitude never seen before. **There are three critical and complementary components of the UN's efforts** to save lives, protect people, and rebuild better. First, the humanitarian response, as detailed in the OCHA-led **COVID-19 Global Humanitarian Response Plan**.

Second, the health response, led by the World Health Organization and detailed in the **Strategic Preparedness and Response Plan (SPRP)**. Third, the **UN Framework for the immediate socio-economic response to COVID-19**. Each of the three components requires extensive and sustained resources, and a call has been made to Member States, the private sector, and to the public for support.

	Global Humanitarian Response Plan (GHRP)	Strategic Preparedness and Response Plan (SPRP)	UN Framework for Socio-economic Response
Purpose	Strategic plan and resource mobilisation vehicle	Strategic plan and resource mobilisation vehicle	Programming framework
Objective and scope	Respond to immediate health and multi-sectoral humanitarian needs in especially vulnerable countries	Support public health measures to stop transmission of the virus and care for those affected	Mitigate the social and economic impact of COVID-19
Beneficiaries	The most vulnerable people in 63 countries already facing a humanitarian or refugee crisis, or with high levels of vulnerability	People in all countries affected by the pandemic or at risk	Vulnerable people in 131 countries covered by 129 UN Resident Coordinators
Implementation	Humanitarian Country Teams (HCT), UN Agencies, national and international NGOs	WHO and all national and international partners supporting national governments	The UN Development System and all national and international partners supporting national governments, through country teams led by Resident Coordinators
Development and monitoring	OCHA in collaboration with HCTs, UN Agencies and NGOs	WHO, in collaboration with national governments, HCTs and UN Country Teams	UN Development Cooperation Office, UN Country Teams under the leadership of the Resident Coordinator and as technical lead UNDP, national governments

For more details about the different plans and their complementarity, see: <https://reliefweb.int/report/world/united-nations-multilateral-response-covid-19>



Global HRP: Requirements and funding (US\$)

INTER-AGENCY APPEAL	REQUIREMENTS TOTAL	OF WHICH: HEALTH	NON-HEALTH	FUNDING TOTAL	FUNDING COVERAGE
Afghanistan	108.1 M	21.7 M	86.4 M	43.8 M	41%
Burkina Faso	60.0 M	15.0 M	45.0 M	7.9 M	13%
Burundi	36.7 M	-	36.7 M	3.0 M	8%
Cameroon	99.6 M	23.0 M	76.6 M	2.4 M	2%
CAR	152.8 M	7.7 M	145.2 M	8.6 M	6%
Chad	99.5 M	6.0 M	93.5 M	5.4 M	6%
Colombia	197.0 M	152.7 M	44.4 M	7.0 M	4%
DRC	287.8 M	119.4 M	168.4 M	20.7 M	7%
Ethiopia	322.6 M	100.0 M	222.6 M	11.3 M	4%
Haiti	105.0 M	105.0 M	-	5.2 M	5%
Iraq	263.3 M	65.4 M	197.9 M	15.3 M	6%
Libya	38.8 M	14.9 M	23.9 M	2.0 M	5%
Mali	42.3 M	10.1 M	32.2 M	4.0 M	9%
Myanmar	46.0 M	18.1 M	27.9 M	10.8 M	23%
Niger	76.6 M	9.9 M	66.7 M	3.8 M	5%
Nigeria	259.8 M	85.2 M	174.6 M	-	-
oPt	42.4 M	19.1 M	23.3 M	6.8 M	16%
Somalia	176.4 M	72.1 M	104.4 M	-	-
South Sudan	217.2 M	21.0 M	196.2 M	6.3 M	3%
Sudan	87.5 M	87.5 M	-	18.8 M	22%
Syria	384.2 M	157.5 M	226.7 M	-	-
Ukraine	47.3 M	16.6 M	30.7 M	-	-
Venezuela	72.1 M	44.1 M	28.0 M	-	-
Yemen	179.1 M	101.6 M	77.6 M	-	-
Zimbabwe	84.9 M	35.0 M	49.9 M	1.8 M	2%
Burundi Regional	65.4 M	36.5 M	29.0 M	0.3 M	<1% coverage bar"/> <1%
DRC Regional	155.7 M	94.7 M	61.0 M	5.8 M	4%
Nigeria Regional ⁶	-	-	-	-	-
South Sudan Regional	128.8 M	51.4 M	77.4 M	-	-
Syria Regional ⁷	643.8 M	82.6 M	561.1 M	27.8 M	4%
Venezuela Regional	438.8 M	132.4 M	306.4 M	3.7 M	1%
Rohingya Crisis ⁸	117.2 M	71.8 M	45.3 M	18.7 M	16%
DPR Korea	39.7 M	19.7 M	20.0 M	1.3 M	3%
Benin	17.2 M	10.9 M	6.3 M	-	-
Iran	89.5 M	64.4 M	25.1 M	22.0 M	25%
Lebanon	94.0 M	53.8 M	40.2 M	2.9 M	3%
Liberia	57.0 M	17.5 M	39.5 M	-	-
Mozambique	68.2 M	16.0 M	52.2 M	0.7 M	1%
Pakistan	126.8 M	29.2 M	97.6 M	22.1 M	17%
Philippines	96.2 M	23.2 M	73.0 M	-	-
Sierra Leone	60.5 M	16.8 M	43.7 M	-	-
Togo	19.4 M	3.3 M	16.0 M	-	-
Global Support Services	1.01 B	-	-	167.6 M	17%
Flexible funding for GHRP	-	-	-	541.3 M	
TOTAL	6.71 B	2.03 B	3.67 B	1.01 B	15%

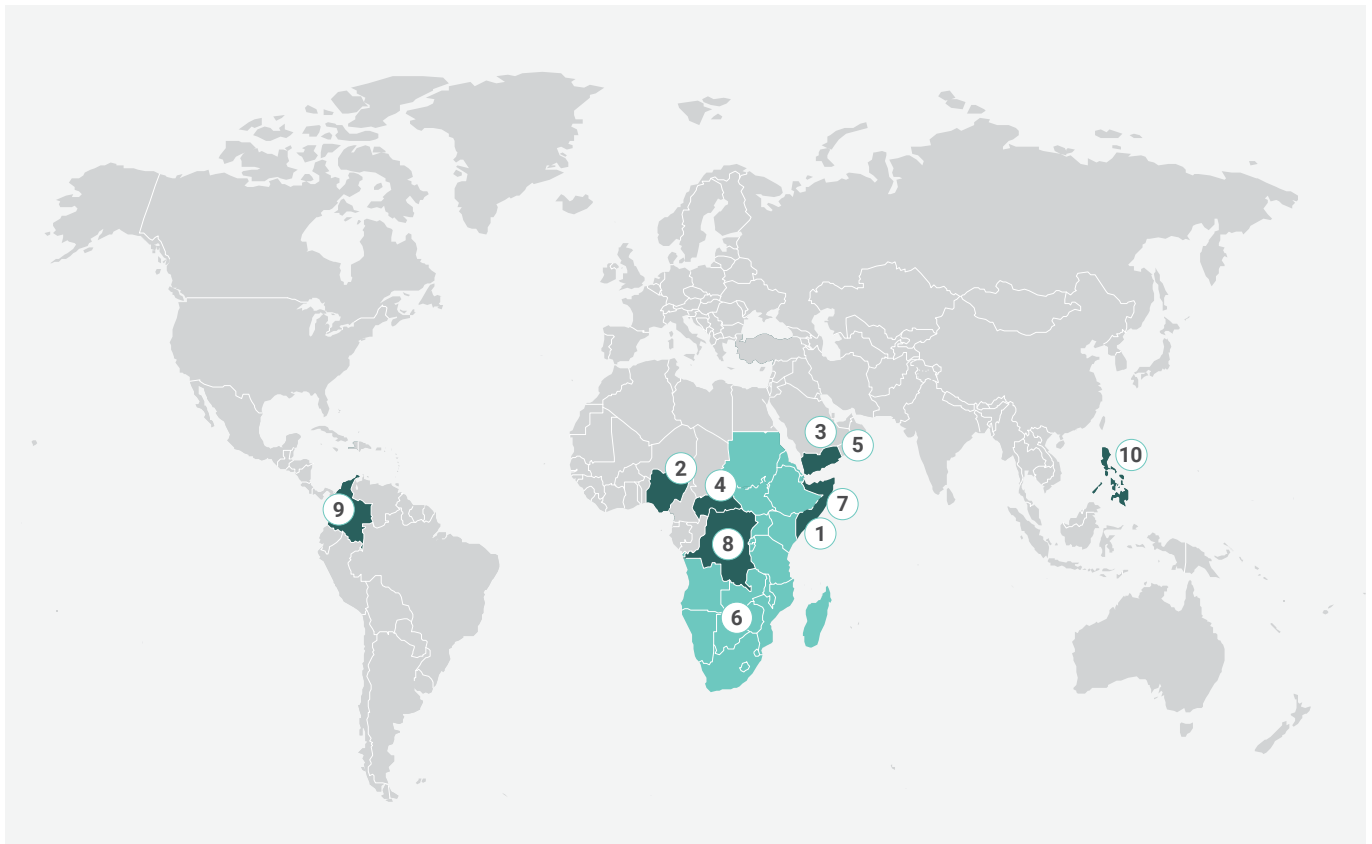
⁶ The requirements for the Nigeria RRP are included in the Cameroon, Chad and Niger HRPs.

⁷ The existing 3RP 2020 budget is \$5.56 billion. A full prioritization exercise is ongoing and an adjusted non-COVID-19 figure is pending.

⁸ Revised COVID-19 related requirements, plus total 2020 JRP requirements adjusted to COVID response, will be presented in the June GHRP update.



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.

- 1** In **Somalia**, in Puntland, Hirshabelle, South West State and Jubaland, activities related to the treatment of severe acute malnutrition (SAM) have shifted from daily to bi-weekly, and for the treatment of moderate acute malnutrition (MAM) have shifted from weekly to monthly – all with the purpose of limiting gatherings. Mothers have been trained to monitor their children’s status by using mid-upper arm circumference (MUAC) measurements to offset the reduced frequency of nutrition activities.
- 2** In **Nigeria**, the Cash Working Group is collaborating with Ground Truth Solutions to develop perception-based questionnaires for aid recipients regarding COVID-19. Answers to questions on economic impact, income, the ability to meet needs and market access will help inform the viability and potential further scale up of cash and voucher assistance programming.
- 3** Humanitarian actors in **Yemen** are adapting cash distributions to avoid the further spread of the virus, including by introducing social distancing measures and lowering the frequency of distributing physical cash. They are also working on the small-scale introduction of mobile banking and e-wallets. To ascertain the continued viability of cash and the potential for scale up, price monitoring has been increased to weekly intervals and the Joint Market Monitoring Initiative – led by REACH with the collaboration of the Cash Working Group – has worked to improve the market assessment tool to include questions of specific relevance to the impact of COVID-19.
- 4** The Cash Working Group in **Central African Republic** is collaborating with the World Bank, government counterparts and NGO partners on the ground, as well as WFP and REACH, to monitor market and price trends in Bangui and in 12 locations across the country – allowing cash actors to plan and adapt interventions, including to localize the amount disbursed vis-à-vis the minimum expenditure basket. Market monitoring has also enabled humanitarians to better grasp the broader consequences of COVID-19, including on the increase in food prices (up to 30 per cent) and the impact of social distancing measures on soaring urban transportation prices. These factors are all potentially contributing to generating social tensions, further deterioration of livelihood opportunities and growing humanitarian needs.
- 5** In **Yemen**, in-person distributions of food and other items are increasingly including social-distancing protocols, including markings on the ground to ensure adequate space between beneficiaries. Some partners have also developed low-tech “foot pedals” for ad-hoc water tanks. These allow access to water from the tank without having to touch a tap.



- 6 OCHA's Regional Office for **Southern and Eastern Africa** is carrying out a series of webinars in the region on how journalists, broadcasters, community radios and social media influencers can contribute to the containment of the spread of COVID-19 by keeping society informed and aware through accurate and timely information. A similar effort has been undertaken by the UN in **Zimbabwe**, with the training of 250 journalists on COVID-19.
- 7 In **Somalia**, WFP launched a home delivery e-Shop in five locations - Mogadishu, Baidoa, Hargeisa, Bossaso, Kismayo – that has become a key part of the response. With the e-Shop smartphone app, registered beneficiaries can redeem their entitlement online, and request home delivery. Authorized retailers who have prepared 2–3 months of buffer stock receive the orders through the app, and local transporters then collect the goods from the small shops and deliver directly to homes. This process - from app to door - takes no longer than a few days. The entire process reduces movement and enhances physical distancing, while giving opportunities to local businesses.
- 8 In the **Democratic Republic of the Congo**, sensitization materials were developed by the Ministry of Health with the support of humanitarian partners and published in local languages. Over 300,000 posters were printed, and a Twit-

ter campaign was launched. Radio spots with prevention messages were created by humanitarian partners and are broadcasted throughout the country using various radio stations. In addition, Radio Okapi created a specific broadcast on COVID-19 with the participation of various humanitarian partners.

- 9 In **Colombia**, the inter-agency COVID-19 coordination group has set up a mechanism to channel requests from local authorities and communities for health equipment, WASH supplies, food, and technical assistance to the local coordination teams and, if required, to the capital. OCHA consolidates all requests and then directs them to the most appropriate entity. Requests that cannot be met at the territorial level are escalated to the national level and assigned to a specific sector for follow-up.
- 10 The Connecting Business Initiative (CBI) Member Network in the **Philippines** monitors the COVID-19 situation through their private sector-run Emergency Operations Centre. The Network has also engaged the local private sector to provide food vouchers to the urban poor worth \$30 million, purchased essential protective gear for healthcare institutions and are working closely with the government and humanitarian community.

Pooled funds: COVID-19 allocations (US\$)

TOTAL ALLOCATIONS (US\$)

\$204.1M

CERF ALLOCATIONS (US\$)

\$102.2M

CBPFs ALLOCATIONS (US\$)

\$101.9M

The Central Emergency Response Fund (CERF) and Country-based pooled funds (CBPFs) are important tools in the fight against COVID-19. They have provided a combined \$204 million, including \$95 million in allocations plus \$6.8 million in reprogramming from CERF, and \$102 million in allocations from CBPFs. The OCHA-managed pooled funds support a broad range of humanitarian partners, including at least nine UN agencies and hundreds of NGOs in 40 operational contexts. 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.

CERF has made three allocations totaling \$95 million and has approved the reprogramming of an additional \$6.8 million. Of the total CERF funds – excluding the allocations to WFP for logistics and funding to UN agencies for procurement of supplies – nearly one-third (approximately \$9.5 million) will be implemented by government, NGO and Red Cross/Red Crescent partners.

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 20 May, 13 CBPFs (out of 18) released a total of \$102 million to respond to the pandemic: \$100.3 million through new allocations and \$1.7 million through reprogramming existing projects.

Overall, 64 per cent of the total funding will be provided to national and international NGOs and Red Cross / Red Crescent National Societies, including through direct grants (around half of the total, namely \$50 million) and through sub-granting arrangements (approximately \$8 million). In late April, CBPF training was provided to 25 colleagues from UN Women around the world with the aim of increasing the participation of grassroots, women-led organizations in pooled funding mechanisms.

In addition, following the inclusion of Pakistan in the May update of the GHRP, the Emergency Relief Coordinator reactivated the Humanitarian Pooled Fund in Pakistan to respond to the COVID-19 outbreak until 31 December 2020. Allocations are expected to be in the range of \$4 - \$8 million.



Pooled funds: COVID-19 allocations (US\$)

RECIPIENT COUNTRY OR CRISIS	TYPE OF APPEAL	ALLOCATIONS TOTAL	OF WHICH: CERF	CBPFs
Global		43.2 M	43.2 M	-
Afghanistan	HRP	30.4 M	2.4 M	28.0 M
Bolivia	RMRP	0.1 M	0.1 M	-
Brazil	RMRP	0.2 M	0.2 M	-
Burkina Faso	HRP	4.1 M	4.1 M	-
Burundi	HRP	1.7 M	1.7 M	-
Cameroon	HRP	0.4 M	0.4 M	-
CAR	HRP	4.8 M	1.8 M	3.0 M
Chad	HRP	2.6 M	2.6 M	-
Colombia	HRP	0.2 M	0.2 M	-
Djibouti		0.6 M	0.6 M	-
DPR Korea	Other	0.9 M	0.9 M	-
DRC	HRP	10.0 M	-	10.0 M
Ecuador	RMRP	0.1 M	0.1 M	-
Eritrea		0.1 M	0.1 M	-
Ethiopia	HRP	1.0 M	1.0 M	-
Haiti	HRP	2.9 M	2.9 M	-
Iran	Other	2.8 M	2.8 M	-
Iraq	HRP	0.7 M	0.7 M	-
Jordan	3RP	3.3 M	2.4 M	0.9 M
Lebanon	3RP	7.1 M	6.6 M	0.5 M
Libya	HRP	2.0 M	2.0 M	-
Mali	HRP	1.8 M	1.8 M	-
Myanmar	HRP	5.6 M	1.2 M	4.3 M
Niger	HRP	1.7 M	1.7 M	-
Nigeria	HRP	3.0 M	1.9 M	1.1 M
oPt	HRP	7.1 M	0.9 M	6.2 M
Pakistan	Other	1.3 M	1.3 M	-
Peru	RMRP	0.1 M	0.1 M	-
Philippines	Other	0.2 M	0.2 M	-
Samoa		0.5 M	0.5 M	-
Somalia	HRP	4.8 M	2.6 M	2.2 M
South Sudan	HRP	1.8 M	1.8 M	-
Sudan	HRP	15.6 M	3.4 M	12.2 M
Syria	HRP	24.8 M	1.8 M	23.0 M
Syria cross-border	3RP	6.8 M	-	6.8 M
Tanzania	RRP	0.4 M	0.4 M	-
Turkey	3RP	0.4 M	0.4 M	-
Ukraine	HRP	4.7 M	0.9 M	3.8 M
Uzbekistan		0.2 M	0.2 M	-
Venezuela	HRP	4.0 M	4.0 M	-
TOTAL		204.1 M	102.2 M	101.9 M



The UN acknowledges the generous contributions of donors who provide unearmarked or core funding to humanitarian partners, the Central Emergency Response Fund (CERF) and Country-based Pooled Funds (CBPF). For more information on interim IASC key messages on flexible funding in relation to the COVID-19 crisis, [see here](#).



Pooled funds: Donor contributions (US\$)

TOTAL CONTRIBUTIONS

\$836.1M

CONTRIBUTIONS TO CERF

\$351.6M

CONTRIBUTIONS TO CBPFs

\$484.5M

Pooled fund allocations have been made possible thanks to the timely investments of donors in CERF and country-based pooled funds since the beginning of the year. These contributions allowed substantial resources to be deployed immediately in support of humanitarian action in the context of COVID-19 when and where it

was needed most. Additional contributions to pooled funds following the launch of the GHRP supported COVID-19 activities, helped keep vital relief operations going, and enabled response to new emergencies, such as urgent health care, clean water and more for people affected by flooding in Somalia in May.

DONOR COUNTRY OR PRIVATE	CONTRIBUTIONS TOTAL	OF WHICH: TO CERF	TO CBPFs
United Kingdom	157.3 M	-	157.3 M
Sweden	133.1 M	72.8 M	60.3 M
Netherlands	124.4 M	77.0 M	47.4 M
Germany	106.1 M	56.6 M	49.6 M
Norway	71.1 M	50.3 M	20.7 M
Ireland	42.3 M	11.4 M	30.9 M
Canada	40.2 M	22.5 M	17.6 M
Belgium	37.6 M	669 K	36.9 M
Switzerland	26.2 M	13.4 M	12.8 M
Australia	21.9 M	8.2 M	13.7 M
Denmark	14.9 M	-	14.9 M
Korea, Republic of	11.5 M	5.8 M	5.7 M
Finland	9.0 M	9.0 M	-
Qatar	6.2 M	1.0 M	5.2 M
Italy	5.5 M	5.5 M	-
Luxembourg	5.5 M	5.5 M	-
United Arab Emirates	5.0 M	5.0 M	-
European Commission	4.4 M	-	4.4 M
France	4.3 M	-	4.3 M
New Zealand	3.3 M	2.0 M	1.2 M
Russian Federation	1.5 M	1.5 M	-
Kuwait	1.0 M	1.0 M	-
Iceland	1.0 M	407 K	574 K
Japan	264 K	264 K	-
Poland	254 K	254 K	-
Indonesia	220 K	220 K	-
Liechtenstein	200 K	200 K	-
Portugal	193 K	193 K	-
Estonia	166 K	111 K	55 K
Monaco	111 K	111 K	-
Others	1.5 M	570 K ⁹	940 K ¹⁰
TOTAL	836.1 M	351.6 M	484.5 M

⁹ Turkmenistan, South Africa, Cyprus, Philippines, Bangladesh, Cambodia, Thailand, Myanmar, Sri Lanka, Montenegro, Peru, Bhutan, private donors and other regional and local authorities

¹⁰ Cyprus, Bulgaria, Jersey and private donors.





Thematic focus: Disability



Credit: Handicap International

“A disability inclusive COVID-19 response and recovery will better serve everyone. It will provide for more inclusive, accessible and agile systems capable of responding to complex situations, reaching the furthest behind first. It will pave the way for a better future for all.”

– UN Secretary-General, António Guterres

Seven-year-old Samina is not able to walk or use her hands for certain tasks like bathing, combing her hair, and holding objects. Recently, she had begun participating in organized activities and rehabilitation exercises, and this was making a real difference in her life. Due to COVID-19, Pakistan is on lockdown, and so are the children’s activities.

Like Samina, one billion people (approximately 15% of the world population, out of which 80% live in developing countries) have a disability. The GHRP May update identified persons with disabilities as one of the most affected and highest priority groups to be prioritized in the COVID-19 response in humanitarian settings. The plan includes a section outlining the specific risks faced by persons with disabilities (see page 39) and identifies disability inclusion as one of main areas requiring further improvement.

Pre-existing social and economic inequalities, difficulties to take preventative measures, disruption in support and specialized services needed to maintain functioning and daily tasks, and a higher incidence of underlying health conditions put persons with disabilities at heightened risk of exposure. They are also disproportionately affected by the pandemic’s socio-economic impacts, including disruption in access to education and specialized services, and an elevated risk of violence, abuse, neglect and abandonment. These effects and risks are further exacerbated in humanitarian contexts, where access to adequate water, sanitation, and hygiene (WASH) is particularly challenging for

persons with disabilities, as are options for inclusive and accessible learning. Persons with disabilities also face multiple barriers to accessing health care.

The policy brief [“A Disability-Inclusive Response to COVID-19”](#) released in early May by the UN Secretary-General emphasizes that it is essential to mainstream disability inclusion in all COVID-19 response and recovery actions, together with more targeted actions. To effectively identify and respond to the needs and rights of persons with disabilities, national and local authorities, as well as humanitarian actors, are encouraged to consider the following essential actions:

- Ensure that all information is provided in accessible formats.
- Ensure all preventive measures are inclusive and accessible (e.g. through accessible handwashing facilities).
- Deliver specific protective measures for persons with disabilities (e.g. additional or specific hygiene items and supplies).
- Disaggregate surveillance data by disability, sex and age, when possible.
- Consult persons with disabilities and their representative organizations when assessing impacts and developing response plans.
- Ensure that any adaptations to usual delivery mechanisms of humanitarian assistance consider persons with disabilities (e.g. alternative arrangements for food distributions).

More information is provided in the Inter-Agency Standing Committee (IASC) guidelines on [Inclusion of Persons with Disabilities in Humanitarian Action](#). Key messages regarding how to apply these guidelines to the COVID-19 pandemic are being developed by the Reference Group on the Inclusion of Persons with Disabilities in Humanitarian Action. A [tip sheet](#) for organizations on how to facilitate disability inclusion in the revision of the Global Humanitarian Response Plan (GHRP) was also developed. Further resources relating to persons with disabilities are available on the IASC COVID-19 page [Accountability and Inclusion](#).