**JULY 2020 UPDATE OF THE COVID-19 GLOBAL HUMANITARIAN RESPONSE PLAN**

**OVERVIEW OF STRUCTURE AND ANNOTATED TEMPLATE**

***8 June 2020***

Below is an overview of **t**he proposed structure of the July update of the GHRP, followed by the annotated template providing guidance on the contents as well as responsibilities to provide the inputs.

The purpose of the overview is only to give a sense of what the document will comprise. Only the annotated template should be used for agencies’ inputs.

**Inputs are requested by 29 June 4pm CET.**

**Overview of the main headings and focus of the July Update of the GHRP**

1. **Objectives, scope and countries covered in the July update**
* Clarify the intention of the update.
* Reassert the importance of funding existing humanitarian plans and necessary adaptations, while providing complementary resources for additional COVID-19 needs.

Explain if/which new countries have been prioritized by the IASC, and criteria used.

1. **Updated humanitarian situation and needs related to the pandemic**
* Focus on the evolution of the situation since the May update. This update will not repeat the analysis of the previous GHRP documents and will not repeat expected risks including those faced by specific vulnerable groups. Instead, inputs must be based on and include actual data that reflect how needs and risks are evolving.
* Agencies should report against the situation and needs indicators they are responsible for, including an interpretation (trend). Where quantitative data is missing, a qualitative appraisal should be provided.
* Inputs must be shorter this time, fact-based and should present a nuanced and concrete understanding of the situation (avoid normative and very general statements)
* Maintain a people-centered approach as opposed to sectoral or agency-specific descriptions.
* Include information on new countries prioritized based on agreed-upon selection criteria.
1. **Progress and achievements of the response by Strategic Priority and specific objectives**
* Focus on progress against the strategic priorities and specific objectives. Report qualitative and quantitative results at the output and outcome levels rather than listing of disparate activities.
* Illustrate concrete examples of how ongoing responses have adhered to the agreed-upon guiding principles and key considerations for the response approach.
* Present illustrative examples of progress of the response to address the specific needs and vulnerabilities of older people, people with disabilities, women, children, people forcibly displaced and migrants, including issues related to gender-based violence, MHPSS and nutrition.
* Integrate country inputs together with agency inputs on the response. Integrate trend analysis from the indicators of the monitoring framework your agency is responsible for.
* Indicate the articulation and highlight complementarities between the response delivered under the GHRP with responses planned by development actors, particularly those to be funded by the UN COVID-19 MultiPartner Trust Fund and international financing institutions.
* Describe the main operational challenges and response gaps.
* Provide estimates of the number of people in need (PiN) and number of people targeted (PT) **at country level**. Field teams should use existing guidance on PiN and PT.
1. **Funding received and gaps**
* Update funding requirements at country level and for global services.
* Show funding received against GHRP funding requirement and funding gap.
* Indicate funding flows to international and national NGOs/local actors.
* Describe the implications of funding gaps.
1. **Annexes**
* Annex 1: Summary of response progress by strategic priority and by specific objectives, from individual agencies
* Annex 2: Country Pages summarizing the updated situation and needs, response progress, and funding requirements (COVID-19 and “regular” humanitarian plans).
* Annex 3: Funding by sector

**Monitoring Framework**

For this the third and last iteration of the GHRP, we have committed to showcasing collective results through the monitoring framework, which has been integrated throughout sections II (situation and needs analysis) and III (response/progress). Collective results will be shown through the data that agencies will collect at the field level and aggregate at HQ, and through the narrative that accompanies it.  As part of your submission to the GHRP, ensure that you fill in the indicator tables where signaled and please provide a succinct synopsis of your agency’s response experience using the following points to guide you.

* What is the current situation?
* What are the trends?
* What has improved/changed?
* What are the problems that you are confronting?
* How do you see things improving?

Remember to use your indicators in answering these questions. The synopsis should be integrated into the relevant segments of sections II and III.

**Annotated template of the June Update of the GHRP**

**SUMMARY OF UPDATED HUMANITARIAN NEEDS, RESPONSE AND FUNDING TO THE COVID-19 PANDEMIC  OCHA**

*To be prepared once the rest of the document is finalized.*

**INTRODUCTION** ** OCHA**

**I – OBJECTIVES, SCOPE AND COUNTRIES INCLUDED IN THE UPDATE OF THE GHRP** ** OCHA**

* 1. **– Objectives of the July update of the GHRP**

Objectives:

* Highlight additional countries prioritized under the GHRP.
* Reflect changes in the humanitarian situation and needs since the issuance of the GHRP on 7 May.
* Report on progress towards achieving the strategic priorities and specific objectives at country and global levels and operational challenges.
* Reassert principles of response implementation, adaptation of humanitarian programmes and partnership.
* Acknowledge funding received and gaps, while reasserting the critical importance of funding the existing humanitarian response plans.

**1.2 – Scope of the GHRP update**

* Does not describe the whole humanitarian situation and needs and response, but, in line of the GHRP, focuses on the additional needs, response and funding requirements for the COVID-19 pandemic.
* Covers countries prioritized in the GHRP as well as additional countries identified through a set of criteria

**1.3 – Countries included in the July update of the GHRP**

1. Countries prioritized in the first two iterations of the GHRP

*Confirmation of inclusion of countries with HRPs, RRPs, RMRPs, 3RP, JRP, Venezuela Crisis Response Plan, Regional Migrants Response Plan for the Horn of Africa, Benin, Djibouti (part of the RMRP), Iran, Liberia, Mozambique, Pakistan, Philippines, Sierra Leone, Togo and Zimbabwe*

1. Countries included in the July update of the GHRP (if applicable)

*Describe the criteria used to select additional countries to prioritise for humanitarian assistance.*

*List the additional countries covered.*

**1.4- Forward-looking risk analysis at country level** *Section to be decided depending on progress on models*

**II – UPDATED HUMANITARIAN SITUATION AND NEEDS ANALYSIS ON THE COVID-19 PANDEMIC**

***This Part should:***

* *Not repeat the analysis of the previous two GHRP documents. It should reflect actual facts on the ground, drawn from country inputs as well as agency Headquarters’ insights to*  present a nuanced and concrete understanding of the situation
* *Include trends since 7 May and, as much as feasible, projections.*
* *Maintain a people-centered approach as opposed to sectoral descriptions.*
* *Include information on new countries prioritized based on agreed-upon selection criteria.*

***Sources of information – Deadline 29 June:***

* ***Agency inputs****: bringing the macro perspective, on facts observed (not assumptions)*
* ***Country inputs:*** *Country Pages**including an update of the humanitarian situation and needs, ongoing and planned response, and funding required/gaps (feeding Annex 2 as well).*

***Responsibilities:***

* ***Agency inputs*** *(suggestions made according to sections): FAO, ICVA, Interaction, IOM, SCHR, UNDP, UNFPA, UNHABITAT, UNHCR, UNICEF, UNRWA, WFP, WHO*
* ***Country inputs****: OCHA for HRPs and newly prioritized countries, UNHCR for RRPs, UNDP/UNHCR for 3RP, IOM/UNHCR for RMRP/JRP.*

**2.1- Evolution of the public health impact of the COVID-19 pandemic**

*Focus on facts that have occurred since 7 May 2020. Project for the next 3 months.*

*Report against the situation and needs monitoring indicators agreed upon in the previous GHRP update. If not possible, explain why.*

1. Evolution of health effects on people **à WHO**
* Overview of the spread and severity in countries prioritized and newly prioritized (please provide relevant data and dataset, as appropriate, as part of the submission)
1. Evolution of effects on public health services **à WHO**
* Surveillance, preparedness and health response to COVID-19 cases.
* Health care services for non-COVID-19 pathologies and services e.g. gender-based violence, sexual and reproductive health, mental health and psycho-social support, nutrition
* Supply chain for health care and nutrition services.
1. Projected effects on health and health services **à WHO**
* Projected spread of the pandemic in next 3 months
* Projected effects on public health services in next 3 months

*Fill in the below table (extract from the Monitoring Framework, which reflects revised indicators as agreed with responsible agencies. Remember to include qualitative analysis to explain your data in the appropriate sections above and update the information in the final column as needed.).*

| **Situation and needs** | **Indicator[[1]](#footnote-2)** | **Frequency** | **Responsible entity** | **Situation as of 29 June 2020** |
| --- | --- | --- | --- | --- |
| **Spread and severity of the pandemic***The incidence informs on the trajectory of the epidemic.* | Number of COVID-19 cases in GHRP countries | Weekly | **WHO** |  |
| Total number of deaths among confirmed cases in GHRP countries  | Weekly | **WHO** |  |
| Number and proportion of new confirmed cases in health care workers  | Weekly | **WHO** |  |
| **Sexual and reproductive health***COVID-19 containment measures and high COVID-19 incidence rates affect pregnancy and safe delivery* | Number of institutional births in COVID-19 affected areas globally | Monthly | **WHO, UNFPA** |  |
| Proportion of countries where pre-COVID-19 levels of institutional births are maintained | Monthly | **UNFPA** |  |

**2.2 – Evolution of the socio-economic impact of the COVID-19 pandemic**

*Focus on trends since 7 May 2020. Project for the next 3-6 months.*

*Report against the situation and needs monitoring indicators agreed upon in the May update of the GHRP. If not possible, explain why.*

1. Evolution of the main macro-economic effects **à FAO, UNDP, WFP**
* Evolution of unemployment, inflation and food prices, agricultural production and food availability
* Projected macro-economic effects in next 3 months.
1. Evolution of collateral effects on people

*Focus on facts observed since 7 May 2020. Include projections for next 3 months.*

*Ensure that issues related to older people, gender/gender-based violence, disability, mental health and psychosocial support and nutrition, are well covered.*

*Report against the situation and needs monitoring indicators agreed upon in the May update of the GHRP. If not possible, explain why.*

* ***Evolution of the effects on livelihoods and food security***  **FAO, ICVA, Interaction, IOM, SCHR, UNDP, UN-Habitat, UNHCR, UNRWA, WFP**
* ***Evolution of the effects on protection and rights, including gender*  ICVA, Interaction, IOM, SCHR, UNHCR, UNICEF, UNFPA, UNRWA**
* ***Evolution of the effects on education and society*  ICVA, Interaction, IOM, SCHR, UNDP, UNHCR, UNICEF, UNRWA**
* ***Evolution of the effects on supply chains and logistics*  FAO, WFP**

*Fill in the below table (extract from the Monitoring Framework, which reflects revised indicators as agreed with responsible agencies. Remember to include qualitative analysis to explain your data in the appropriate sections above and update the information in the final column as needed)*

| **Situation and needs** | **Indicator[[2]](#footnote-3)** | **Responsible entity / entities** | **Situation as of 29 June 2020** |
| --- | --- | --- | --- |
| **Mobility, travel and import/export restrictions in priority countries** | Number of priority countries with partial or full border closures in place | **IOM****WHO****WFP** | 58 |
|  | Number of priority countries with partial or full border closures in place | **IOM****WHO** | 60The majority of GHRP countries have travel restrictions in place, 75% have total restrictions) |
| **Food security** | Market functionality index | **WFP** |  |
| Number and proportion of people with unacceptable food consumption score | **WFP** |  |
| Number of people adopting crisis level coping strategies (Reduced Coping Strategy Index) | **WFP** |  |
| Food and crop production estimates in GHRP countries | **FAO** |  |
| Food Insecurity Experience Scale (FIES) in GHRP countries | **FAO** |  |
| Number of priority countries with reduced availability of agricultural inputs | **FAO** |  |
| Number of people in IPC Phase 3+ in priority countries (in countries where new analyses are available) | **FAO/IPC** |  |
| **Education** | Number of children and youth out of school due to mandatory school closures in GHRP countries | **UNICEF****UNESCO****UNHCR** | 1,578,657,884 affected 90% of total enrolled 190 country-wide closures  |
| **Gender Based Violence** | Number and proportion of GHRP countries where gender-based violence response services have been adapted/scaled up to provide specialized gender-based violence response to the COVID-19 crisis | **UNFPA** |  |
| **Child protection** | Number and percentage of countries integrating a monitoring system able to measure changes and to identify child protection needs | **CP-AoR** |  |
| **Nutrition** | Number of countries that have activated the Nutrition Coordination mechanism in response to COVID-19 and/or its impacts | **UNICEF** **(Global Nutrition Cluster)** |  |
| **Protection** | Number of countries reporting incidents of COVID-19 pandemic-related xenophobia, stigmatization or discrimination against refugees, IDPs or stateless persons. | **UNHCR** |  |

**2.3 Most affected population groups FAO, ICVA, Interaction, IOM, SCHR, UNFPA, UN-Habitat, UNHCR, UNICEF, UNRWA, WFP, WHO**

*Provide facts illustrating changes in the situation and needs of the population groups affected by the direct and indirect health effects, and socio-economic effects, according to age, gender, disability, pre-existing pathologies, socio-economic conditions and cultural norms*.

*Emphasise (qualitative and quantitative) data and evidence on* *older people, children, gender/gender-based violence, disability, mental health and psychosocial support, nutrition, are well covered.*

*Consider the evolution of both the health and socio-economic effects of the pandemics on the most vulnerable population groups.*

**III – PROGRESS OF THE RESPONSE AGAINST THE STRATEGIC PRIORITIES AND SPECIFIC OBJECTIVES à FAO, ICVA, Interaction, IOM, SCHR, UNDP, UNFPA, UN-Habitat, UNICEF, UNRWA, WFP, WHO**

*Describe progress and achievements since 7 May 2020 of responses that address each strategic priority and specific objectives,* ***with clear description of the target population groups****. This is necessary in order to synthesize all agency inputs, using a coherent structure (strategic priority- specific objective- target group), and to articulate complementarities and synergies.*

***For each strategic priority and specific objective****:*

* *Summarize results achieved at the output or outcome level. Avoid lists of detailed activities and inputs. Use the list of ‘Enabling factors and conditions’ to also guide the results description.*
* *Report against the response monitoring indicators agreed upon in the May update of the GHRP by providing both qualitative and quantitative analysis.*
* *Specify succinctly the main gaps and challenges in the ongoing response, and where more efforts are required and how you will mitigate gaps.*

**3.1 – Progress on Strategic priority 1**

**Strategic priority 1:** Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality.

1. Progress by specific objective

***Specific objective 1.1*** - Prepare and be ready: prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems.

***Specific objective 1.2*** -Detect and test all suspect cases:detect through surveillance and laboratory testing and improve the understanding of COVID-19 epidemiology.

***Specific objective 1.3*** -Prevent, suppress and interrupt transmission: slow, suppress and stop virus transmission to reduce the burden on health-care facilities, including isolation of cases, close contacts quarantine and self-monitoring, community-level social distancing, and the suspension of mass gatherings and international travel.

***Specific objective 1.4*** - Provide safe and effective clinical care: treat and care for individuals who are at the highest risk for poor outcomes and ensure that older patients, patients with comorbid conditions and other vulnerable people are prioritized, where possible.

***Specific objective 1.5*** - Learn, innovate and improve: gain and share new knowledge about COVID-19 and develop and distribute new diagnostics, drugs and vaccines, learn from other countries, integrate new global knowledge to increase response effectiveness, and develop new diagnostics, drugs and vaccines to improve patient outcomes and survival.

***Specific objective 1.6*** - Ensure essential health services and systems: secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services[[3]](#footnote-4).

1. Response gaps and challenges to achieve Strategic priority 1

*Indicate what should be scaled up or accelerated, and operational challenges to overcome in case.*

*Fill in the below table (extract from the Monitoring Framework, which reflects revised indicators as agreed with responsible agencies. Remember to include qualitative analysis to explain your data in the appropriate sections above and update the information in the final column as needed)*

| **Strategic Priority** | **Specific Objective** | **Indicator[[4]](#footnote-5)** | **Responsible** | **Target** | **Progress as of 29 June 2020** |
| --- | --- | --- | --- | --- | --- |
| **Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality.** | **Ensure essential health service and systems***Continuity of health and humanitarian supply chain is crucial for life-saving response and any interruptions will increase risks* | Number of passenger movement requests fulfilled | **WFP** | 90% |  |
| Number of GHRP countries with multisectoral mental health and psychosocial support technical working groups | **WHO** | 100% |  |
| Number of cargo movement requests fulfilled | **WFP** | 90% |  |
|  | Number of children and women receiving essential healthcare services | **UNICEF** | 43,388,557 |  |
|  |  | Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse | **UNICEF** | 3,202,064 |  |
|  |  | Number of hubs established for consolidation and onward dispatch of essential health and humanitarian supplies | **WFP** | 8 |  |
|  |  | Number of caregivers of children less than 2 years old reached with messages on breastfeeding, young child feeding or healthy diets in the context of COVID through national communication campaigns | **UNICEF** | 12,912,916 |  |
|  |  | Number of 3 plies medical masks distribut3ed against need (or request)[[5]](#footnote-6) | **OCHA****UNFPA****UNHCR****UNICEF****WHO** | TBDTBDTBD2,643,457TBD |  |
|  |  | Number and percentage of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse | **UNFPA****UNICEF** | TBD3,202,064 |  |
|  |  | Number of HWs provided with PPE (or 3 plies masks)[[6]](#footnote-7) | **OCHA****UNFPA****UNHCR****UNICEF****WHO** | TBDTBDTBD2,643,457TBD |  |
|  | **Learn, innovate and improve***Indicates efforts to improve knowledge and response effectiveness* | Percentage of countries implementing seroepidemiological investigations or studies | **WHO** | TBD |  |
|  | **Prepare and be Ready** | Number of countries with costed plans in place to promote hygiene and handwashing in response to COVID-19 | **UNICEF** | 60 |  |
|  | **Prevent, suppress and interrupt transmission** | Proportion of GHRP countries with a functional, multi-sectoral, multi-partner coordination mechanism for COVID-19 preparedness and response | **WHO** | 100% |  |
|  |  | Number and proportion of countries with COVID-19 Risk Communication and Community Engagement Programming | **UNICEF** | 60 |  |

**3.2 – Progress on Strategic priority 2**

Strategic priority 2: Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods.

1. Progress by specific objective

***Specific objective 2.1*** - Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access to social safety nets and humanitarian assistance.

***Specific objective 2.2*** - Ensure the continuity and safety from risks of infection of essential services including health (immunization, HIV and tuberculosis care, reproductive health, mental health care and psychosocial support, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic.

***Specific objective 2.3*** - Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items.[[7]](#footnote-8)

1. Response gaps and challenges to achieve Strategic priority 2

*Indicate what should be scaled up or accelerated, and operational challenges to overcome in case.*

*Fill in the below table (extract from the Monitoring Framework, which reflects revised indicators as agreed with responsible agencies. Remember to include qualitative analysis to explain your data in the appropriate sections above and update the information in the final column as needed)*

| **Strategic Priority** | **Specific Objective** | **Indicator[[8]](#footnote-9)** | **Responsible** | **Target** | **Progress as of 29 June** |
| --- | --- | --- | --- | --- | --- |
| **Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods** | **Preserve the ability of people most vulnerable to the pandemic to meet their food consumption and other basic needs**, through their productive activities and access to social protection and humanitarian assistance. | Number of people/households most vulnerable to/affected by COVID-19 who have received livelihood support, e.g. cash transfers, inputs and technical assistance. | **FAO****IOM****UNDP****UNICEF****UNHCR** |  | 400,000 (UNHCR) 5,822,200 households (UNICEF) |
| Number of people/households most vulnerable to/affected by COVID-19 who benefit from increased or expanded social protection | **FAO****IOM****UNDP****UNICEF****UNHCR****UNRWA** |  | 850,000 Palestine refugees (UNRWA) |
| **Ensure the continuity of and safety from infection of essential services** including health, water and sanitation, nutrition, shelter protection and education for the population groups most exposed and vulnerable to the pandemic. | Number of people who accessed essential services | **IOM****UNFPA****UNHCR****UNICEF****UNRWA** |  | 6.4 million masks for 25 countries, of which 3 million are for health-care workers (UNHCR). 533,000 Palestine refugees in UNRWA schools2.2 m Palestine refugees receiving UNRWA cash and food assistance3 million Palestine refugees who use UNRWA’s health servicesTBD |
| Proportion of countries where at least one vaccine-preventable diseases mass immunization campaign was affected (suspended or postponed, fully or partially) due to COVID-19  | **WHO** |  |  |
| Number of people reached with critical WASH supplies (including hygiene items) and services | **UNICEF** | 53,642,028 |  |
| Number of children and youth supported with distance/home-based learning | **UNICEF** | 179,302,188 |  |
| Number of children, parents and primary caregivers provided with community-based mental health and psychosocial support and messages | **UNICEF** | 9,453,244 |  |
| Number and proportion of countries in which minimum child protection services are operational during the COVID-19 crisis | **UNICEF** | 60 |  |
| Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM) | **UNICEF** | 3,726,211 |  |
| Number of countries where at least GBV psychosocial and medical services providing specialized GBV response are maintained | **UNFPA** | TBD |  |
|  | **Secure the continuity of the supply chain for essential commodities and services** such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items. | Number of cargo movement requests fulfilled | **WFP** | 90% |  |
|  | Number of passenger movement requests fulfilled | **WFP** | 90% |  |
|  | Number and percentage of countries that have had requested consignments of reproductive health kits and other pharmaceuticals, medical devices and supplies to implement life-saving sexual reproduction and health services shipped since 1 March 2020 | **UNFPA** |  TBD |  |
|  |  | Proportion of countries where GBV response services are maintained in at least 75% of the geographical areas  | **UNFPA****UNHCR** |  TBD |  |
|  | Number and proportion of countries where messages on gender- based violence risks and available gender- based violence services were disseminated at community level | **UNFPA** |  TBD |  |

**3.3 – Progress on Strategic priority 3**

Strategic priority 3: Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.

1. Progress by specific objective

***Specific objective 3.1*** - Advocate and ensure that the fundamental rights of refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19, and are receiving information and assistance.

***Specific objective 3.2*** - Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.

1. Response gaps and challenges to achieve Strategic priority 3

*Indicate what should be scaled up or accelerated, and operational challenges to overcome in case.*

*Fill in the below table (extract from the Monitoring Framework, which reflects revised indicators as agreed with responsible agencies. Remember to include narrative to explain your data in the appropriate sections above and update the information in the final column as needed)*

| **Strategic Priority** | **Specific Objective** | **Indicator[[9]](#footnote-10)** | **Responsible** | **Target** | **Progress as of 29 June** |
| --- | --- | --- | --- | --- | --- |
| **Protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic** | **Advocate and ensure that refugees, migrants, IDPs, people of concern and host population groups** who are particularly vulnerable to the pandemic receive COVID-19 assistance | Number of refugees, IDPs and migrants particularly vulnerable to the pandemic that receive COVID-19 assistance | **IOM****UNHCR****UNICEF** | TBD | XXX |
| **Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia** towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level | Number and proportion of countries where areas inhabited by refugees, IDPs, migrants and host communities are reached by information campaigns about COVID-19 pandemic risks  | **IOM****UNFPA****UNHCR****UNICEF** | TBDTBDTBDTBD | XXX |
| Proportion of countries inhabited by IDPs, refugees and migrants with feedback and complaints mechanisms functioning  | **UNHCR****UNRWA** | TBD | XXX |

**3.4 – Adherence to the guiding principles and key considerations for the response à FAO, ICVA, Interaction, IOM, SCHR, UNDP, UNFPA, UN-Habitat, UNICEF, UNRWA, WFP, WHO**

*Explain concretely how the ongoing response abides by the agreed-up guiding principles and key considerations for the response.*

1. Application of the guiding principles for the response

*Use the below (from the GHRP document – not to change) to illustrate concretely how the response is being implemented:*

* Respect for humanitarian principles.
* People-centered approach and inclusivity, notably of the most vulnerable people, stigmatized, hard to reach, displaced and mobile populations that may also be left out or inadequately included in national plans.
* Cultural sensitivity, and attention to the needs of different age groups (children, older people), as well as to gender equality, particularly to account for women’s and girls’ specific needs, risks and roles in the response as care providers (including caring for those sick from the virus), increased exposure to gender-based violence with confinement measures, large numbers of front-line female health workers in the response, and key role as agents at the community level for communication on risks and community engagement.
* Two-way communication, engagement with, and support to capacities and response of local actors and community-based groups in the design and implementation of the response, using appropriate technology and means to account for mobility restrictions and social distancing.
* Complementarity and synergies between agency plans and responses.
* Preparedness, early action and flexibility to adjust the responses and targets to the fast-evolving situation and needs.
* Building on existing coordination mechanisms.
* Duty of care for agency staff and volunteers.
1. Complementarity across plans, engagement with local actors, and international partners

*Provide concrete illustrations (avoiding rhetorical statements) of the below which were key considerations in the GHRP.*

***Integration, complementarity and synergies within other agency and global response plans for COVID-19***

***Interagency collaboration***

***Humanitarian and development collaboration***

***Community engagement***

***Engagement with and role of local and national organizations (including faith-based)***

***Partnership with NGOs***

**IV – FUNDING STATUS**

**4.1 – Funding requirements at country level à OCHA (HFRMD/FTS)**

*Estimated additional funding required for COVID-19 responses at country level, based on revisions of country humanitarian plans. Include newly prioritized countries. Source: Annex 2, country pages*

*Highlight funding still required for pre-COVID19 country humanitarian plans/regional plans, outside of the COVID-19 response, and funding gaps for these humanitarian plans.*

**4.2 – Funding received against the GHRP requirements à OCHA (HFRMD/FTS)**

*Total funding received against total requirements of US$6.7 billion – to be updated by OCHA (note table below does not reflect the latest online figures)*

|  |  |  |
| --- | --- | --- |
|  | **COVID-19 Response**(US$, rounded figures) |  |
| **Non-Health** | **Health** | **Global support Services** | **Total (US$, rounded figures)** |
| **Global support services** |  |   | $1 billion | $1 billion |
| **HRPs** | $2.20 billion | $1.28 billion |   | $3.49 billion |
| **New plans** | $394 million | $212 million |   | $606 million |
| **Other plans (JRP, DPRK)** | $65 million | $91 million |   | $157 million |
| **RRPs** | $728 million | $265 million |   | $994 billion |
| **RMRP** | $306 million | $132 million |   | $439 million |
| **GRAND TOTAL** | **$3.69 billion** | **$1.99 billion** | **$1 billion** | **$6.69 billion** |

*Explain the consequences of funding gaps to achieve the strategic priorities* **à FAO, ICVA, Interaction, IOM, SCHR, UNDP, UNFPA, UN-Habitat, UNICEF, UNRWA, WFP, WHO**

**4.3 – Funding flows and partnership** **à OCHA (HFRMD/FTS)**

*Indicate (numerically if possible, or qualitatively) the share of GHRP funding received that is provided directly to (i) INGOs, and (ii) national NGOs.*

*Explain how funding received by IASC agencies flows to INGOs and national NGOs in practice, including through the cluster mechanism and UN pooled funds (Country-Based Pooled Funds and CERF)*

*Reiterate importance of direct and quality funding to NGOs*

**ANNEX 1 – SUMMARY OF RESPONSE PROGRESS BY SPECIFIC OBJECTIVES à OCHA based on agency inputs to Part III**

 **ANNEX 2 – UPDATE OF SITUATION AND NEEDS, AND RESPONSE PLANNING AND FUNDING REQUIREMENTS BY PRIORITISED COUNTRY à OCHA, UNHCR, IOM**

*Use attached Country template.*

*Focus on changes compared to the May update of the GHRP.*

*Highlights:*

* *Main vulnerable groups and/or most affected services, issues*
* *Additional funding requirement for COVID-19 response – Remaining funding requirements for the HRP/RRP/other plan and funding gap*

**ANNEX 3 – FUNDING REQUIREMENTS BY SECTOR à OCHA (FTS) based on country inputs in Annex 2**

1. Insofar as possible, indicator data should be collected disaggregated by sex, age and disability. [↑](#footnote-ref-2)
2. Insofar as possible, indicator data should be collected disaggregated by sex, age and disability. [↑](#footnote-ref-3)
3. Specific objective 1.6 and specific objective 2.3 overlap. Each is spelled out under their respective Strategic Priority due to the importance of maintaining the supply chain for both the direct health response and the response to urgent indirect humanitarian needs. It is fine to report against 1.6 only. [↑](#footnote-ref-4)
4. Insofar as possible, indicator data should be collected disaggregated by sex, age and disability to allow for a meaningful measurement on the impact or response effects on key groups with special needs e.g. women and girls, older people, people with disabilities, etc. [↑](#footnote-ref-5)
5. Expected to be finalized on 5 June 2020 [↑](#footnote-ref-6)
6. Expected to be finalized on 5 June 2020 [↑](#footnote-ref-7)
7. As mentioned, specific objective 1.6 above and specific objective 2.3 overlap. Each is spelled out under their respective Strategic Priority due to the importance of maintaining the supply chain for both the direct health response and the response to urgent indirect humanitarian needs. [↑](#footnote-ref-8)
8. Insofar as possible, indicator data should be collected disaggregated by sex, age and disability to allow for a meaningful measurement on the impact or response effects on key groups with special needs e.g. women and girls, older people, people with disabilities, etc. [↑](#footnote-ref-9)
9. Insofar as possible, indicator data should be collected disaggregated by sex, age and disability to allow for a meaningful measurement on the impact or response effects on key groups with special needs e.g. women and girls, older people, people with disabilities, etc. [↑](#footnote-ref-10)