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

**TEMPLATE FOR COUNTRY OFFICES**

*Document prepared: 08 June 2020*

This template is for Country Offices to provide the necessary information for the second update of the Global Humanitarian Response Plan for the COVID-19 Pandemic. The template focuses on **changes since 7 May, in particular to revisions made to the existing humanitarian plans and early results from COVID-19 responses**.

**Your inputs are required by Monday 29 June 2020 4pm CET. Please respect the deadline.**

A country page, similar to those in previous iterations, will feature a summarized version of your inputs.

The following **highlights** are expected as part of your contribution:

* Concrete examples of changes of situation and need and concrete examples of response results, including by NGO partners.
* Concrete examples of how the pandemic has affected operations.
* Any changes to financial requirements for the COVID-19 response and financial requirements for the HRP/RRP/other plan and funding gap. **Note that minimal funding changes are expected,** unless the situation has changed drastically since early May resulting in a change in response.

When drafting your inputs, focus on the current and immediately expected operational context, using concrete examples as much as possible. Avoid the use of ambiguous or speculative phrasing if possible, i.e. instead of “increasing food prices may lead to increased insecurity”, use “increasing food prices are resulting in mass protests”.

**I – UPDATED HUMANITARIAN NEEDS ANALYSIS**

*This part should be succinct and focused on changes since 7 May. You can summarise/combine the material in italics, there is no need for individual responses to each point – what is important is to highlight briefly the evolution of the situation.*

*Please provide an* ***estimate of People in Need*** *of assistance for the COVID-19 response as well as* ***people targeted*** *under your response (see sections 1.2.d and 2.1, respectively).*

**1.1- Public health impact of the COVID-19 epidemic on people and health systems *(update)***

* *Incidence, mortality*
* *Ongoing surveillance, preparedness and health response to cases.*
* *Limitations on the public health response.*

**1.2 - Indirect impact of the COVID-19 epidemic *(update)***

1. Macro-economic effects
* *Reduction of industrial and tertiary services production affecting domestic consumption, international trade and balance of payment/public and private debt/fiscal space.*
* *Impact on food systems including production (availability) and access (physical and economic/prices).*
* *Rise of under-employment and unemployment.*
1. Indirect effects on people and systems
* *Effects on health and survival: decreased treatment of other pathologies and decreased preventive health care, pre-/post-natal care, due to acute pressure on health systems and insufficient resources to augment staff, health care space and supplies; increased malnutrition due to decreased food security and health care*
* *Effects on society and human development: decreased education due to school closure; decreased solidarity due to lower participation to community-based initiatives; decreased access to some sources of information based on inter-personal communication potentially giving rise to rumours and behaviours contradicting recommended preventative and protective personal actions.*
* *Effects on livelihoods:*
* *Decreased income and purchasing power due to loss of jobs and work opportunities, restricted mobility (internal and international), loss of access to productive inputs, loss of access to markets, decreased productivity because of sickness, increased health expenditures.*
* *Increased food insecurity linked to decreased food production due to lack of agricultural inputs and loss of labour due to sickness or less manpower.*
* *Effects on protection and rights: lack of consideration to specific groups such as IDPs, migrants and some refugees; decreased acceptation of asylum seekers requests; increased border limitations and refoulement of migrants and refugees; increased xenophobia. Additional gender considerations.*
1. Most affected population groups

*Most affected and at-risk population groups due to their vulnerabilities and capacities:*

* + *Vulnerabilities associated with personal characteristics (age, gender, disabilities, type of livelihoods, displacement) and their geographic location (urban, rural, areas already under stress due to conflict, locust infestation etc.).*
	+ *Capacities to cope with the additional pressure from the epidemic: family, kinship and neighbour support; government social assistance; international assistance (ongoing).*
1. Estimated number of people in need (PiN)

*Briefly indicate how the PiN was estimated including:*

* *Any update of the original PiN (from the 2020 HNO)*
* *Any additional PiN due to the impact of COVID-19*

*Provide the total PiN number*

**II. UPDATED RESPONSE *(since 7 May)***

*Please reflect the reprioritization and adaptation made to the original humanitarian plan. Indicate the responses to the additional needs provoked by the COVID-19 pandemic. Please reflect the operational constraints due to movement restrictions and supply chains disruption.*

***Use examples as much as possible*** *to illustrate progress and challenges of the response, with a focus on results rather than activities. Examples should include the work done by UN agencies, humanitarian partners and NGOs i.e. all actors participating the humanitarian response plan. In this section, remember to indicate if the response is taking place under a HRP/RRP/RMRP/JRP/new plan and/or if it also linked to another response plan e.g. country preparedness and response plan (CPRP), a socio-economic plan under the UN Development System Cooperation Framework, etc.*

*Please provide an* ***estimate of People in Need*** *of assistance for the COVID-19 response as well as* ***people targeted*** *under your response (see sections 1.2.d and 2.1, respectively).*

**2.1 – Number of people targeted (PT)**

*Briefly indicate how the PT was estimated including, as much as possible:*

* *Any update of the original PT (from the 2020 HRP)*
* *Any additional PT due to the impact of COVID-19*

*Provide the total PT figure*

**2.2 -** **Response to public health impacts of the pandemic *(update)***

1. Ongoing response

*Summarise the main achievements of the ongoing COVID-19 response to direct health impacts.*

*Focus on the initial* ***results*** *achieved for people’s health and survival, and health systems, rather than listing inputs distributed.*

1. Response gaps and challenges

*Indicate what remains to be done. Clarify the complementarity and synergies with health responses already ongoing or planned under the HRP or other country plan.*

**2.3 - Response to indirect effects on people *(update)***

1. Ongoing response

*Focus on the initial results of the reprioritization and adaptation of the responses previously included in the humanitarian plan. Be specific: what have been the consequences of augmenting/adjusting HRP activities to prevent further aggravation of humanitarian conditions due to COVID-19? What are the multi-sectoral approaches that have been taken to address needs as effectively as possible? Please use examples to illustrate results, including examples of results achieved together with/or by NGO partners.*

1. Response gaps and challenges

*Indicate the status of your HRP update and if this will need to be fully revised or only have some adjustments made. If you have completed an adjustment of the HRP, what changed? Do you foresee further revisions from now until December?*

*Indicate the results of having to suspend/postpone programming. State how context has affected operations, being very specific e.g. have movement restrictions abated? Are NGOs and partners able to enter the country? What impact is this having on operations? How are these impacts being mitigated? What has lack of funding prevented from being implemented?*

*Specify time-critical interventions, including which ones need to be implemented first, and which ones must be implemented in the next 6 months per the strategic priority and to achieve the specific objectives.*

*Note that additional guidance on distinguishing between COVID-19 and non-COVID-19 activities is included at the end of this document, if needed.*

**III – FUNDING REQUIREMENTS**

*When presenting your financial requirements, look at your proposed response plans and think about your country team and implementing partners’ absorption capacities to ensure that the GHRP continues to present a collective appeal that is credible in its ask.* ***Minimal funding requirement changes are expected,*** *unless the situation has changed drastically since early May resulting in a change in response*.

*Per the table below, please provide the status of funding requirements, including:*

* *COVID-19 funding requests and funding gap (health and non-health)*
* *Non-COVID 19 (i.e. adjusted HRP) funding requirements and funding gap.*

*Include the sectoral breakdown in your submission.* ***In addition to this submission, country offices are encouraged to update requirements directly through each country existing page on hpc.tools/RPM to facilitate cross-check****.*

*Note that additional guidance on distinguishing between COVID-19 and non-COVID-19 activities is included at the end of this document.*

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| --- |
| **Financial requirements as of 7 May (GHRP May update)** |
|  | Sector 1 | Sector 2 | Sector 3 | Sector 4 etc. |
| Non-COVID 19 HRP requirements as of 7 May 2020 |  |  |  |  |
| COVID-19 funding requests as of 7 May HEALTH |  |  |  |  |
| COVID-19 funding requests as of 7 May NON-HEALTH |  |  |  |  |
| **IF JUSTIFIED BY MAJOR CHANGES IN NEEDS, adjusted financial requirements (GHRP July update)***Please include notes underneath the table, to explain if/how non-COVID-19 reductions have been directed towards COVID-19 increases (i.e. if funds have been “re-purposed”).*  |
| Adjusted non-COVID 19 requirements (HRP requirements)*Only include the changed portions of the requirements compared to the May funding requirement, indicating if it’s an increase (+) or a decrease (-).*  |  |  |  |  |
| Adjusted COVID-19 funding requirements forHEALTH |  |  |  |  |
| Adjusted COVID-19 funding requirements forNON-HEALTH |  |  |  |  |

**[IF NEEDED] Additional guidance on distinguishing COVID and non-COVID responses for HRP adjustments:**

OCHA Country Offices and partners are requested to distinguish between COVID-19 and non-COVID-19 responses when revising or preparing a humanitarian response plan. The distinction is not straightforward and open to interpretations. Below is the proposed definitions, *for the sake of ensuring coherence:*

* COVID-19 responses are those that address the health impact of the disease and the immediate impact on access to, and functioning of essential services, protection requirements and markets that are directly affecting people’s lives and livelihoods. Affected people and services include those that were previously targeted in the initial humanitarian response plan (pre-pandemic), as well as (potentially) additional people and services that were not previously targeted.
* Non COVID-19 responses are those that seek to mitigate the negative impact of international and domestic measures on the delivery of the response already planned (pre-pandemic) for people and services previously targeted in the initial humanitarian response plan. They do not address additional needs, but seek to protect the planned response to avoid that existing humanitarian needs deteriorate further.
* For people and services previously targeted in the humanitarian response, COVID-19 and non COVID-19 responses can be combined, i.e. responses to additional needs caused by the pandemic can be integrated with adjustments to the already planned response.
* The below table presents concrete examples on the above-mentioned definitions and dimensions:

|  | **COVID-19 Responses** | **Non-COVID-19 Responses** |
| --- | --- | --- |
| **Population groups, services and geographic locations *already targeted* in the initial HRP** | Responses to *additional* health and non-health (socio-economic, protection) humanitarian needs due to the pandemic, that superimpose onto other humanitarian needs identified previously.These responses had not been envisaged for the population groups, services and geographic locations targeted in the initial HRP but have become necessary to address the further humanitarian needs they are now facing due to the pandemic.They can substitute or be combined with responses that were already planned before in the initial plan (see right column). Examples of additional responses:* Prevention and health treatment for COVID-19
* Protection of access to health services and treatment for other diseases, malnutrition or mental health and psycho-social problems
* Protection/strengthening of livelihoods directly threatened or affected by international and domestic measures to contain the pandemic (e.g. due to loss of jobs, loss of access to markets, productive inputs and assets, inflation etc.)
 | Adjustment of already planned or ongoing responses in order to mitigate the disruption of supply chains and/or the restriction of mobility and social distancing measures affecting delivery of the assistance.These responses were previously envisaged for the population groups, services and geographic locations targeted in the initial HRP, but cannot be delivered as planned.Adjustments are made to mitigate the negative impact on people in need. They can be combined with additional COVID-19 responses (see left column). Example of adjusted responses:* Modification of content (e.g. some items unavailable, substitution of items etc.)
* Modification of modality of delivery of assistance (e.g. frequency, delivery points etc.)
* Modification of geographic coverage (e.g. areas more/less reachable etc.)
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| **Population groups, services and geographic locations *not targeted* in the initial HRP** | Responses to health and non-health (socio-economic, protection) humanitarian needs that have occurred due to the pandemic.These responses had not been envisaged for these new population groups, services and geographic locations in the initial HRP, but have become necessary to address the specific humanitarian needs caused by the pandemic.Examples of responses (similar as for the originally targeted groups/ services/ locations):* Prevention and health treatment for COVID-19
* Protection of access to health services and treatment for other diseases, malnutrition or mental health and psycho-social problems
* Protection/strengthening of livelihoods directly threatened or affected by international and domestic measures to contain the pandemic (e.g. due to loss of jobs, loss of access to markets, productive inputs and assets, inflation etc.)
 | Not applicable |
| **Linkages with country Preparedness and Response Plan (PRP)** | These responses are partly overlapping with responses identified in the PRP, particularly those health and WASH-related.COVID-19 additional responses in the humanitarian plan must remain humanitarian in nature, complementing other responses in the PRP. | These adjustments are not expected to overlap with responses identified in the PRP. |
| **Funding requirements** | Estimation of the funding required for COVID-19 specific responses for people, services and geographic locations already targeted in the humanitarian response plans, and (where applicable) for additional people, services and geographic locations This is the funding requirement at country level that is reflected in the Global Humanitarian Response Plan (GHRP). | Estimation of the funding required for the adjustment of the already planned response.In some cases, the funding requirements may in fact decrease as some of the previously planned responses may not be feasible anymore or be less costly than initially estimated.This is the funding requirement (or decrease) that is added to the requirement for COVID-19 responses (see left column), to obtain the total revised funding requirement for the revised humanitarian response plan. |
| **Plan costing** | **For activity-costed plans**: calculation of a new, additional cluster envelope for each cluster engaged in COVID-19 response. This calculation may include:* *The same activities as in the original HRP* but for new population groups whose needs stem from the pandemic, with different target population groups and (maybe) a different unit cost
* *New activities* entirely related to the pandemic response, either for the same or new target population groups. For clusters overlapping with the PRP (Health and WASH), these activities should align with those of the PRP.

**For project-costed plans**, this will include:* *Revision of existing projects* to incorporate additional beneficiaries and a separate budget based on additional pandemic-related needs
* *Addition of new projects* to address new pandemic-related needs for the same or new target population groups, indicating which projects are also part of the PRP

  | **For activity-costed plans**: revision of the existing cluster envelopes based on the adjustments to the already planned response. This may include* *Higher unit costs for existing activities* due to new access constraints or supply disruptions
* *Changes in targeted population of existing activities* due to non-pandemic-related shocks or aggravation of existing stresses
* *Addition of new activities,* addressing new needs of the originally targeted and/or new population, due to non-pandemic-related shocks or aggravation of existing stresses

**For project-costed plans**, this will include:* *Revision of existing projects*, including possible withdrawal/cancellation, due to changes in costs and/or target population, and feasibility of delivery
* ***Addition of new projects*** to address new needs from non-pandemic-related shocks or aggravation of existing stresses
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| **Financial tracking on FTS** | Funding contributions will be counted and shown both against the additional COVID-19 requirements in the revised country HRP, and the requirements of the GHRP.Contributions related to cluster/activities/projects also in the PRP will feed into tracking of the global SPRP | Funding contributions will be counted only against the revised non-COVID-19 requirements of the country HRP |