GLOBAL HRP COVID-19

UNITED NATIONS COORDINATED APPEAL
APRIL – DECEMBER 2020

PROGRESS REPORT

FIRST EDITION
26 JUNE 2020

The COVID-19 pandemic has increased global humanitarian needs in 2020. At the beginning of 2020, global humanitarian requirements were already close to $30 billion, with 168 million people expected to need aid to survive. These global requirements have risen to a record $37 billion, including requirements to respond to COVID-19. The COVID-19 pandemic has compounded existing needs and created new challenges in an unprecedented way. With rapidly rising caseloads in Africa and Latin America and the Caribbean, the pandemic is expected to peak in the next two to six months in the world's most fragile places. The pandemic and associated global recession will cause vulnerability and humanitarian needs to soar in countries already in a state of humanitarian crisis.

The impact is widespread and goes beyond the direct COVID-19 and other health consequences for millions. The number of acutely food insecure people may double, as food supplies decrease, and prices rise. In ten countries, including some with severe humanitarian needs such as Syria, Yemen, and the Democratic Republic of the Congo, more than a million people per country are already on the verge of starvation. In the long term, the pandemic could lead to famine in as many as 35 countries, such as Afghanistan, the Central African Republic, and Haiti. More than 80 million children may miss routine immunization and vaccination campaigns. Nearly a hundred countries reported the suspension or disruption of routine immunization campaigns in early May (UNICEF, WHO, GAVI). Reports of sexual- and gender-based violence are increasing. An additional 40-60 million people will be pushed into extreme poverty as incomes plummet and jobs disappear (World Bank).

The humanitarian community came together to produce the coordinated, inter-agency Global Humanitarian Response Plan (GHRP) for COVID-19 which was launched on 25 March and updated on 7 May. The third update of the GHRP will be released on 16 July. This update will cover the same 63 countries as in the May update. It will focus on changes in situation and needs, collective results and achievements, operational challenges and current financial requirements.

OCHA has also been working with agency partners to finalise the overarching GHRP Monitoring Framework and organise data collection. UN agencies have taken responsibility for aggregating data globally and reporting against the indicators in the framework. The July update of the GHRP will be reporting against these indicators. After July, select indicators will continue to be featured in the regular GHRP Progress Reports.

In addition to the revision work and the GHRP Monitoring Framework, planning has commenced for the integration of COVID-19 related humanitarian needs and funding requirements into Humanitarian Response Plans and the 2021 Global Humanitarian Overview (GHO). COVID-19 and non-COVID-19 responses will be integrated in 2021, and there will not be a distinction between funding requirements for these two types of responses.

This report is planned for August, September and October. It will provide brief updates on the operational context, challenges, and adapted field practices; present an in-depth look at specific sectors, at-risk groups, and other topics; and review financial requirements and funding.

NIGER
A Malian refugee wears one of the 40 face masks she makes each day in Niamey, Niger. *UNHCR*

Operational context

OPERATIONAL CONTEXTS

63

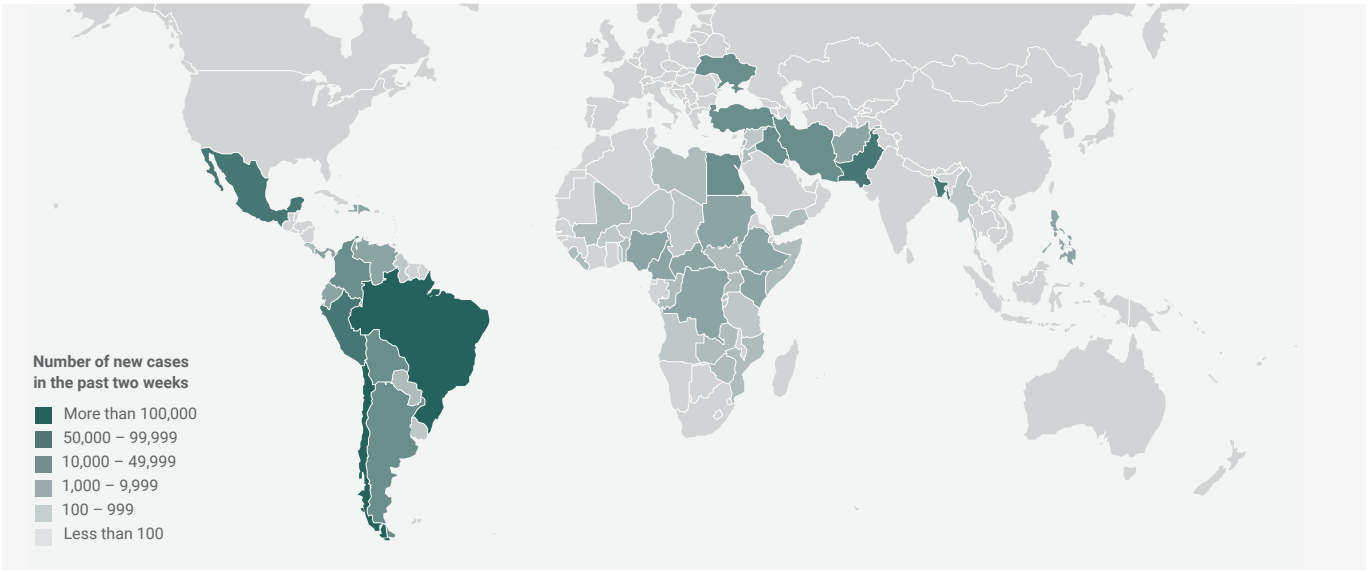
OF WHICH, COUNTRIES WITH:[1]
HRP 25 RMRP 21
RRP 19 OTHER 11

CONFIRMED CASES

2.99M

CONFIRMED DEATHS

123k



Source: World Health Organization. covid19.who.int

The COVID-19 pandemic is unprecedented in terms of scale, complexity and impact across the world. While it is difficult to predict the path of the pandemic, the impact is now being felt in the world's least developed and lower-income countries, especially in countries with pre-existing humanitarian crisis caused by prolonged conflict or recurring natural disasters. The impact is compounded by several factors, including fragile health care systems, weak water and sanitation infrastructure, and limited government capacity in some places to fight a pandemic.

According to initial data, the pandemic is particularly devasting to the most vulnerable parts of the population, including people already in need of assistance, such as internally displaced people, refugees and asylum-seekers and migrants, as well as women and children, older persons and those living with disabilities. The situation of the urban poor and people living in camps or informal settlements, where options for social distancing and access to services and assistance may be limited, is also of concern.

At the same time as fighting the direct health impact of COVID-19, the world must address the growing secondary impacts of the pandemic. The effect on food security and malnutrition is expected to be especially severe, with the number of people on the brink of starvation potentially doubling from 135 million to 265 million according to WFP. The number of children under five suffering from acute malnutrition could increase by 10 million before the end of the year, a 20% overall increase. For more details, see the WFP Hunger Map.

Similarly, nearly 100 countries have reported delays or suspension of immunization campaigns for communicable diseases, such as measles, polio, meningococcal A, yellow fever, typhoid, cholera and tetanus/diphtheria, with as many as 24 million people in 21 countries at risk of missing out on life-saving vaccines. In many cases, women and girls are bearing the brunt of the pandemic, with a sharp increase reported in numerous countries in various forms of gender-based violence, including intimate-partner violence.

Both the UN and NGO partners have continued to stay and deliver life-saving aid to people in need in the majority of country contexts that we serve, but they are facing challenges. Restrictions on movement, both within and into/out of certain countries, as well as intensification of pre-existing access constraints, have in some cases hampered operations. The UN is working actively with Governments to overcome such challenges and secure full, unhindered and safe humanitarian access.

An emerging trend of stigmatization, hostility and attacks on humanitarian and health care workers has been observed in several countries since the beginning of the pandemic, resulting in the loss of life and damage to vital services, including hospitals and health clinics. It is vital that this trend is addressed, and the safety and security of humanitarian personnel ensured.

The humanitarian system is actively innovating and adapting response strategies and programming to meet challenges on the ground. For example, partners are delivering larger food rations at less frequent intervals; scaling up the use of cash-based transfers; erecting additional shelters and quarantine facilities; enhancing water and sanitation infrastructures in camps and camp-like settings, and expanding the use of technology to reach people wherever they are in a timely and safe manner. Efforts are also being made to rapidly scale up the localization agenda, with increasing support being directed to local partners, and strengthening community engagement and prevention.

[1] Humanitarian Response Plan (HRP), Regional Refugee Response Plan (RRP), Venezuela Regional Migrant and Refugee Response Plan (RMRP).

Operational context:
Adapting the field response

UNICEF **Ethiopia** is strengthening accountability to affected populations via the use of monitoring and complaint mechanisms that focus on protection from gender-based violence and sexual exploitation and abuse.

NGOs in **Iraq** have adapted their activities to help protect against the COVID-19 pandemic. Through its project in Hamam Al-Alil camp, the NGO Mercy Hands has produced 48,000 face masks and will start the same project in Salamiyah camp.

In **Syria**, the Cash Working Group and REACH are working collaboratively to monitor how markets in the north-east and north-west are responding to the impact of COVID-19. The monthly assessment, initiated in March 2020, focuses on the availability and prices of key goods, including plastic gloves and antibacterial gel. It also considers the functionality of local markets, including vendors' supply and financing challenges, and mitigation measures imposed on communities and taken by shopkeepers to slow the spread, such as limiting crowds and the use of face masks.

The Education Cluster in **Venezuela**, in collaboration with Radio Fe y Alegría and the Ministry of Education, produced a series of audio messages ("radio capsules") to inform teachers and educators about protection and psycho-social support during lockdown. Five topics have already been covered in live broadcasts: (1) mental health and psycho-social support; (2) promoting well-being and learning for children in their homes; (3) promoting mental health and psycho-social support through education; (4) key messages on COVID-19 for public workers and the general public; and (5) child protection in the context of COVID-19. Each topic provides advice to educational staff on what they can do concretely. The multimedia content is freely available to all radio stations in the country.

Food security concerns in **Myanmar** are being addressed through increased market monitoring, the provision of two months of food rations at a time, and increasing the volume of distribution from 70 per cent to 100 per cent of need in critical areas.

In Mali, community outreach agents in the three OCHA sub-offices (Mopti, Timbuktu and Gao) are working with local communities to distribute appropriate messaging in local languages on humanitarian activities and principles to sensitize local communities on COVID-19 and prevention measures. Community agents are also collecting opinions on people's perception on the humanitarian response at the local level.

In **Afghanistan**, a humanitarian helpline, Awaaz Afghanistan, ooperates daily for 12 hours, to help provide information about assistance to Afghans (IDPs, returnees) and refugees affected by conflict and natural disaster. The organisation has also developed a dedicated dashboard for community feedback relating to COVID-19. The operators work closely with the health clusters to share inquiries from communities and help design awareness raising for communities.

In **Bangladesh**, humanitarian organisations continue to address misinformation, rumors and stigma around COVID-19 in camps. For example, some **Rohingya communities** believed, as per the perception studies carried out, that they were immune to the virus due to their religious beliefs. In response to misinformation, aid agencies have actively adapted messages and working through different channels, including religious leaders, to ensure trust building among the communities. The Communication with Communities Working Group also continues to produce information and communication materials using relevant formats and languages.

Humanitarian organisations in the **Central African Republic** have integrated preventive measures into sectoral and inter-sectoral humanitarian programmes, including social distancing and hand washing. More than 423,000 people have received multi-sectoral humanitarian assistance and over 1.2 million have benefited from awareness-raising campaigns on COVID-19. Humanitarian partners are prepositioning stocks and creating isolation areas, especially in IDP sites; monitoring market prices and cash-based interventions; analyzing gender-based violence trends; providing additional WASH supplies; engaging with communities; and providing radios to sustain remote education.

SOMALIA
A WFP staff member explains how to use the mobile phone to order food from an online E-shop at a WFP food distribution Centre at K4 area in Mogadishu. *WFP/Ismail Taxta*

Adapting the response: Somalia

EVOLUTION OF SOMALIA HRP 2020 REQUIREMENTS

LAUNCH OF HRP
JANUARY 2020
1.05B

HRP AND COVID-19 REQUIIREMENTS
MAY 2020
1.25B

INCREASE IN REQUIREMENTS
Desert locusts
Seasonal floods
COVID-19

REPRIORITIZATION EXERCISE
MAY 2020
1.01B

DECREASE IN REQUIREMENTS
Reprogrammed and suspended projects
Change of IPC criteria
Reduced budgets for unfunded programmes

The 2020 Global Humanitarian Overview (GHO) appeals for 53 countries was finalized and launched in late 2019 and early 2020. The onset and spread of the COVID-19 pandemic required Humanitarian Country Teams (HCT) to quickly confront the scope and scale of new and rapidly evolving humanitarian needs. The new situation required an analysis of which interventions could no longer be implemented and which should be adapted, suspended, or reprioritized. It also required a review of delivery modalities to comply with social distancing and other containment measures.

The case of Somalia provides an example of best practice. Recognizing the significant contextual shifts since the finalization of the 2020 Humanitarian Response Plan (HRP), the HCT in Somalia launched a rigorous HRP re-prioritization exercise taking into account several factors impacting the vulnerabilities identified in the original needs assessments published in December 2019: the threat of COVID-19, the worst Desert Locust upsurge in decades, and seasonal floods which affected 1.2 million people, including 436,000 people who were displaced. In response to this "triple threat", the HCT initiated an HRP revision process in May based on agreed criteria to ensure needs-based, prioritized and credible humanitarian funding requirements. At the time, the HRP was less than 20 per cent funded. This process included COVID-related health and non-health interventions; food security and nutrition interventions for areas in IPC3 and above; humanitarian response to the Desert Locust upsurge; and areas affected by flooding after the launch of the original HRP. The impact of COVID-19 movement restrictions and supply constraints, and the operational and financial absorption capacity of humanitarian organisations were also factored in.

To ensure targeted and realistic requirements in the revised HRP, the HCT decided to exclude projects for IPC2 and below, and to delete, reprogram or cut by 50 per cent the budget of projects with no funding to date (and thus unable to be implemented for the full year). The HCT also agreed to suspend or reprogram activities which were no longer feasible due to COVID-19 containment measures, such as training, construction and rehabilitation works, and school feeding. The UN Country Team undertook a similar process in parallel with the HRP prioritization exercise, maintaining continuous dialogue with the HCT throughout to ensure complementarity of respective activities and programmes.

As a result of the prioritization exercise, the financial requirements for most clusters decreased, except for the Health and WASH Clusters. The budget of Enabling Programmes also increased, as it includes the Logistics Cluster, which was activated in support of the COVID response. The increases are mostly due to new needs and additional priorities generated by COVID-19 and beyond those included in the original HRP.

On 26 May, the HCT endorsed the comprehensive reprioritization exercise and the revised HRP financial requirements of $1.01 billion, which is a four per cent decrease compared to the original 2020 HRP ask of $1.05 billion. This is approximately 19 per cent less than the $1.25 billion requirements published in the GHRP May update and in the GHO Monthly Update.

The decreased financial requirements do not reflect an improved humanitarian situation – $1.01 billion is the funding that is required for a refocused and prioritized humanitarian response that takes into account the original needs identified in the 2020 HRP launched in January, as well as the new challenges and constraints related to the triple threat of COVID, locusts and flooding. Although the HRP is currently 41 per cent funded (as of 19 June), aside from the Food Security Cluster, which is 76 per cent funded, almost all other clusters are less than 20 per cent funded. Additional funding is urgently required to continue to deliver prioritized humanitarian assistance in one of the most complex, protracted humanitarian crises in the world.

SOMALIA
Vital supplies are delivered to flood-affected families in Belet Weyne, Somalia. *OCHA*

Sectoral focus: Logistics

CARGO TRANSPORTED	CARGO IN PIPELINE	ORGANISATIONS	FUNDING RECEIVED (US$)	UNMET REQUIREMENTS (US$)
11,300 m^3	42,600 m^3	23	179M	786M

1 m^3 of cargo equals to: 32,500 surgical masks *or* 1,650 safety goggles *or* 1,800 face shields *or* 30,000 gloves.

Source: World Food Programme. www.wfp.org/publications/wfp-common-services

COVID-19 has caused global disruptions to the transport systems and links that health and humanitarian responders would normally rely upon to reach affected areas in a crisis. WFP, working closely with the World Health Organization, the UN system, the NGO community and governments, is using its logistics capacity and expertise to step in and provide these services where commercial capacity currently does not exist, ensuring that critical health and humanitarian personnel and cargo can move to where they are needed most.

PASSENGER SERVICES

WFP is providing air passenger transport services where safe and reliable commercial options are not available until commercial services can resume. Since their launch on 1 May, WFP has so far transported over 3,500 health and humanitarian personnel, over 50 per cent are NGO staff, to 40 destinations over the course of 300 flights. WFP's air passenger service continues to expand its reach as appropriate governmental clearances are received with further destinations expected to be added over the coming weeks. With the majority of humanitarian workers having been under lockdown for months and additional staff required to meet the needs of the COVID-19 response, an exponential growth of passenger numbers is expected as countries grant clearances to the WFP passenger service. This trend has been noted already with staff rotating in and out, with twice as many passengers in June as in May. To ensure the most efficient use of air assets, WFP is also utilizing these regular passenger flights to transport COVID-19 response items whenever possible

MEDEVAC

To ensure the health and wellbeing of staff and to minimise the burden on host country healthcare systems, the UN Secretary-General activated a common COVID-19 Medical Evacuation (MEDEVAC) System on 22 May and established a MEDEVAC cell leveraging assets from WFP, WHO and the Department of Operational Support to enable a coordinated and centralized approach, relying on local COVID-19 Coordinators at country level.

CARGO TRANSPORT

WFP has so far dispatched over 11,300 m^3 of critical COVID-19 health and humanitarian cargo to 75 destinations on behalf of 23 organisations by air, road and sea, however, WFP has an additional 42,600 m^3 of life-saving cargo in the pipeline to be transported over the next six weeks. Demand is expected to increase as supply comes online, and current projections indicate that approximately 700,000 m^3 of cargo will need to be delivered across the world by the end of the year.

FUNDING STATUS

WFP has moved to quickly set up the logistics infrastructure needed to support this global response and has been able to do this thanks to the generosity of its donors. However, this is a response on a scale never seen before and with the pandemic showing no signs of abating, it is crucial that the response does not stop now when it is needed most.

Now is a critical time for the donor community to support this collective response. As the global community rallies together to respond to this crisis, contributions are required urgently to enable WFP to maintain this vital logistics service beyond the middle of July.

Most vulnerable groups: Gender and Gender-Based Violence

COVID-19 has heightened inequalities across every part of society, increasing the impact on already vulnerable groups. The pandemic is exacerbating pre-existing risks, in particular, of gender-based violence (GBV) against women and girls, setting back their social, economic and educational development, and threatening their sexual and reproductive health.

Women and girls take on a disproportionate burden of household care, including caring for the sick, amid diminishing household resources. They are also disproportionately affected by disruptions to income, education, health and protection services. At the same time, the capacity of Governments and service providers to respond to these needs is highly constrained and overstretched.

Recognizing these vulnerabilities, the GHRP put a strong focus on meeting the needs and priorities of women and girls, and of empowering them in all aspects of its programming. This starts with taking a gendered analysis of the impact of the pandemic and adapting programmes accordingly. UN agencies and partners such as International Rescue Committee and CARE are taking this approach. CARE's gender analysis in Libya, for instance, showed that women there are 12 times more likely than men to have lost employment due to the pandemic.

Myanmar is one of many countries where UN Women works with authorities to ensure they integrate women's needs and leadership in their COVID-19 response.

COVID-19 is occurring on top of protracted crises, migration and conflict and insecurity. It is imperative that resources are not diverted from existing critical humanitarian programs, including those that empower and protect women and girls, and survivors of gender-based violence, to respond to the pandemic.

GENDER-BASED VIOLENCE (GBV)

Violence against women and girls affects between 1 in 4 to 1 in 3 females in her lifetime. Women and girls are at greater risk of physical violence, sexual violence, verbal, emotional, social-economic violence, and psychological violence, with intimate, partner violence escalating during the global COVID pandemic due to the economic insecurity and lockdown measures linked to COVID-19.

Already an epidemic, gender based violence has been made more visible with reports of increased calls to hotlines, ranging between 30 and 75 per cent in some places – the national GBV hotline in Zimbabwe recorded a 75 per cent increase; Colombia and Mexico recorded 50 per cent increases. However, in some places, including Bangladesh and Iraq, calls have stopped partly because women do not have safe access to telephones in confined spaces, referral pathways are interrupted, and helplines have undergone temporary shutdowns. For instance, 19 safe spaces for women and girls in Syria had to temporarily close due to lockdown measures.According to UNFPA estimations, an additional 15 million cases of GBV are expected worldwide for every three months that COVID-19 lockdowns continue.

To address increased risks of GBV, almost 60 per cent of country response plans in the GHRP include GBV prevention and response components adapted to overcome access barriers and reach women wherever they may be. For instance, in north-east Nigeria, mobile teams with the International Organization for Migration (IOM) go door-to-door to raise awareness of GBV services, rather than gathering women in groups. Aid agencies are also adapting safe spaces to meet physical-distancing protocols so they can stay open wherever possible. For example, also in Nigeria, IOM is

ETHIOPIA
A social worker interviews a young girl who was recently deported from Saudi Arabia amid the COVID-19 crisis. *UNICEF/Nahom Tesfaye*

converting safe spaces into 'tele-health' centres equipped with individual phone booths that abide by strict infection-prevention protocols.

There is also a focus on building and strengthening wider protection services. UN agencies such as UNICEF and UNFPA, and NGOs, including Oxfam and CARE, are building and extending community networks to raise awareness of protection risks to women and girls, to identify cases of GBV and other violations, and to support response. They are helping local groups work virtually where appropriate, and they are distance-training health workers to implement GBV protocols and provide psycho-social support. In Myanmar, for example, UN Women gave 60 social workers from the Department of Social Welfare mobile phones to operate 24/7 GBV and COVID-19 hotlines. They are also proactively reaching out to girls with protection and GBV messaging. In Ethiopia, Action Against Hunger is working with Oromia Broadcasting Network to run a weekly radio programme on GBV risks.

The economic uncertainty induced by COVID-19 has created an increased risk of exposure to sexual exploitation and abuse (SEA), as women and girls face resource shortages. In Cameroon and Nigeria for example, there are concerns regarding sexual exploitation and abuse due to women in the informal sector losing their livelihoods.

In all cases, aid agencies try to maintain their critical programmes for women and girls, including life-saving sexual and reproductive health services. This involves adapting in line with physical distancing. At clinics in Syria, for instance, patient numbers have been reduced and staff are required to wear personal protective equipment in certain clinical settings. Since the onset of COVID-19 in Syria, nearly 150,000 women and girls have received services in reproductive health, awareness raising, mental health and psychosocial support.

Programmes to mitigate GBV, respond to survivors, and tackle the roots causes – that is, prevention initiatives to address gender inequality - all remain chronically underfunded. Specific reported funding for GBV programming in the GHRP is only $35 million for all 63 countries in the GHRP. In 2020, over $370 million of programming has been included in Humanitarian Response Plans, but less than 10% has been financed to date. Financing these programmes would be a good start to overcoming the persistent underfunding that makes it difficult to put in place context-specific responses, including by local actors who stand ready to implement this life-saving work.

COVID-19 has heightened global awareness of another pandemic that is killing women and girls – GBV. GBV response is an essential component of the COVID-19 responses, and funding must be urgently made available to ensure women and girls are protected and empowered.

EDUCATION

As of May 2020, UNESCO estimated that 1.54 billion children and youths – including 111 million girls living in low-income settings – were out of school because of COVID-19-related school closures. Girls are far more likely than boys to never to return to school. Instead, many are called on to manage household duties or take care of family members, including the sick and elderly, or they are pushed into early marriage or work, including exploitative labour to cope with economic stress. This threatens to reverse progress in increasing girls' access to education.

Girls with disabilities who are poor or live in rural areas are most at risk of being out of school. UNICEF, its partners and networks of thousands of community mobilisers are spreading awareness of the need for girls to continue with their schooling.

Many agencies working in education are strengthening distance-learning wherever possible. Lessons are now delivered over the radio in Burkina Faso, Ghana, Rwanda and scores of other countries; on TV in Ethiopia, Libya and beyond; and on e-learning platforms, such as in the occupied Palestinian territories (oPt) and Syria.

FOOD SECURITY

As food production systems break down and cross-border trade is constrained, the pandemic is exacerbating food insecurity for women and girls. Women form the bulk of agricultural labourers but the minority of farm owners, and they are rarely represented in decision-making around food production or distribution. As a result, they have a reduced ability to buy nutritious food for their families, and they as well as young children are at a heightened risk of food insecurity and malnutrition. In a vicious cycle, chronic hunger and malnutrition then increase their susceptibility to infectious diseases, including COVID-19. In the Sahel, where climate events together with conflict, have contributed to extreme levels of food insecurity, COVID-19 has amplified the urgent need to ensure women and girls are not placed at further risk.

In populations where women are responsible for food security within the household, food shortages and increased food insecurity also expose women and girls to intimate partner violence or reliance on negative coping mechanisms, such as resorting to transactional sex, forcing girls into child marriage, and being more susceptible to SEA. Wherever possible, food security, nutrition and agricultural assessments and responses must be gender responsive. WFP and its partners are prioritizing female-headed households and vulnerable women and girls in their household vulnerability assessments. From Colombia to the Democratic Republic of the Congo, from oPt to Yemen, WFP, UNHCR and NGO partners, including Oxfam, NRC, Mercy Corps and Save the Children, are targeting female-headed households and at-risk girls in their food voucher or cash assistance.

LIVELIHOODS

More than 740 million women around the world work in the informal sector or as low-wage workers. These jobs are highly vulnerable in the current pandemic, and they lack protection against exploitation or harassment. The International Labour Organization estimates that 195 million jobs could be lost globally due to the pandemic, the majority of them in sectors predominated by women. At the same time, as incomes contract, household consumption needs are rising with more members at home, and with an increase in costs of food and other essentials. There is a critical need for income-generating projects that target women to prevent what might otherwise lead to child marriage, trafficking, and survival sex due to poverty and economic recession. In Bangladesh, for instance, UN Women is working with BRAC and ActionAid to provide Rohingya refugee women's groups with sewing machines and training so they can make and sell masks to generate an income.

NGOs and localization

The COVID-19 pandemic has created new challenges to humanitarian action and emphasized the need for adequate funding for all parts of the humanitarian system to ensure an effective response. Getting funding to those best placed to prepare and respond in fragile countries affected by the pandemic is more crucial than ever. When borders closed and movements were restricted to slow the virus, NGOs and local organizations with deep reach, knowledge and solid networks continued to deliver aid and life-saving information to communities about how to stay safe from COVID-19.

As the pandemic began to hit fragile countries in February, the humanitarian community pushed for flexible funding arrangements that support front-line responders. The goal is to allow money to reach front-line responders as fast as possible, with minimum impediments. Good progress is being made. Guidance and key messages issued early in the crisis emphasized the need to continue the acceleration of funding to front-line responders with minimum impediments. The Inter-Agency Standing Committee (IASC), the world's top humanitarian coordination mechanism, is actively promoting more flexible and agile funding arrangements to ensure that funding reaches NGOs on the ground quickly, also when it passes through UN agencies.

Specific commitments to make funding to NGO partners more flexible, have just been put in place. These commitments include simplified reporting, linking COVID-19 funding to existing programmes, and budget flexibility – all contributing to reduced administrative burdens enabling NGOs to focus on programmes on the ground. There is a collective commitment to speed up funding to partners, and UN agencies are meeting regularly with their NGO partners to track progress.

The OCHA-managed Country-Based Pooled Funds (CBPF) were among the first to allocate emergency funding in response to the pandemic, both to NGOs and UN agencies. Overall, 60 per cent of CBPFs total COVID funding to date will be provided to international and national NGOs and national Red Cross / Red Crescent Societies through direct grants (56 per cent) and sub-granting arrangements (four per cent). Of total CERF allocations so far, and excluding the allocations to WFP for logistics and funding for procurement of supplies, nearly $1 in every $3 allocated through CERF will be implemented by partners (approx. $9.5 million in total). This figure will increase with the release of the additional funding for frontline responders. (See pages 12 and 13 for more details.) Together with direct funding (as reported to FTS), more than $240 million has been made available to NGOs for COVID response.

As of 25 June, UNICEF has utilized $330 million for the COVID-19 response, of which $165 million was used for supplies and commodities (including personal protective equipment) and close to $92 million was transferred and committed to implementing partners. In terms of transfers to implementing partners with funding received against the UNICEF COVID-19 global appeal , 49 per cent of disbursements were transferred to partners (including 37 per cent for national NGOs, community-based organization and academic institutions, and 12 per cent for international NGOs), 45 per cent were transferred to Governments, and 6 per cent to UN agencies and other bi/multi-lateral organizations.

UNFPA reports that approximately 20 per cent of COVID funding received before 15 June has been made available to partners. UNCHR is also working closely with partners – in 2019, 31 per cent ($1.3 billion) of its annual expenditure was disbursed to partners for implementation.

In addition to some improvements regarding funding arrangements and flows, the COVID-19 crisis has proven that adequate response to the direct and indirect impact of the pandemic will require "making principled humanitarian action as local as possible and as international as necessary". This includes strengthening investment in and respect for the role of national/local actors in response coordination and planning (such as in the GHRP process and cluster coordination) and ensuring that humanitarian action happens from the bottom up and the power shifts from international to national/local responders.

More needs to be done to get more resources out fast to all parts of the system and to ensure inclusiveness in all locations and at all stages of the response. The UN, NGOs, and donors have been working towards these goals since well before COVID-19 and will continue to do so with renewed momentum and commitment.

EGYPT
Local works prepare essential medical supplies, from masks to surgical gowns, to protect an support healthcare workers in Egypt *UNICEF/Emad*

Financial overview

GHRP REQUIREMENTS (US$)
7.32 B

FUNDING (US$)
1.42 B

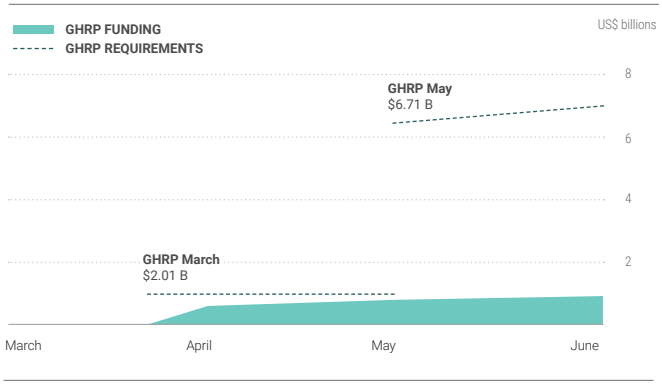
COVERAGE
20%

TOTAL HUMANITARIAN FUNDING TO COVID-19 (US$)
2.59 B

OF WHICH:
Towards GHRP 1.42 B
Outside GHRP 1.17 B

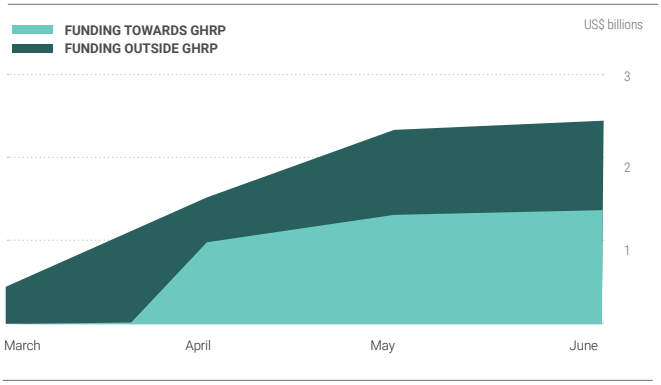
REGION	GHRP REQUIREMENTS	FUNDING	COVERAGE	COVID-19 TOTAL FUNDING	% TOWARDS GHRP
Asia and Pacific	**822 M**	154 M	**19%**	**173 M**	89%
Eastern Europe[1]	**47 M**	13 M	**28%**	**15 M**	87%
Latin America and Caribbean	**920 M**	41 M	**4%**	**47 M**	86%
Middle East and North Africa	**1.73 B**	289 M	**17%**	**292 M**	93%
South and East Africa	**1.27 B**	158 M	**11%**	**228 M**	75%
West and Central Africa	**1.47 B**	168 M	**14%**	**178 M**	92%
Global Operational Support	**1.01 B**	195 M	**20%**	**–**	–
TOTAL	**7.32 B**	**1.42 B**[2]	**20%**	**2.59 B**	**58%**

REQUIREMENTS AND FUNDING (MARCH–JUNE)



Source: Financial Tracking Service, OCHA. fts.unocha.org

INSIDE VS. OUTSIDE FUNDING (MARCH–JUNE)



Source: Financial Tracking Service, OCHA. fts.unocha.org

Funding towards the GHRP and COVID-19 response increased rapidly and steadily in March and April, with a much slower pace in May and early June. This trend is similar to patterns typically observed in a rapid-onset crisis, such as an earthquake or floods. Media attention was high, and donors acted swiftly with Parliaments and unspent 2019 budgets. New sources of funding were identified, special appropriations passed, and both humanitarian and development funding were re-programmed to address exiting and evolving needs. Even as borders closed and the coronavirus spread, the humanitarian system reiterated its commitment to staying and delivering both new and on-going humanitarian response.

The original $2.01 requirements for the GHRP were published on 25 March and updated requirements of $6.71 billion were released on 7 May. The current GHRP requirements stand at $7.32 billion due to several adjustments as the situation evolves and Humanitarian Country Teams undertake thorough review processes of both GHRP and pre-existing response plan requirements. The main variations in requirements from May to end June include Afghanistan, Colombia, Ethiopia, Nigeria and Somalia.

As of 25 June, funding for the GHRP requirements – including country financial needs for 63 countries and the $1.01 billion required for global operational logistics support (cargo transport, passenger services and medical evacuation) – is $1.42 billion or 20 per cent. An additional $1.17 billion has been reported for bilateral support directly to Governments, funding to the Red Cross / Red Crescent Movement, funding to UN agencies and NGOs not towards GHRP countries, including a significant $450 million to WHO's Strategic Preparedness Response Plan and Contingency Fund for Emergencies which covers countries beyond those identified in the GHRP. Some of this funding may eventually be recorded against the GHRP requirements as more details are received from donors and recipient organisations.

As seen above, the GHRP requirements in Latin America are seriously underfunded at an average of only four per cent. GHRP coverage in Southern and Eastern Africa (11 per cent) is also significantly below the global average of 20 per cent.

[1] Ukraine.
[2] Includes $385.7 million of funding not yet specified for the GHRP.

Funding per appeal

INTER-AGENCY APPEAL		GHRP REQUIREMENTS	FUNDING	COVERAGE	GHO REQUIREMENTS	FUNDING	COVERAGE
Afghanistan	HRP	**395.7 M**	77.6 M	20%	**1.13 B**	230.1 M	20%
Burkina Faso	HRP	**60.0 M**	25.4 M	41%	**371.6 M**	92.7 M	25%
Burundi	HRP	**36.7 M**	0.9 M	3%	**168.4 M**	27.3 M	16%
Cameroon	HRP	**99.6 M**	14.4 M	15%	**392.4 M**	84.3 M	22%
CAR	HRP	**152.8 M**	21.6 M	14%	**553.6 M**	158.7 M	29%
Chad	HRP	**99.5 M**	9.9 M	10%	**671.8 M**	117.2 M	18%
Colombia	HRP	**303.8 M**	7.7 M	3%	**513.4 M**	26.2 M	5%
DRC	HRP	**287.8 M**	43.2 M	15%	**2.10 B**	292.1 M	14%
Ethiopia	HRP	**506.0 M**	35.7 M	7%	**1.65 B**	377.6 M	23%
Haiti	HRP	**105.0 M**	8.3 M	8%	**424.3 M**	47.0 M	11%
Iraq	HRP	**263.3 M**	35.3 M	13%	**660.7 M**	153.3 M	23%
Libya	HRP	**38.8 M**	8.0 M	21%	**129.8 M**	39.1 M	30%
Mali	HRP	**42.3 M**	18.3 M	43%	**393.2 M**	112.5 M	29%
Myanmar	HRP	**46.0 M**	13.0 M	28%	**262.3 M**	52.3 M	20%
Niger	HRP	**76.6 M**	5.4 M	7%	**509.8 M**	92.0 M	18%
Nigeria	HRP	**242.5 M**	28.1 M	12%	**1.08 B**	159.5 M	15%
oPt	HRP	**42.4 M**	17.0 M	40%	**390.4 M**	145.3 M	37%
Somalia	HRP	**225.6 M**	39.4 M	18%	**1.01 B**	411.3 M	41%
South Sudan	HRP	**217.2 M**	32.2 M	15%	**1.77 B**	528.8 M	30%
Sudan	HRP	**87.5 M**	25.9 M	30%	**1.44 B**	352.8 M	25%
Syria	HRP	**384.2 M**	84.8 M	22%	**3.82 B**	1.03 B	27%
Ukraine	HRP	**47.3 M**	13.4 M	28%	**205.1 M**	31.7 M	15%
Venezuela	HRP	**72.1 M**	15.0 M	21%	**750.0 M**	36.4 M	5%
Yemen	HRP	**179.1 M**	49.1 M	27%	**3.38 B**	558.4 M	17%
Zimbabwe	HRP	**84.9 M**	16.3 M	19%	**800.7 M**	103.1 M	13%
Burundi *Regional*	RRP	**65.4 M**	7.8 M	12%	**275.4 M**	26.6 M	10%
DRC *Regional*	RRP	**155.7 M**	8.0 M	5%	**638.7 M**	21.7 M	3%
Nigeria *Regional* [1]	RRP	**-**	–	–	**–**	–	–
South Sudan *Regional*	RRP	**128.8 M**	7.8 M	6%	**1.34 B**	56.8 M	4%
Syria *Regional* [2]	3RP	**643.8 M**	41.9 M	7%	**6.04 B**	581.8 M	9%
Venezuela *Regional*	RMRP	**438.8 M**	9.9 M	2%	**1.41 B**	219.5 M	16%
Rohingya Crisis [3]	JRP	**117.2 M**	33.4 M	29%	**993.8 M**	360.4 M	36%
DPR Korea	Other	**39.7 M**	1.3 M	3%	**146.7 M**	7.4 M	5%
Benin	COVID	**17.2 M**	–	–	**17.2 M**	–	–
Iran	COVID	**89.5 M**	43.8 M	49%	**89.5 M**	43.8 M	49%
Lebanon	COVID	**94.0 M**	9.4 M	10%	**94.0 M**	9.4 M	10%
Liberia	COVID	**57.0 M**	0.4 M	1%	**57.0 M**	0.4 M	1%
Mozambique	COVID	**68.1 M**	1.5 M	2%	**68.1 M**	1.5 M	2%
Pakistan	COVID	**126.8 M**	26.3 M	21%	**126.8 M**	26.3 M	21%
Philippines	COVID	**96.2 M**	2.8 M	3%	**96.2 M**	2.8 M	3%
Sierra Leone	COVID	**60.5 M**	0.9 M	2%	**60.5 M**	0.9 M	2%
Togo	COVID	**19.4 M**	1.7 M	9%	**19.4 M**	1.7 M	9%
Global Support Services		**1.01 B**	195.8 M	20%	**1.01 B**	195.8 M	20%
TOTAL		**7.32 B**	**1.42 B**	19%	**37.27 B**	**7.38 B**	20%

[1] The requirements for the Nigeria RRP are included in the Cameroon, Chad and Niger HRPs. / [2] Figures as of 26 June. Updates are in progress. / [3] Revised new COVID-19 related requirements, plus total 2020 JRP requirement adjusted to COVID response, will be presented in the July GHRP update

Funding the response: Flexible and unearmarked funding

Since the beginning of the COVID-19 crisis, donors have responded positively to the call for quality, flexible funding in support of pandemic preparedness and response. Funding provided flexibility allowing recipient organisations to use the funds where they are needed most. This is critical in a rapidly changing environment where new hotspots continue to emerge.

The move toward flexible funding is not new and good practice has been established in recent years, and the current situation has the potential to accelerate progress and generate momentum. In February and March, many donors began increasing flexibility of agreements for current and future funding to humanitarian pooled funds, UN agencies and NGOs to move resources from donor capitals to frontline aid groups. Despite this positive trend, progress has been uneven. Five surveyed UN Agencies indicated that on average, only 42 per cent of the funding they received for COVID-19 response between 1 March and 31 May is flexible or softly earmarked. On a positive note, however, 88 per cent of their flexible funds have been used for countries included in the GHRP or to procure and transport essential supplies to GHRP countries.

Some of the examples noted by Agencies of the advantages of flexible funding include:

- Emergency or thematic funds in headquarters could quickly disburse funds for rapid scale-up.
- Unearmarked pledges could be allocated to the field even before the receipt of signed contracts.
- Funding could be allocated to one country and then shift to another as the situation and scale of needs grew and changed.
- Funds could be allocated to the field or implementing partners in as little as two days (although the average during the above-mentioned period was 17 days).

Donors are encouraged to continue providing flexible and multi-year funding for the COVID-response, as well as on-going humanitarian programming. Similarly, first-level recipients of quality funding are encouraged to provide transparency on the use of these funds, the speed at which they are made available to the field offices and partners, and the flexible measures to ensure that funding is cascaded throughout the humanitarian system, including to local and national NGOs. Concrete measures to improve practices and overcome bottlenecks is outlined in the IASC guidance agreed at the end of March to actively promoting more flexible and agile funding arrangements. The guidance along with nine specific commitments has been put in place and UN agencies are meeting regularly with their NGO partners to track progress.

ETHIOPIA
WFP worked with the Government of Ethiopia and customs authorities to establish a new hub inside Addis Ababa's airport from which COVID-19 supplies, equipment and humanitarian workers will be transported by air across Ethiopia and Africa. *WFP/Edward Johnson*

Pooled funds: CERF and CBPFs

POOLED FUNDS ALLOCATIONS (US$)[1]

266M

OF WHICH :
CERF 107 M
CBPFs 160 M

COUNTRIES

45

CERF BENEFICIARIES[2]

63M

OF WHICH :
Men 18 M **Boys** 14 M
Women 18 M **Girls** 13 M

CBPF BENEFICIARIES

41M

OF WHICH :
Men 10.9 M **Boys** 8.4 M
Women 12.4 M **Girls** 8.9 M

NEWS FROM THE POOLED FUNDS

OCHA's pooled funds have overall released around $266 million to 45 countries/contexts[4] since February to fight the COVID-19 outbreak, including $95 million through CERF block-grant allocations (17 per cent of CERF's total allocations in 2020) and $154 million through CBPFs allocations (34 per cent of CBPFs total allocations in 2020 to date); and through reprogramming existing projects, CERF allocated $11.5 million and CBPFs allocated $5.6 million.

The Emergency Relief Coordinator is releasing an additional $25 million from CERF's rapid response window to support frontline responders. This funding will be channelled through IOM to select NGOs' lifesaving responses in six priority countries identified by the ERC (Bangladesh, CAR, Haiti, Libya, South Sudan and Sudan). The funding will support WASH and health programming, including mental health and psychosocial support. This will bring the total amount of CERF funding for COVID-19 to $131.5 million

In June, Humanitarian Coordinators have launched additional allocations from country-based pooled funds in Afghanistan, Jordan, Lebanon, Nigeria, and Ukraine for a total of $21.8 million. By 18 June, CBPFs had effectively disbursed $120 million to partners (77 per cent). OCHA pooled funds provided substantial support to NGOs to kick start lifesaving activities: overall, $86.4 million (around 60 per cent) of CBPFs funds have been channelled to international, national and local NGOs as well as to Red Cross/ Red Crescent national societies.

RESPONDING TO THE CRISIS

Funding provided through OCHA's pooled funds to date will enable humanitarian partners to target over 103.5 million people, 63 million through CERF, who will be reached directly and indirectly, and 40.5 million through CBPFs. CERF and CBPF introduced flexible funding modalities for partners. UN agencies were granted maximum flexibility on where to use the CERF funding, ensuring that the most urgent needs were prioritized. CBPFs introduced flexibility measures for implementing partners in the area of budget and risk management allowing CBPFs to be as agile and flexible as possible while retaining sound accountability and oversight.

OCHA's pooled funds disbursed resources quickly to ensure a time-critical response. By the launch of the GHRP, CERF and CBPFs had released $79.4 million, including $75 million through CERF and $4.4 million through CBPFs in Afghanistan, Jordan, oPt, and Sudan. Overall, CBPFs have completed allocation processes (strategic prioritization, technical and financial reviews, contractual arrangements) within a month, and initiated disbursements within seven days. Thanks to flexible rules, CERF funds covered activities that started already on 3 February.

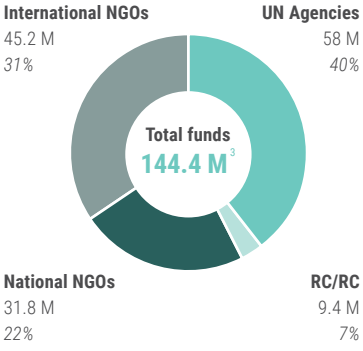
OCHA's pooled funds have supported a broad range of humanitarian partners, including at least nine UN agencies and hundreds of international and national NGOs in at least 43 operational contexts. While the first CBPFs allocations supported UN agencies for the bulk purchase of costly medical and protective equipment in liaison with national health authorities, NGOs have swiftly moved to the centre of the CBPF holistic response to the pandemic.

[1] Includes allocations and reprogramming. / [2] Includes people reached through the direct provision of assistance and indirectly by way of awareness-raising campaigns.
[3] Includes countries that are not targeted by the GHRP, primarily because of CERF reprogrammings. / [4] Figure aligned on PFBI, it includes operations in: 29 countries for CERF alone (plus one CERF global), 14 countries common for CERF and CBPF, 2 countries for CBPFs alone. (NB: CERF Turkey, CBPFs in Syria and Syria Cross-Border are each counted separately).

CBPFs ALLOCATIONS PER PARTNER

NO. PARTNERS
266

NO. PROJECTS
490



CERF ALLOCATIONS PER UN AGENCY

NO. UN AGENCIES
9

UN AGENCY	ALLOCATIONS TOTAL
WFP	40.0 M
WHO	20.0 M
UNICEF	16.0 M
UNHCR	6.9 M
UNDP	3.2 M
UNFPA	3.2 M
FAO	3.0 M
IOM	2.7 M
UN-Habitat	0.05 M

Overall, 60 per cent of CBPFs total funding will be provided to NGOs through direct grants (56 per cent) and sub-granting arrangements (four per cent). 31 per cent ($45.2 million) is allocated to 109 INGOs implementing 242 projects; 22 per cent ($31.8 million) has been allocated to 143 NNGOs implementing 172 projects; and 6.5 per cent ($9.4 million) to four Red Cross/Red Crescent Societies implementing five projects. Of total CERF allocations so far, and excluding the allocations to WFP for logistics and funding for procurement of supplies, nearly $1 in every $3 allocated through CERF will be implemented by partners (approx. $9.5 million in total). This figure will increase with the release of the additional funding for frontline responders.

TOTAL CONTRIBUTIONS TO CERF AND CBPFs

CONTRIBUTIONS (US$)[1]
967.5 M

OF WHICH :
to CERF 408.9 M
to CBPFs 558.6 M

DONORS
50

TOP 10 DONORS	CONTRIBUTIONS TOTAL	CERF	CBPFs
Germany	**166.9 M**	56.6 M	110.3 M
United Kingdom	**134.8 M**	–	134.8 M
Sweden	**133.1 M**	72.8 M	60.2 M
Netherlands	**126.2 M**	78.8 M	47.4 M
Norway	**77.3 M**	50.3 M	27.0 M
Belgium	**72.7 M**	24.3 M	48.4 M
Canada	**50.8 M**	22.5 M	28.3 M
Ireland	**42.3 M**	11.4 M	30.9 M
Denmark	**40.1 M**	25.2 M	14.9 M
Switzerland	**29.4 M**	13.4 M	16.0 M

Pooled fund allocations have been made possible thanks to timely investments of donors since the beginning of the year. Their contributions allowed for substantial resources to be deployed immediately in support of humanitarian action in the context of COVID-19 when and where it was needed most. All listed donors have also made additional pledges and contributions,[2] frontloaded funding planned for future years; or rapidly disbursed resources planned for later in the year.

[1] Includes contributions for non-COVID related programmes
[2] These donors provided additional contributions in the context of COVID-19
[3] Of the total $154 million released, around $10 million corresponds to new allocations for which the breakdown by partner is to be determined following projects reviews.

Story from the field

KHARTOUM, SUDAN
Local partners are carrying out house to house awareness campaigns in Sudan. *Credits: CARE Sudan*

"What we are doing is very important", says Yassir Ibrahim from the local organisation CAFTA in Sudan's Khartoum Sudan. As country-wide cases of COVID-19 have risen to more than 7.500 over the past weeks, CAFTA, one of UNFPA's implementing partners, and many other local organisations have stepped up efforts to help communities keep safe. With urgent funding from CERF, Yassir and his team have travelled across the region with loudspeakers to broadcast health messages and educate others on risks and effective prevention measures. "Many people still do not know how COVID-19 spreads", he explains.

Information campaigns through local partners and networks have also been prioritized by humanitarian partners in DRC. In partnership with local radio stations and community leaders, the NGO COOPI is carrying out awareness campaigns with door-to-door sessions to sensitize communities. "We can fight COVID-19 together, applying all the necessary measures", explains Janvier Nigar from COOPI in Yngala. These efforts are part of an allocation of $10 million from the DRC Humanitarian Fund – of which more than 80 per cent went directly to NGOs.

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 detailed information on contributions and allocations to the COVID-19 crisis, visit pfbi.unocha.org/COVID19.

“A world free of COVID-19 requires the biggest public health effort in global history: data must be shared, resources mobilized and politics set aside.

We are in the fight of our lives.

We are in it together.

And we will come out of it stronger, together.”

António Guterres,
Secretary-General, United Nations