



HRP REVISION RELATED TO COVID-19

Orientation Note

The Covid-19 Global Humanitarian Response Plan (GHRP) was launched on 25th March 2020. It presents financial requirements of 2.01B USD from April to December 2020. **All countries with an ongoing humanitarian response plans and operations were prioritized in the GHRP**, including Humanitarian Response Plans (HRPs), regional Refugee Response Plans (RRPs), the Regional Refugee and Resilience Plan (3RP) for the Syria crisis, the Regional Refugee and Migrant Response Plan (RMRP) for the Venezuela crisis, and the Joint Response Plan for the Rohingya Humanitarian Crisis (JRP), as well as a limited number of other priority countries.

The GHRP will be updated on a monthly basis with the first update due to be released on 1 May 2020. Whereas the first iteration of the GHRP was an aggregation of the Covid-19 related agency specific financial requirements of nine UN organizations (FAO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR, UNICEF, WFP and WHO), future updates of the GHRP will incorporate the revised requirements of all the included response plans. As indicated in the GHRP, *“updates to existing HRPs and RRP should be initiated to ensure that humanitarian organizations are prepared and able to meet the additional humanitarian needs caused by the Coronavirus pandemic”*.

On the 6th of April 2020, OCHA circulated a Guidance Note on “COVID-19 Response Readiness and Humanitarian Response Plan Revision” along with three accompanying documents: The Template for Country Offices, Annex I: Needs and situation monitoring and Annex II: Response monitoring.

The purpose of this note is to guide National Protection Clusters including the Areas of Responsibility during this process, summarizing the key elements of the Guidance Note and providing general recommendations, to ensure the centrality of protection is well reflected throughout the revision of Humanitarian Response Plans (HRPs) or development of specific COVID-19 humanitarian plans.

1. Key Elements from Global Guidance

Relation / alignment between Global and Country-based Plans

The Strategic Preparedness and Response Plan (SPRP)¹ is the global response plan, coordinated by WHO, focused **on direct public health response** to the pandemic in all countries. While the first version of SPRP was built at the global level, the second version will be based on Governments-led country Preparedness and Response plans (country PRP).

In a similar way, the o Global Humanitarian Response Plan (GHRP)² is the global response plan, coordinated by OCHA, for COVID-19 related **health and multisectoral needs of humanitarian populations of concern** in more than 50 most vulnerable countries. While the first iteration of the GHRP was built at the global level, **the April update of the GHRP will be based on country plans**.

To ensure complementarity and alignment between country-specific HRPs and the global plans, HCTs, ICCGs and Clusters are beings asked to update their operations and activities, reprogramming whenever possible, identifying possible new requirements to respond to the first consequences of

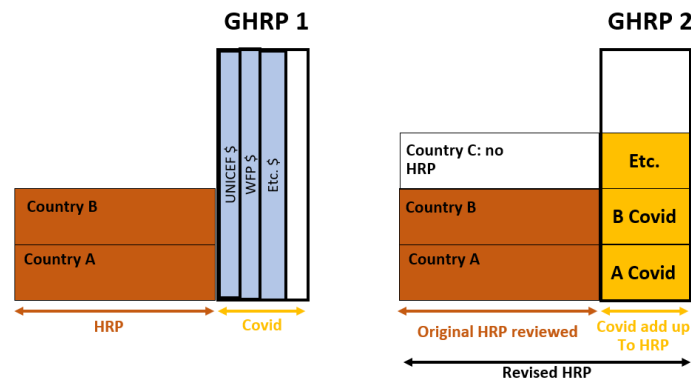
¹ <https://www.who.int/publications-detail/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

² <https://www.humanitarianresponse.info/fr/programme-cycle/space/document/covid-19-global-humanitarian-response-plan>



COVID-19 and preparing for possible outbreaks. This implies an alignment of HRP with the **priorities and objectives agreed under GHRP/SPRP**.

It also implies an alignment in terms of funding, as it is expected that COVID-19 requirements are **integrated** in country-specific HRP, with the GHRP becoming a ‘chapeau’ document aggregating: COVID-19 requirements from HRP + remaining HQ-level + non-HRP-countries (see graph below).



Key elements for HRP Revision process

Revisions should address both readiness and preparedness for possible outbreaks as well as the first consequences of COVID-19 on humanitarian operations. If no COVID-19 cases are yet identified and/or no measures have been taken to contain the pandemic, is recommended to focus on response readiness and preparedness. If COVID-19 cases have been identified and/or measures have been taken to contain the pandemic, focus should be on revising, reprioritizing, repurposing and adapting interventions.

In cases where a **humanitarian population’s vulnerability is significantly affected by COVID-19**, that country’s HRP should be locally adjusted to reflect those additional needs taking into account gendered impacts as well as consideration of age and disability. There are two options for the presentation:

- **Integrated** into existing sections of HRP (inter-sectoral and sectoral chapters), or
- **Addendum** specific for COVID-19 using GHRP country template.³

The recommended 5 key steps are (see section 3 for more detailed guidance on each):

- ✓ Updated risk and needs analysis
- ✓ Response readiness and preparedness
- ✓ Adjusting/revising the HRP
- ✓ Monitoring
- ✓ Calculating additional financial requirements

While the Global Guidance notes there is no need to formally update Humanitarian Needs Overview (HNO), there is a need to conduct / update the risks and needs analysis to inform the revision, re-prioritization and adaptation of the current HRP (see section 3).

³ Some countries have developed already specific multi-sectoral humanitarian response plans for COVID-19, including: [Afghanistan](#), [oPt](#), [Ukraine](#).



Timeline

While the Global Guidance **does not set a deadline for HRP revisions**, country teams must submit their updates and financial requirements for the next GHRP **by Friday 17 April**. Country teams can still work on their HRP revision beyond this date as decided by their leadership (HC/HCT) in the local context. The critical dates in April are as follows:

- **17 April Country Office sends to OCHA the country updates**
- **21 April Agency EDGs sends to OCHA update inputs**
- **23 April OCHA sends draft GHRP revision to EDG for comments**
- **25 April Agency EDGs send comments to OCHA**
- **29 April Agency EDGs send redline comments to OCHA**
- **1 May OCHA publish final GHRP April update**

In the future, to be reflected in the GHRP, adjustments are expected to be completed two weeks before the publication of the next iteration (first day of each month).

Specific challenges for field clusters

While the desired alignment between global and country-specific plans is welcomed, we understand that some operations have or are currently engaged in different inter-agency planning and reporting processes including preparation of contingency plans, development of specific COVID-19 plans and/or revision of HRPs. And now this will include contributions from country teams and clusters to the monthly updates of the Global HRP.

While we will advocate and work for greater clarity and guidance at the global level on how these different processes should be aligned/merged, to avoid further confusion and adding additional workload to the field given current challenges, it is critical for clusters to discuss within ICCGs / UNCTs to ensure clarity and definition on the processes that will be chosen in the country and its timeframes.

Specifically, more clarity is needed on whether a revised HRP is expected for most operations or whether developing a specific COVID-19 plan as annex or addendum would be the preferred way, as we understand is happening in several operations. This is also related to the fact the mid-term HRP revision can overlap very soon with these processes and add further confusion.

We call upon field clusters to communicate any challenges or doubts to ensure timely support.

2. Key Messages for Protection Clusters & AORs Coordinators and Co-Coordinators

- Whether country teams decide for a revision of the current HRP or the development of specific COVID-19 humanitarian plans, National Protection Cluster and AoR Coordinators and Co-coordinators should actively engage in the process to ensure holistic protection analysis as well as integrated programming.
- Organize virtual meetings with SAG / cluster partners to explain the process, compile protection information, data and analysis related to critical protection gaps and risks faced by populations of concern.
- Discuss and agree on the priority geographic areas and specific vulnerable groups based on needs and risks analysis. Ensuring inclusivity through disaggregating / identifying the differential impacts of the situation on diverse groups of people (i.e. gender, age, disability and other diversity characteristics) (*see next section*).



- Discuss and agree priorities for the response to efficiently address ongoing protection risks exacerbated by COVID-19 situation or new protection risks identified, taking into account capacity analysis and operational constraints (*see next section*).
- Advocate that the inter-sectoral humanitarian response considers the specific needs of people at higher protection risks and does not expose vulnerable population groups to additional protection risks.
- Collaborate with other clusters to define what multisector package of services should be provided and by whom, including by sharing protection needs and risks analysis as well as considering other sectors information into your own analysis (particularly health related impacts, priority areas and vulnerable groups).
- Engage in the formulating / revision of results-based strategic objectives based on the affected population priorities, ensuring access to rights and protection are prioritized.
- Advocate for the inclusion of protection indicators in the needs/situation and response monitoring frameworks that allow for better analysis of the evolving situation and the outcomes (*see below*).
- Ensure the FTS module systematically includes the specific requirements of AORs involved in the response plan to allow for information breakdown by AoR (i.e. contributions towards CP, GBV, HLP or MA AORs).

Please also consult [GPC Operational Advisory Note](#) ; [GPC Protection Advocacy Note](#) and [CP NIAF for COVID-19 guidance](#) for additional guidance on Response and Preparedness Measure on COVID-19.

3. Key Steps for revision / development of HRPs for COVID-19

Risk and Needs Analysis

While the Global Guidance notes there is no need to formally update Humanitarian Needs Overview (HNO), there is a need to conduct / update the risks and needs analysis to inform the revision, re-prioritization and adaptation of the current HRP. Such analysis should involve:

- **Distinguish** between health and non-health impacts (GHRP Strategic Priority (SP) 1 versus SP 2 and 3, the latter focusing on Protection).
- Examine impact on the **vulnerable groups** identified in the HNO, as well as the need to consider **new groups/caseloads** disproportionately impacted by COVID-19;
- Analyze current and future impact on **humanitarian operations** (including on access, service delivery, among others)

To facilitate this analysis and the strategic decision-making that clusters and AORs will undertake, the GPC & AORs recommend operations to focus on a **context-based** analysis of available data and collaboration with other sectors for a solid protection analysis (both general and AOR-Specific), considering also the tight deadlines and challenges on collecting primary data under current constraints.

This analysis and decision-making process can be guided by the following guiding questions:

- ✓ *Whether or not to respond:* Is the country able to fully respond to the crisis or should protection clusters and AORs complement?
- ✓ *Defining the aim and strategy of the response:* What are the main protection issues that the cluster and AORs are aiming at changing in this context and with current /forecast limitations?



- ✓ *Priority Geographical Areas:* Where should the cluster and AORs focus their members response?
- ✓ *Priority Groups:* What population groups should be included in the response (IDPs, refugees, returnees, vulnerable resident population, host community, etc.)? What sub-groups among them are at higher risk (older people, women, children, persons with disabilities, etc.)?
- ✓ *Priority responses:* Which are the main concerns and risks of persons and specific groups affected by COVID-19? How can the protection cluster and AORs define the priority planning and response in order to efficiently address those risks?
- ✓ *Population Targeted:* How many people should the response target?

Likewise, a set of 4 main steps can be followed to conduct the context-based analysis, and help to effectively define priority geographical areas, considering the COVID-19 spread and impact across each country, priority groups, priority risks and target population.

- **Step 1: Context analysis for geographical prioritization in COVID-19 most affected areas**
 - ✓ This step will help to identify the areas where the virus is spread the most and/or has the largest impact.
 - ✓ Indicators used for this step are those often used by the Strategic Coordination actors/groups (e.g. HCT, National Governments, MoH, WHO) to prioritize areas and organize the response.
 - ✓ In those responses where such prioritization already exists and is shared, protection cluster and AORs will utilize it, without duplicating the efforts and the analysis.
 - ✓ In countries where such prioritization does not already exist, the protection cluster and the AORs can develop a list of priority areas for response using available indicators and sources.
- **Step 2: Population groups in COVID-19 most affected areas**
 - ✓ During this step, the protection cluster and the AORs can take into consideration and include in the analysis the pre-existing vulnerable groups (IDPs, refugees, returnees, vulnerable resident population, host community, etc.) and sub-groups (older people, women, children, persons with disabilities, etc.) living in the priority geographical areas.
 - ✓ Indicators may need to be adjusted in non-humanitarian contexts including most vulnerable population groups relevant to the context.
- **Step 3: Context analysis in COVID-19 most affected areas**
 - ✓ During this step, protection cluster and AORs identify and consider pre-existing levels of vulnerability across the population.
 - ✓ Such vulnerabilities will likely increase during the COVID-19 pandemic and containment measures.
 - ✓ Limitations to access to goods and services, including access limitations to humanitarian assistance, will likely impact these vulnerabilities.
- **Step 4: Protection specific analysis in COVID-19 most affected areas**
 - ✓ During this step, protection cluster and AORs identify and describe (profiles) general and specific risks and impact on affected population. If in a particular country, you have identified more or different indicators on specific risks and impact, include them.
 - ✓ This should include pre-existing protection risks and new risks related to COVID-19.
 - ✓ This understanding of the context of each priority area from the protection cluster and AOR perspective will allow to define a response strategy. Priority interventions will be designed on the basis of this “profile” of protection risks and impact specific to each priority geographical area.
 - ✓ This step also prepares the ground for defining People in Need (PiN) and the Targeted population

The Global CP AOR has developed a **Needs Identification and Analysis Framework (NIAF) guidance and tools for COVID-19**, which can be consulted for more detailed guidance, including annexes with a



recommended **list of indicators for context-based analysis**. The GPC and AORs will work in the following days to complement and expand this list of suggested indicators.

Response Readiness and Preparedness

Adjustment to HRP should integrate response readiness and preparedness for possible outbreaks of COVID-19 and its impact on humanitarian operations. This should involve: (1) **prioritizing** humanitarian interventions (based on context-based analysis of needs and risks); (2) review **cluster capacity** to deliver prioritized and time-critical interventions; (3) identify with partners **preparedness actions** to fill readiness gaps.

As indicated in the [GPC Operational Advisory Note](#), cluster and AORs are recommended to take the following actions to ensure business continuity:

- **Prepare/update business continuity plans** adopting alternative modes of working modalities including teleworking arrangements, in line with WHO guidelines to prevent and mitigate the spread of the virus. Increase skills and capacities of protection actors to work remotely through tools and trainings, webinars and online tutorial and set up a country dropbox to facilitate sharing of information between members of the cluster.
- **Prepare a contingency plan** and other preparedness measures to ensure continuity of critical protection services. Identify operational solutions to switch to remote delivery as well as adapt relevant SOPs. Ensure contact list of critical protection actors are up to date. This list can include: I) protection service providers; ii) community focal points; iii) key governments and local authorities; etc.).
- **Ensure negotiation on humanitarian access** is taking place to enable partners to continue the delivery of critical humanitarian assistance and protection services, while I) avoiding unnecessary movements and observing social distancing, ii) ensuring the health and safety of members of the cluster through the provision of hygiene kits, hand gels, additional soap and protective equipment, and iii) ensuring the security of staff through security assessment and prevention measures against stigmatization, xenophobia and scapegoating.

Revise / Adjust HRP Priorities and Interventions

In cases where a **humanitarian population's vulnerability is significantly affected by COVID-19**, the HRP should be locally adjusted to reflect those additional needs, align to the priorities and objectives of global plans (for GHRP in particular see objectives and response priorities under Strategic Priority 3). This process includes taking decisions on: (1) **reprioritizing** activities (including putting some on hold); (2) **adapting** existing activities; (3) **new interventions** related to COVID-19.

Programmatic decision-making can focus on the following guiding questions:

- ✓ *What sub-groups should be prioritized as now more at risk or more impacted by incidents without sufficient support?*
- ✓ *How to modify current modalities for 1) delivery of basic goods, 2) risk prevention services, 3) services for survivors of maltreatment, GBV, mine-ordinance, mental health and psychosocial distress, child labour, child abuse?*
- ✓ *What activities to suspend, due to the risk of infection and the containment measures?*
- ✓ *Where activities can continue, have to change or be suspended?*
- ✓ *What existing community-based coping and risk prevention mechanisms and actors to support and how?*
- ✓ *How many persons will be targeted by protection cluster and AORs in the planning period?*



- ✓ Which actors can help with the analysis of the current context, adaptation of interventions and planning process (including local partners)?
- ✓ Which actors will respond (including local partners)?
- ✓ What is the amount of money, time and human resources that will be allocated for the response?
- ✓ Changing the response on the basis of new evidence, also outside the current funding cycle
- ✓ When the protection cluster and AORs involvement on COVID-19 response should end, and what exit strategy to implement?

See examples on program criticality criteria from the [Iraq Protection Cluster](#) and the [Libya Protection Sector](#)

Revise / Adjust Financial Requirements

Whether making adjustments directly in an HRP or preparing an addendum to the HRP, the Global Guidance request country teams to use the **same costing methodology** as was used for the 2020 HRP:

- ✓ **Activity-based:** adjust financial requirements of current non-COVID-19 activities + calculate requirements of new COVID-19 activities
- ✓ **Project-based:** carry out re-prioritization of current projects (adjust or withdraw as needed) + register new projects related to COVID-19 + carry out usual project approval process

Requirements should distinguish the additional COVID-19 requirements from non-COVID-19 requirements as far as possible, and should represent gross requirements (i.e. without subtracting funding already secured).

Revise / Adjust Monitoring Frameworks

Revise current needs and response indicators and add COVID-19 related ones, taking into account those agreed at global level. For response monitoring, COVID-19 related indicators will be reported separately in the GHRP.

HNO indicators should continue to be used and adapted for the new context (additional vulnerable groups, locations, main issues). The Annex I of the Global Guidance Annex contains the indicators that will be used to monitor at a global level and that should be used as reference for revised HRPs (operations will be asked to report on this for the global appeal monitoring). However, GPC and AORs have recommended that protection indicators should be included in this list, suggesting the following ones:

- ✓ or % monitored sites/communities reporting protection incidents / threats
- ✓ # of incidents of discrimination and stigmatization
- ✓ # of protection related referral systems operational in areas of high incidence of COVID-19 areas.
- ✓ # number of GBV services accessible to survivors in areas with COVID 19 (*already included*)
- ✓ # number of operational remote protection services such as hotlines, case management and PSS

Likewise, HRP indicators should continue to be used and adapted as needed to the new context (some indicators may be removed and others added in the case of broad changes to the HRP). The Annex II of the Global Guidance Annex contains the indicators that will be used to monitor at a global level and that should be used as reference for revised HRPs (countries will be asked to report on this for the global appeal monitoring), including those under Strategic Priority 3 (protection).



As much as possible, indicator data must be collected disaggregated by sex, age disability, and also for specific vulnerable groups (i.e. IDPs, refugees, host communities), to measure the impact on key vulnerable / marginalized groups.

[Advice on specific types of monitoring:](#)

○ **Assistance Tracking**

Operations must report on the indicator, *“Number of refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic that receive COVID-19 assistance.”* Operations will need to report separately on beneficiaries assisted as part of the COVID-19 response in order to provide accountability to donors for COVID-19 earmarked funding. It is therefore recommended that all assistance monitoring systems can tag assistance activities as “COVID-19 related” or “Non-COVID-19 related”. Assistance is defined broadly, ranging, for example, from material assistance such as CBIs, Food and NFIs, to services such as skills training and psychosocial counselling and beyond. All partners involved in assistance tracking should be informed of this requirement so they can modify their own assistance tracking systems accordingly.

○ **Service Tracking**

Operations will need to monitor the *“Proportion of population with access to safe, functional and non-infected essential services”*. Clusters should each agree on what constitutes “essential services” for their sectoral area in order to collaborate on monitoring access. Existing access monitoring systems may need to be modified to include confirmation that the service is “non-infected”.

[Who Does What Where \(3W\)](#)

Activities that are COVID-19 related will need to be reported on, depending on the purpose, either separately from or combined with non-COVID-19 related activities. It is therefore recommended that Clusters add an attribute to their existing 3W matrices and databases to tag activities as “COVID-19 related” or “Non-COVID-19 related” in order to fulfill this reporting requirement. We do not recommend establishing or carry out separate 3Ws.

Annexes

[OCHA Guidance Note and Annexes](#)

[GHRP Country Updates Template](#)

[OCHA HRP Revision Questions and Answers](#)

[OCHA COVID-19 and HPC Guidance Presentation](#)