INTER-AGENCY HUMANITARIAN EVALUATION

Learning Paper

# INTER-AGENCY HUMANITARIAN EVALUATION: COVID-19 Global Humanitarian Response Plan

2022


# COVID-19 GLOBAL HUMANITARIAN RESPONSE PLAN


## Management and implementation of the evaluation

The evaluation was commissioned and funded by the Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG), an associated body of the Inter-Agency Standing Committee (IASC). The KonTerra Group and Itad Ltd. were contracted to conduct the evaluation.

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## Acronyms

| | |
|---|---|
| CBPF | Country-Based Pooled Fund |
| CERF | Central Emergency Response Fund |
| EDG | Emergency Directors Group |
| EQ | Evaluation Question |
| ER | Evaluation Report |
| ERC | Emergency Relief Coordinator |
| FAO | Food and Agricultural Organization of the United Nations |
| FTS | Financial Tracking Service |
| GBV | Gender-based Violence |
| GHO | Global Humanitarian Overview |
| GHRP | Global Humanitarian Response Plan |
| HC | Humanitarian Coordinator |
| HCT | Humanitarian Country Team |
| HPC | Humanitarian Program Cycle |
| HRP | Humanitarian Response Plan |
| IAHE | Inter-Agency Humanitarian Evaluation |
| IASC | Inter-Agency Standing Committee |
| ICVA | International Council of Voluntary Agencies |
| INGO | International Non-Governmental Organization |
| IOM | International Organization for Migration |
| KII | Key Informant Interview |
| LNGO | Local Non-Governmental Organization |
| NGO | Non-Governmental Organization |
| NNGO | National Non-Governmental Organization |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| OPAG | Operational Policy and Advocacy Group |
| PiN | People in Need |
| RC | Resident Coordinator |
| RMRP | Refugee and Migrant Response Plan |
| RRP | Refugee Response Plan |
| SCHR | Steering Committee for Humanitarian Response |
| SERP | Socio-economic response and recovery plan |
| SPRP | Strategic Preparedness and Response Plan |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UN-Habitat | United Nations Human Settlements Programme |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| WFP | World Food Programme |
| WHO | World Health Organization |

# Glossary of terms

| | |
|---|---|
| COVID-19 Strategic Preparedness and Response Plan (SPRP) | This strategic preparedness and response plan outlines the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to COVID-19. The document takes what we have learned so far about the virus and translates that knowledge into strategic action that can guide the efforts of all national and international partners when developing context-specific national and regional operational plans.[i] |
| Global Humanitarian Response Plan | The COVID-19 Global HRP is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGOs with a humanitarian mandate, to analyze and respond to the direct public health and indirect immediate humanitarian consequences of the pandemic, particularly on people in countries already facing other crises.[ii] |
| Inter-Agency Humanitarian Evaluation | An Inter-Agency Humanitarian Evaluation (IAHE) is an independent assessment of results of the collective humanitarian response by member organizations of the IASC. IAHEs evaluate the extent to which planned collective results have been achieved and how humanitarian reform efforts have contributed to that achievement.[iii] |
| Inter-Agency Standing Committee | Created by United Nations General Assembly resolution 46/182 in 1991, the Inter-Agency Standing Committee (IASC) is the longest-standing and highest-level humanitarian coordination forum of the United Nations system. It brings together the executive heads of 18 organizations to formulate policy, set strategic priorities and mobilize resources in response to humanitarian crises. With members from within and outside the United Nations, the IASC strengthens collective humanitarian action through the implementation of a coherent, unified response. Towards that end, the IASC advocates for common humanitarian principles and makes strategic, policy and operational decisions with a direct bearing on humanitarian operations on the ground. The IASC is chaired by the Emergency Relief Coordinator (ERC).[iv] |
| Secretary-General's Call for Solidarity | On 23 March 2020, Secretary-General António Guterres issued an urgent appeal for a global ceasefire in all corners of the world to focus together on the true fight – defeating COVID-19. He repeated the call at the start of the 75th UN General Assembly session in September. |
| System-wide Scale-up activation | The IASC Humanitarian System-Wide Scale-Up Protocols are a set of internal measures designed to enhance the humanitarian response in view of increasing humanitarian needs and to ensure that IASC member organizations and partners can rapidly mobilize the necessary operational capacities and resources to respond to critical humanitarian needs on the ground. This exceptional measure is applied for a time-bound period of up to six months (which can be exceptionally extended by another 3 months).[v] |
| The UN Framework for the Immediate Socio-Economic Response to COVID-19 | This report sets out the framework for the United Nations' urgent socio-economic support to countries and societies in the face of COVID-19, putting in practice the UN Secretary-General's Shared Responsibility, Global Solidarity report on the same subject. It is one of three critical components of the UN's efforts to save lives, protect people, and rebuild better, alongside the health response, led by the World Health Organization (WHO), and the humanitarian response, as detailed in the UN-led COVID19 Global Humanitarian Response Plan.[vi] |

[i] https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus.
[ii] United Nations (2020) Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.
[iii] https://interagencystandingcommittee.org/inter-agency-humanitarian-evaluations.
[iv] https://interagencystandingcommittee.org/the-inter-agency-standing-committee.
[v] https://interagencystandingcommittee.org/humanitarian-system-wide-scale-activation.
[vi] United Nations (2020) A UN Framework for the Immediate Socio-Economic Response to COVID-19, April 2020.

# 1 Introduction

This section outlines the purpose of the learning paper in the context of the broader evaluation and summarizes the structure of the document. It also sets out the scope of the learning paper, including clarifying areas that fall outside its scope, and describes the methodological approach used to gather data and analyze findings.

## 1.1 Purpose of the evaluation

1. The Inter-Agency Humanitarian Evaluation (IAHE) of the COVID-19 Humanitarian Response seeks to assess the collective preparedness and response of the Inter-Agency Standing Committee (IASC) member agencies at the global, regional, and country level in meeting the humanitarian needs of people in the context of the COVID-19 pandemic. It has three objectives:

   - Determine the extent to which the IASC member agencies' collective preparedness and response actions, including its existing and adapted special measures, were relevant to addressing humanitarian needs in the context of the pandemic.
   - Assess the results achieved from these actions at the global, regional and country level in support of people, and with governments and local actors.
   - Identify best practices, opportunities and lessons learnt that will help to improve ongoing and future humanitarian responses, including through wider and accelerated adaptation of certain humanitarian policies, approaches, and practices.

## 1.2 Purpose of the Learning Paper

2. The ToR for the evaluation proposed a series of learning papers, the topics of which were to be selected during the inception phase. The Global Humanitarian Response Plan (GHRP) Learning Paper is the first of these learning papers and meets the third objective of the evaluation, that of learning. It is intended to inform future humanitarian policy and practice, specifically the development of any dedicated, ad-hoc GHRPs that may be considered in response to future global emergencies.

3. In July 2020, the IASC Principals tasked the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) with leading and sharing "*lessons learned from the GHRP process that can be applied to and strengthen the annual the development of the 2021 GHO*".[1] Thereafter, OCHA conducted a light lesson learning exercise, which concluded in October 2020. This learning paper builds on the OCHA-led exercise and the findings and recommendations that were documented during that process.

## 1.3 Structure of the Learning Paper

4. The GHRP Learning Paper is structured as follows:

   - Section 1 briefly outlines the purpose and content of the document.
   - Section 2 explains the scope of the Learning Paper, including what falls outside the scope of the document, and describes the approach and methodology used.
   - Section 3 provides background and context on the GHRP process.
   - Section 4 summarizes the main findings of the Learning Paper.
   - Section 5 offers partial conclusions from the GHRP process.

[1] IASC (2020), IASC Principals Ad-hoc Meeting on the COVID-19 Response, Summary Record and Action Points, New York, 27 July 2020.

- Section 6 sets out issues for consideration in the development of plans to respond to future global emergencies.

## 1.4 Scope

5. The Learning Paper seeks to answer the following main questions:

   - How beneficial was the GHRP process as a new approach for collectively responding to the demands of a global crisis?
   - To what extent did the GHRP process facilitate an inclusive and well-coordinated response?

6. The timeframe covered by this Learning Paper is largely limited to the lifespan of the COVID-19 GHRP, which was first issued in March 2020, followed by two subsequent iterations in May and July 2020, covering the period up to the end of December 2020.[2] Some consideration was given to the question of preparedness, which required looking at the period immediately prior to the launch of the GHRP; and monitoring and reporting on the GHRP continued up to February 2021 when the final progress report on the GHRP was issued.[3] From January 2021 onwards, the effects of COVID-19 and the IASC response were integrated into country-specific Humanitarian Response Plans (HRPs), Refugee Response Plans (RRPs) and other country-level plans. These appeals covering 2021 onwards are outside the scope of this Learning Paper.

7. The Learning Paper does not comment on implementation of the GHRP or its results.[4] Similarly, while the Learning Paper looks at the links between the GHRP and related plans for health and socio-economic recovery during the time that they were developed, it does not go into detail on synergies in how they were implemented or resourced, since this will be covered as part of the broader evaluation. The GHRP Learning Paper will not be updated at a later stage of the evaluation as it is a contribution to the final Evaluation Report, which will go into greater detail on these and other areas and bring in other sources of evidence, including from the country case-studies.

## 1.5 Approach and methodology

8. The structure of this Learning Paper and the questions that informed it are consistent with the overall evaluation questions (EQs) in the evaluation matrix, which can be summarized as follows:

**Table 1: Evaluation Questions**

| EQ | Details |
|---|---|
| EQ1 | **Preparedness**: Relevance of measures and contribution to timely and appropriate response |
| EQ2 | **Coordination and information management**: Support to coherent response and collective decision-making |
| EQ3 | **Needs assessment and analysis**: How assessments were conducted and used |
| EQ4 | **Strategic planning**: Link to national priorities |
| EQ5 | **Resource mobilization and allocation**: Timeliness, flexibility and adequacy of funds raised and efficiency of allocation |
| EQ6.1 | **Collective response mechanisms**: Added value and support to country teams |
| EQ6.2 | **Humanitarian-development-peace nexus**: Coherence and complementarity to address multiple effects of pandemic |
| EQ6.3 | **Localization**: Ensuring complementarity and participation |

[2] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020.
[3] UN OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021.
[4] Evaluation Question 6.5 on results is not covered in this Learning Paper.

| | |
|---|---|
| EQ6.4 | **Adaptive capacity**: Adaptability of decision-making and response, including through the use of monitoring data |
| EQ6.5 | **Results**: Extent to which humanitarian needs addressed (not covered in the Learning Paper) |
| EQ7 | **Lessons learned**: Challenges and opportunities to improve future humanitarian responses (lessons learned are integrated throughout this Learning Paper) |

9. These questions were used to prepare a short overview of the approach and structure for the Learning Paper and a guide for the data collection process (see Annex 1).[5]

10. A light, mixed-methods approach was used to gather evidence for the Learning Paper, which included:

11. Document and literature review, primarily focused on GHRP documentation, but also drawing on a wide library of documents in the process of being compiled for the IAHE. A bibliography of the main documents used to inform the Learning Paper can be found in Annex 2.

12. Data review, predominantly drawn from UN OCHA's Financial Tracking Service (FTS) for financial data related to the GHRP, as well as GHRP monitoring and reporting data. The evaluation also reviewed data analytical products and platforms that were used to inform collective humanitarian preparedness and response to COVID-19.

13. Semi-structured key informant interviews (KII), a list of which can be found in Annex 3. The list distinguishes between key informants interviewed about the GHRP process specifically, and other key informants for the evaluation more broadly. For the latter, questions on the GHRP process were folded into more comprehensive interviews during the Inception Phase of the evaluation.

14. Table 2 summarizes the number of documents reviewed and key informants interviewed during the data collection process for this Learning Paper.

**Table 2: GHRP Learning Paper - data collection summary**

| Data source | Details |
|---|---|
| Documents | The evaluation team carried out a review of key documentation which drew from a repository of 918 documents. Of these, 26 documents are referenced in this report |
| Data | OCHA FTS data. |
| Key informants | 48 key informants interviewed: 28 UN personnel, 9 NGO representatives, 3 donor representatives, 8 others.<br>26 key informants interviewed on the GHRP process specifically: 22 key informants were interviewed as part of the wider IAHE inception phase.<br>21 key informants were female; 27 key informants were male. |

## 1.6 Limitations

15. The Learning Paper was developed in response to interest expressed the Evaluation Management Group to learn lessons from the GHRP process at an early stage in the evaluation.[6] Data gathering took place during the inception period of the evaluation and was restricted to a limited set of stakeholders, predominantly comprised of key informants at global level.[7] It does not reflect the perspectives of IASC

[5] The overview document was shared, reviewed and endorsed by the Evaluation Management Group.
[6] A second Learning Paper will be developed later in the evaluation process, the subject of which will be proposed in the inception report, based on discussions during the inception and pilot phase.
[7] Not all of the key informants contacted for interviews responded or were able to participate in interviews due to other priorities (notably responding to the emergency in Ukraine towards the latter end of the consultation process). This means that not all views are represented and some key issues are only touched on lightly.

organizations working at the country level or make any attempt to bring in the perspectives of affected communities targeted by the GHRP. These important stakeholder groups will be prioritized during the country case-studies for the evaluation.

16. While the evaluation team drew on a reasonably wide library of documents related to the GHRP, due to the dynamic nature of the COVID-19 pandemic and the speed at which decisions were taken, not all key moments in the collective response were well-documented. As a mitigation measure, the evaluation team maximized KIIs to fill information gaps and relied on anecdotal evidence in some instances where documentation was missing. The short time period for the drafting of the Learning Paper meant that the documentation review had to be purposive in its focus. Given these limitations, this paper makes a best effort to synthesize available information at the time of writing in order to pave the way for additional data collection and analysis which will be summarized in the Evaluation Report.

# 2 Background and context

This section outlines the background to the development of the GHRP and includes a chronology of successive iterations of the GHRP.

## 2.1 Background

17. In 2020, the COVID-19 pandemic triggered an unprecedented global crisis. In addition to the direct health impacts, it quickly became clear that the related socio-economic crisis would push more people into poverty and place tremendous strain on already overburdened social and health services, threatening to reverse hard-won development gains. Countries across the world were affected by COVID-19. However, the pandemic highlighted global inequalities whereby lower-income countries or specific population groups were and continue to be disproportionately affected, exacerbating existing vulnerabilities. The same travel and movement restrictions aimed at containing COVID-19 only exacerbated the secondary effects of the pandemic.

18. The pandemic is estimated to have pushed 97 million more people into poverty during 2020 and 2021.[8] Among other impacts, COVID-19 and its related restrictions drastically increased food insecurity, disrupted livelihoods, and supply chains, caused a huge spike in incidences of gender-based violence, forced the closure of schools and safe spaces, and disrupted essential services, including protection services. These effects were particularly serious for people living in settings affected by humanitarian crises prior to and during the pandemic, where COVID-19 added to a spectrum of crises – related to conflict, climate change, social and economic crises – already affecting the health, livelihoods and security of vulnerable populations.

19. On 25 March 2020, just two weeks after the World Health Organization (WHO) declared a global pandemic, the IASC launched the GHRP – the humanitarian community's first ever event-specific global appeal.[9] OCHA coordinated the GHRP to address the immediate humanitarian consequences of the pandemic, with an initial financial request of US$2.01 billion to respond to urgent humanitarian needs in 54 countries between April to December 2020. The GHRP brought together inputs from WFP, WHO, IOM, UNDP, UNFPA,

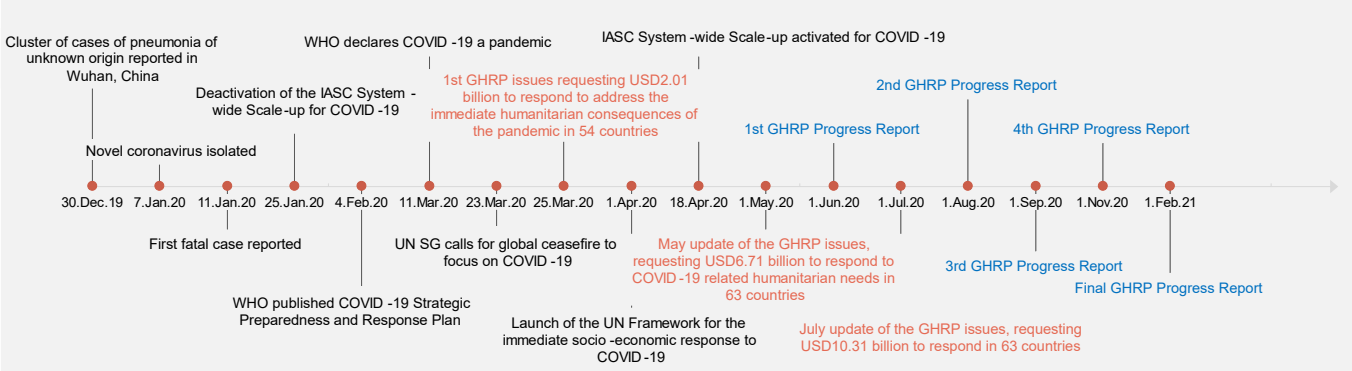
[8] World Bank (2021), Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021? Blog published 24 June 2021: https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021.

[9] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.

UN-Habitat, UNHCR, UNICEF and NGOs,[10] and complemented other plans developed by the International Red Cross and Red Crescent Movement.

20. As the situation evolved, and as the full scale of the pandemic's humanitarian impact began to emerge, the GHRP was revised. The second iteration of the GHRP, published in May 2020, requested $6.71 billion to respond in an expanded set of 63 countries, with additional countries added to an 'at risk and to watch list';[11] and the third and final iteration of the GHRP, issued in July 2020, requested $10.3 billion for the same set of countries, with some changes to the 'at risk and to watch list'.[12,13] The full list of countries covered by the GHRP can be found in Annex 4 and Figure 1 shows the timeline of the evolution of the GHRP.

**Figure 1: COVID-19 GHRP timeline**




Source: WHO, UN, UNDP, OCHA, IASC

21. Throughout its various iterations, the GHRP remained focused on the immediate humanitarian needs caused by the pandemic and related short-term responses. It did not attempt to cover the full spectrum of pre-existing needs and responses in GHRP countries, which continued to be encapsulated in existing Humanitarian Response Plans (HRPs), Refugee Response Plans (RRPs) or other humanitarian plans where they existed. These plans were updated during the year to incorporate COVID-19 and adjusted non-COVID-19-related needs and financial requirements.

22. The GHRP should also be considered in the context of other UN and partner COVID-19 response and recovery plans. Specifically, it should be viewed alongside WHO's Strategic Preparedness and Response Plan (SPRP), which was issued on 4 February 2020,[14] and the UN Framework for the immediate response to COVID-19, published on behalf of the UN Secretary General in April 2020.[15] There was considerable and deliberate overlap between the GHRP and these other coordinated plans and frameworks, which is covered in some detail in section 3.7 of this Paper.

[10] The names of NGOs that contributed to the March 2020 GHRP are not specified within the document.
[11] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP May Update.
[12] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP July Update.
[13] The financial requirements for the GHRP were revised downwards to $9.5 billion after the July 2020 update of the GHRP.
[14] WHO (2020), 2019 Novel Coronavirus (2019 n-Cov): Strategic Preparedness and Response Plan, 4 February 2020.
[15] UN (2020), UN Framework for the immediate response to COVID-19, April 2020.

# 3 Findings

This section provides an overview of the findings of the Learning Paper organized under each of the themes of the evaluation questions. Key messages are summarized in bold at the start of each sub-section.

## 3.1 Preparedness

**Preparedness efforts existed but did not prepare IASC members to embark on a collaborative process like the GHRP. The scope and ambition of the GHRP were without precedent and it was developed without the benefit of prior experience.**

23. This Learning Paper focuses on preparedness in relation to planning, not on preparedness for operational response, although it is noteworthy that the majority of interviewees felt that the humanitarian community was not adequately prepared for an event like COVID-19. Learning from previous outbreaks of infectious disease, such as the Ebola Virus Disease, had improved the overall fluency of humanitarian stakeholders in understanding and responding to public health emergencies. The IASC *Humanitarian System-wide Scale-up Activation, Protocol for the Control of Infectious Disease Events*,[16] agreed in April 2019, outlined the basic procedures for assessment and Scale-up activation and deactivation, including the launch of a "*full Strategic/Humanitarian Response Plan*" and a "*revised Appeal*" within 21 days of the activation. While important elements of preparedness for collective planning existed, interviewees indicated that they were insufficient to prepare IASC members to embark on a collaborative process such as the GHRP.

24. There was no precedent for the GHRP and no pre-prepared model or template to work with. Regional Refugee Response Plans (RRPs)[17] and Refugee and Migrant Response Plans (RMRPs)[18] provided IASC organizations with some experience of working collectively across borders, but only in the case of refugee or mixed refugee-migrant situations. The Global Humanitarian Overview (GHO) is compiled by OCHA on an annual basis and bears some similarities to the GHRP in terms of presentation. However, rather than focusing attention on one specific event or emergency, the GHO aggregates the needs, priorities, and financial requirements of Humanitarian Response Plans (HRPs) and focuses attention on global trends across countries and regions that require concerted action. In terms of process, the GHO is developed in slower time with more opportunities for exchange between country, regional and global levels.

25. As a consequence, the GHRP was the first event-specific humanitarian global appeal. The global nature of its remit went significantly beyond the GHO – covering countries with existing or multi-country/subregional response plans as well as non-appeal countries that had requested international assistance – and it was developed in a significantly shorter timeframe. As such, its scope and level of ambition were without precedent, and it was developed without the benefit of previous experience.

[16] IASC (2019), Standard Operating Procedures. Humanitarian System-wide Scale-up Activation, Protocol for the Control of Infectious Disease Events, April 2019.
[17] Such as the Syria Refugee Response and Resilience Plan (3RP), which first issued in 2015.
[18] Such as the Regional Refugee and Migrant Response Plan (for Refugees and Migrants from Venezuela).

## 3.2 Coordination and information management

The IASC rose to the challenge of rapidly presenting a coherent, collective response plan within the GHRP, with strong support from OCHA in particular. Prior investments in strengthening the IASC had solidified relationships between IASC members and improved the quality and rigor of its work, positioning the IASC well going into the COVID-19 response. Important questions remain about the global nature of the main IASC bodies and processes and the lack of obvious channels for bottom-up inputs into the GHRP. Orientation of the initial plan which focused on UN agencies rather than clusters/sectors limited its inclusiveness and may have had a damaging effect on UN-NGO relationships.

### 3.2.1 IASC and OCHA coordination

26. The majority of interviewees felt that the different groups and mechanisms within the IASC rose to the challenge of supporting a coherent and well-coordinated response to COVID-19 and invested considerable time and effort in presenting a collective response plan within the GHRP. The evaluation recognizes that this was at a time when the individuals and organizations working on the COVID-19 response were also directly affected by the pandemic and in many cases working under considerable strain.

27. Prior to the pandemic, under the leadership of the Emergency Relief Coordinator (ERC), significant effort had gone into strengthening relationships between IASC members and building confidence in IASC systems and structures. Previous large-scale crises, such as long-running emergencies in Syria and Yemen, were noted by interviewees to have enhanced cooperation within the IASC. Various groups within the IASC had also made considerable investments over previous decades in improving the rigor, quality, inclusivity and predictability of collective action, through guidance documents, training and peer to peer support.[19] This investment and prior experience positioned the IASC well going into the pandemic response, with different IASC members clear on their respective strengths and collective unity in response to the multi-dimensional impact of the COVID-19 pandemic.

28. At a senior level, the IASC Principals quickly shifted from their usual semi-annual meetings to weekly remote gatherings, to keep apprised of the rapidly changing situation and in order to make quick decisions on the GHRP and broader COVID-19-related issues as needed. The IASC Emergency Directors Group (EDG) played an important strategic coordinating function – agreeing on the basic parameters of the GHRP, including its geographic scope, key timelines, and top-line priority issues and themes for collective advocacy. This was complemented by the role of other IASC groups, such as the Operational Policy and Advocacy Group (OPAG), and the five Results Groups that report to OPAG, which focused on the normative policies, strategies, and guidance to support implementation of the GHRP and the wider COVID-19 response (and, unlike the EDG, does include national NGO representation). Some important questions were raised by interviewees, however, about the global nature of the main IASC bodies and processes, and the lack of obvious channels for regional and country inputs (see also sections 3.3 and 3.4). In any case, however, the different configuration of regions for IASC member organisations would likely have complicated any attempts to systematically include regional views.

29. The majority of interviewees praised OCHA's team in charge of coordinating the GHRP, which, despite being a relatively small unit with limited resources, was able to, "*cover everything COVID-related and always respond and support*". Other teams within OCHA were also considered to have added value to the

[19] For example, the work of the IASC's Peer-2-Peer project: https://www.deliveraidbetter.org/.

GHRP process, including on aspects related to the humanitarian programme cycle, resource mobilization, information management, monitoring and reporting.

### 3.2.2 Configuration of the GHRP

30. The fact that the first iteration of the GHRP was published exactly two weeks after WHO declared COVID-19 a pandemic is a significant achievement. The number of actors involved, the considerable information gaps and uncertainties that existed at that time, and constrained working conditions all added to the complexity of the task. Interviewees confirm that the intense pressure to publish a plan as quickly as possible was mainly for the purposes of providing donors with a vehicle for funding decisions. The emphasis was on speed and efficiency, to capitalize on newly available COVID-19 funding. The GHRP was indeed successful in quickly mobilizing funding. Of the $2.01 billion requested at that time, almost $1 billion was contributed within the first month of the GHRP launch,[20] giving UN agencies the possibility to act quickly to prepare to respond to the initial health and non-health needs generated by the pandemic, including securing supply chains and ensuring mobility for humanitarian personnel.

31. In terms of stakeholder engagement, UN agencies were asked to make rough estimates of budgetary requirements to address the additional needs created by COVID-19 and these were compiled and published within the initial GHRP. As such, the early GHRP process cannot be described as inclusive. Despite the engagement of NGO consortia within IASC mechanisms,[21] the opportunities for NGOs to directly engage with the GHRP process were limited, particularly in the case of national NGOs (NNGOs). According to several interviewees, there was also a lack of engagement on the part of international NGOs (INGOs) in the early GHRP process. This was expressed in terms of difficulties producing quick and scalable estimates of NGO financial requirements, and because of an expressed preference, particularly by some of the larger INGOs to focus time and energy on their own, single agency appeals for COVID-19 rather than the joint IASC response plan. Nevertheless, a number of NGOs voiced their frustration at the "*UN-centric*" nature of the process and the end product. Despite a more collaborative approach for later iterations of the GHRP as the focus switched to country-level – with additional opportunities for both international and NNGOs to engage through country-level processes – this early experience appears to have tainted UN-NGO relations. Interviewees highlighted a trust deficit which was subsequently manifested in the limited engagement that NGOs had in the global GHRP process as it progressed as they saw little value in seeking to influence or financially benefit from it.

32. A fundamental area of dissonance among interviewees is linked to the question of whether UN agencies had been instructed to plan and budget in their role as Cluster Lead Agencies or whether they were acting and budgeting on behalf of their own organizations. Neither is this issue clear within the GHRP document. On the one hand, the initial GHRP states that funding "*is addressing needs to be identified through clusters and will be further consulted with partners including NGOs*". On the other hand, the breakdown of financial requirements is listed by UN agency without reference to clusters or sectors (in cases where those same agencies have cluster lead responsibilities),[22] with an unearmarked amount of $100 million for country-

[20] By May 2020, $923 million had been contributed towards the GHRP: UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP May Update.
[21] The following NGO consortia are invited to attend the IASC on a permanent basis: the International Council of Voluntary Agencies (ICVA), InterAction, and the Steering Committee for Humanitarian Response (SCHR).
[22] Only UNHCR is clear, through footnotes in the first iteration of the GHRP, that the funding requested was to cover the organization's own additional budgetary requirements - UN OCHA (2020), *Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.*

specific NGO response.[23] Interviews did not provide clarity on how the decision to focus the GHRP on UN agencies rather than clusters came about, nor whether its implications were considered prior to publication of the initial GHRP document.

33. The key issue for the evaluation, given the quick turnaround for the first iteration of the GHRP, is whether UN agencies could reasonably have been expected to convene cluster partners and aggregate collective budgetary requirements per cluster/sector. Whether feasible or not, the focus of the document on UN agencies rather than clusters had ramifications for other aspects of the GHRP process, including monitoring and reporting, which is discussed in section 3.9.

## 3.3 Needs assessment and analysis

For the sake of expediency, the initial iteration of the Plan did not incorporate a detailed assessment of the needs and priorities of vulnerable populations. Subsequent GHRP iterations shifted towards an emphasis on country needs but, between headquarters and the field, it was not always clear where decisions on overall needs and funding requirement were determined. Nor was it clear who led on presenting needs and requirements between the clusters/sectors and OCHA.

34. The first iteration of the GHRP reported that it was not grounded in a detailed assessment of needs at country level. It stated that, at the time of writing, "*humanitarian and UN country teams were in the process of gathering and analysing information on the situation in-country*".[24] It did, however, include one-page of notes for each country on the impact of COVID-19 and the priorities for response, including the populations most affected and at risk.

35. While fast and effective from an initial resource mobilization perspective, the development process was described by a number of interviewees as "*quick and dirty*" and the resulting GHRP was widely seen as a "*top-down*" product. For the sake of expediency, the initial iteration of the Plan did not incorporate a detailed assessment of the needs and priorities of vulnerable populations in countries already considered as humanitarian contexts, and this was made clear within the document.[25] The key question for learning purposes is to consider whether this was reasonable, given the extremely short timeframe within which it was developed and the significant information gaps that existed at the time.

36. The May update of the GHRP began to build in more comprehensive contributions from field teams, claiming that, "resource requirements have been defined at the country level in revised humanitarian response plans, reflecting needs, operational environments and links with other country-specific activities and plans".[26] These were rough estimates, however, and country teams were advised not to undertake a revised estimate of People in Need (PiN) due to the limited time available and other competing priorities for the May update.[27] Regardless, there was a clear shift from the second iteration of the GHRP onwards to a more bottom-up approach, gathering needs and priorities from Humanitarian Country Teams (HCTs),

[23] There is no documented evidence of where the figure of $100 million for country-specific NGO response came from, how it was calculated and who it was discussed with.
[24] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.
[25] The initial GHRP did include one-page briefs on early evidence of the impact of COVID-19 and response priorities per country.
[26] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP May Update.
[27] Templates for OCHA Country Offices to complete for the May and July GHRP updates show a progressive shift towards more detailed information requirements on needs and priorities, including estimates of PiN and People Targeted.

including clusters. There was also a clear attempt to disaggregate pre-COVID needs from additional needs due to the pandemic, which was important for tracking and monitoring purposes.[28]

37. While the move towards a more evidence-based approach for subsequent iterations of the GHRP is clear, the overall process was still very much headquarters-led. As a draft timeline for the July update of the GHRP shows, the deadline for country inputs was quickly followed by a deadline for agency inputs via members of the EDG, with subsequent opportunities for agency comments and '*red-line comments*' before finalization of the document.[29]

38. Interviews and comments shared in writing with the evaluation team indicate that there was some confusion about where responsibility lay between headquarters and countries for determining needs and corresponding financial requirements for the second and third iterations of the GHRP. Similarly, the responsibility of UN agencies to reflect needs within their sectors/clusters versus OCHA's role in presenting a comprehensive picture of needs across all sectors was not clear to everyone. Interviews suggested that some country submissions were amended, over-ruled or excluded from the global document, making it difficult to determine the true nature of the growing crisis and estimate the scale of the required response, at least for certain sectors, creating discomfort for at least one UN agency at global level.

## 3.4 Strategic planning

A basic set of criteria on needs, vulnerability and existing national capacity was used to guide decision-making on country selection for the GHRP, but practicality and feasibility were also key factors. Ultimately, decisions on country selection for the GHRP were a collective compromise, based on a range of factors and the best available information at the time.

39. This Learning Paper focuses on prioritization across countries and the process through which countries were included or not within the GHRP.

40. The first iteration of the GHRP included countries with an ongoing Humanitarian Response Plan, Refugee Response Plan or multi-country/subregional response plan, as well as countries that requested international assistance, such as Iran. This list was expanded for the May update of the GHRP, bringing the total number of countries up to 63. According to GHRP documentation, several basic criteria were applied to guide the country selection process for the second and third iterations of the GHRP, namely:

    - The impact of the outbreak on affected people's ability to meet their essential needs, considering other shocks and stresses (e.g., food insecurity, insecurity, population displacement, other public health emergencies).
    - The capacity of the government to respond.
    - The possibility to benefit from other sources of assistance from development plans and funding.[30]

41. OCHA supported the country selection process with a nascent COVID-19 risk index, comprised of two main sets of indicators on 1) vulnerability (including poverty indicators, comorbidity factors and demographic information); and 2) capacity to respond (including indicators on government effectiveness and access to healthcare and water, sanitation and hygiene services).[31] This offered a criteria for an initial screening

[28] OCHA (2020), HPC Group Meeting, 9 April 2020.
[29] OCHA (2020), April 2020 Update of the GHRP Timeline.
[30] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP May Update.
[31] OCHA (2020), Covid-19 Risk Index - Version 1.0, undated.

process, resulting in a ranking of potential GHRP countries and providing decision-makers with a suggested short-list of additional countries for inclusion.

42. In reality, interviewees suggested that questions of practicality and feasibility were also critical factors in the country selection process. In particular, the question of whether existing coordination structures and plans were already in place to enable effective implementation of humanitarian interventions was an important consideration. Not surprisingly, different IASC organizations had different views on country priorities, informed by discussions with their respective regional offices and country-based colleagues, and these were discussed at some length within the EDG with a view to finding common ground.[32] During discussions, a number of IASC Emergency Directors argued for the application of a broader set of criteria, including other indices such as the Global Health Security Index, WHO country categorization, and the INFORM Severity Index.[33] Others pushed for a tighter selection process to more clearly distinguish the GHRP from other COVID-19 response frameworks and development-oriented funding streams, and to avoid any perceived politicization of the humanitarian response. Ultimately, decisions on country selection for the GHRP were a collective compromise, based on a range of factors and the best available information at the time.

## 3.5 Resource mobilization and allocation

A significant increase in funding requirements during the GHRP revisions may have undermined its credibility. Ultimately, levels of funding requested and received across the 63 countries included in the GHRP varied significantly. The tactic of ring-fencing funding for specific actors or issues – such as NGOs and famine prevention – was not considered to have achieved its intended purpose in terms of generating additional funding. Donor engagement in the GHRP was strong overall. Experiences of flexible funding were mixed; there were positive examples of UN agencies and pooled funds increasing the flexibility of their funding to NGO partners, however, after an initial period of providing flexible funding, bilateral donors, increased their scrutiny and earmarking. A lack of consistent reporting on how all UN agencies allocated their initial global contributions compromised the transparency of the response and disincentivized the disbursement of further flexible funding. Innovations within OCHA's pooled funds contributed to the provision of quality funding to meet priorities identified by the GHRP.

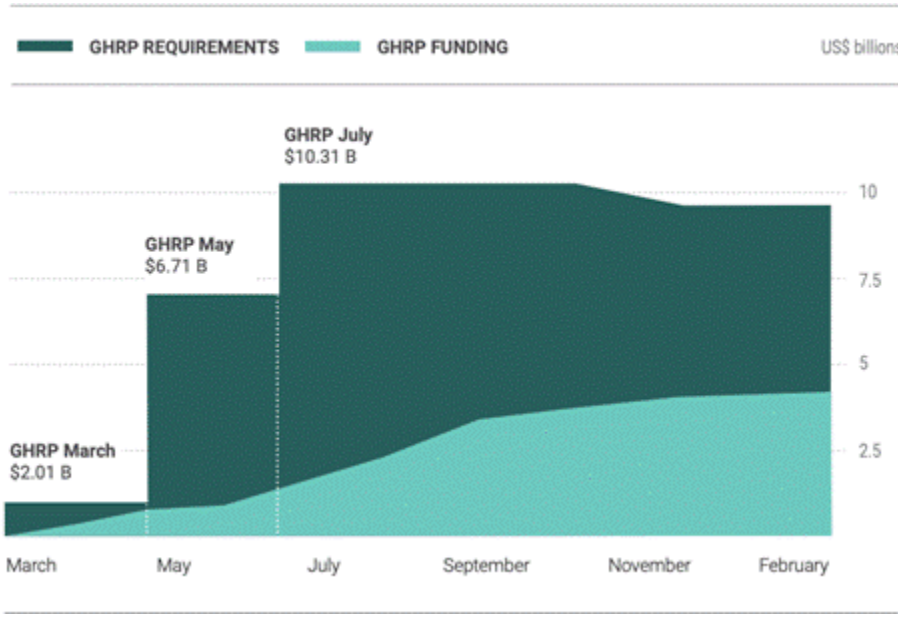
[32] IASC (2020), IASC Emergency Director's Group, Teleconference on the novel coronavirus (COVID-19) outbreak, summary note, 10 April 2020.

[33] Global Health Security Index: https://www.ghsindex.org/; The INFORM Index: https://drmkc.jrc.ec.europa.eu/inform-index.

### 3.5.1 Funding requirements

43. Funding requirements within the GHRP grew from an initial ask of $2.01 billion in March 2020 to an eventual $10.31 billion in July 2020.[34] Funding received against the GHRP got off to a quick start, with almost $1 billion contributed within the first two months.[35] By February 2021, the date of the last progress report on the GHRP,[36] $3.8 billion had been contributed against the GHRP – 40 per cent of the requested amount (see Figure 2). A small number of key donors provided a significant proportion of the overall total, with the top five donors contributing over half of the overall amount,[37] and the Government of the United States (US) alone providing nearly one quarter of all funds received against the appeal.[38] A further $3.02 billion of humanitarian assistance was contributed outside of the GHRP, for bilateral support directly to governments, funding for the Red Cross/Red Crescent Movement, and funding for non-GHRP countries.

**Figure 2: GHRP financial requirements and funding, March 2020-February 2021**



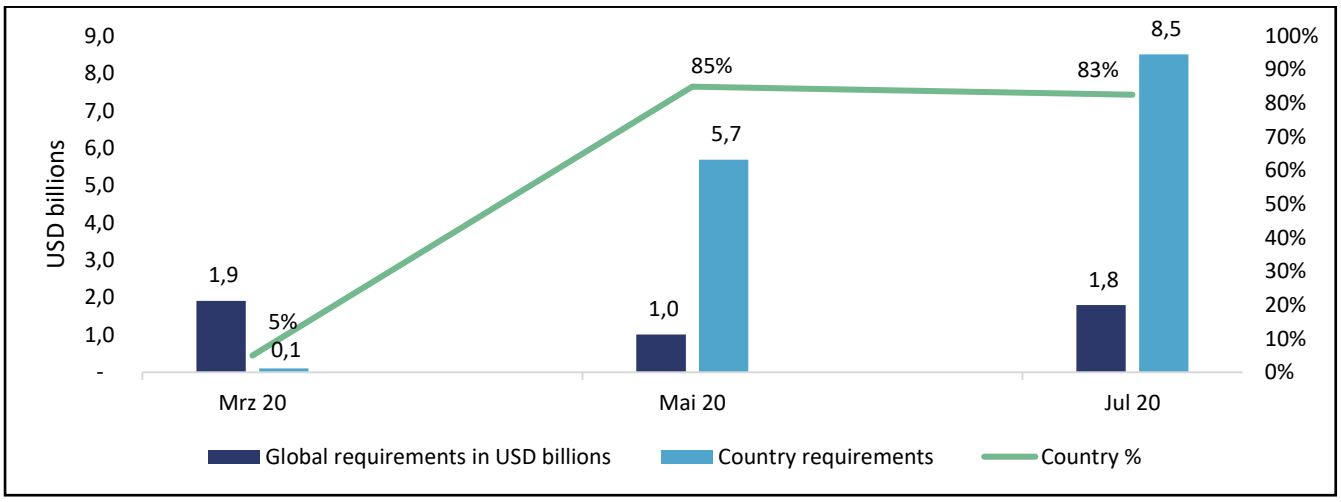

Source: OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021

44. Interviewees had mixed reactions to the financial ask within the GHRP and a significant number felt that the higher financial requirements in the final iteration of the GHRP was influenced by the perception of funds available rather than being based solely on funding requirements. For those stakeholders, this was considered to have undermined the credibility of the need-based process outlined in the document.

45. An analysis of funding requirements within successive iterations of the GHRP demonstrates a shift from global to country-driven requirements, albeit with a consistently large sum allocated for global support services, including logistics, air bridge, central procurement and medical evacuations (see Figure 3).

[34] Financial requirements for the GHRP were subsequently revised down to $9.5 billion.
[35] By May 2020, $923 million had been contributed towards the GHRP: UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP May Update.
[36] OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021.
[37] According to reporting on OCHA's FTS, the US, Germany, the European Commission's Humanitarian Aid and Civil Protection Department (ECHO), the United Kingdom and Japan provided a combined total of $2.1 billion against the GHRP, representing 55 per cent of overall contributions. This is broadly consistent with the five largest donors of public humanitarian assistance in 2020 overall, except for the inclusion of the Government of Japan and the exclusion of the Government of Sweden – Development Initiatives (2021), *Global Humanitarian Assistance Report 2020.*
[38] Reporting on OCHA's FTS shows that the US contributed a total of $919 million towards the GHRP, representing 24 per cent of overall contributions.

**Figure 3: Breakdown of country and global requirements in the GHRP, May-July 2020**




Source: GHRPs, March, May and June 2020

46. The requirement set aside for global support was generally perceived to be essential, and the World Food Programme (WFP) in particular, was widely praised during interviews for providing a vital service in transporting humanitarian staff and cargo through the Common Services System.[39] It should be noted, however, that a small number of interviewees did question the rationale for significant global funding requirements within a predominantly locally-led response to the pandemic, and highlighted concerns regarding access to common services for local and national responders.

47. The shift to a predominantly country-oriented approach in the second and third iterations of the GHRP, and a broadening out of the focus from UN agencies to clusters (in addition to perceived availability of funding, see paragraph 46), resulted in a significant increase in financial requirements overall. Some key informants expressed frustration at the "*ballooning*" of country-level requirements and a perceived lack of rigour in analysing which humanitarian interventions were no longer viable as a consequence of the pandemic and associated restrictions on movements and gatherings. There appear to be very few countries which re-prioritised activities and reduced their budgets to reflect programmes which had to be suspended.[40]

48. Levels of funding requested and received across the 63 countries included in the GHRP varied significantly. Of the countries with existing appeals, the occupied Palestinian territories, Libya, Niger and Ukraine all received over 80 per cent of the GHRP-related funding requested. At the other end of the spectrum, Burundi, Ethiopia, Haiti, Nigeria and South Sudan all received less than 30 per cent of funding requested within the GHRP. Regional appeals also received minimal proportions of funding requested. For countries that launched COVID-19 specific appeals in 2020, there are similar variations, with countries such as Mozambique and Lebanon receiving relatively high proportions of the amount requested (80 per cent and 76 per cent respectively); and others, such as the Democratic People's Republic of Korea (DPRK) and Colombia receiving a much smaller proportion of requested funding – 9 per cent and 13 per cent respectively. The reason for such a disparity in levels of funding between countries is not clear.

[39] Between March 2020 and January 2021, WFP organized over 1,500 passenger flights, transporting approximately 28,000 health and humanitarian personnel from 424 organizations, and transported 145,500*m3 of cargo to 173 countries: *WFP (2021), WFP Common Services, COVID-19 Response, Situation Report #7, 31 January 2021.*

[40] Somalia is one of the few that did this and is highlighted as a best practice example in the June 2020 GHRP progress update in terms of the "rigorous HRP re-prioritization" undertaken by the Somalia Humanitarian Country Team (OCHA (2020), *Global Humanitarian Response Plan COVID-19, Progress Report, First Edition, 26 June 2020).* Other approaches and examples will be explored during country case-studies for the evaluation.

49. The allocation of funding requirements for specific stakeholders, or in response to certain identified needs, within the GHRP was also the subject of reflection by interviewees. This includes the $100 million requested for NGO activities in the first iteration of the GHRP, and the two different funding '*envelopes*' set out in the GHRP July 2020 update for: 1) the supplemental NGO response to COVID-19, envelope of $300 million (for both INGOs and NNGOs); and 2) the famine prevention envelope of $500 million.[41] A number of interviewees criticized the '*envelope*' approach firstly for being "*too little, too late*" to be useful, particularly in the case of NGO funding (see also section 3.8 for a breakdown of GHRP funding by recipient type, highlighting the small proportion of the overall total provided to local and national organizations); and the lack of consultation with either INGOs or NNGOs prior to its inclusion in the GHRP. They also highlighted a lack of clarity on how supplemental funding would work in addition to funding already channelled to either NGO response and/or famine prevention through country level plans. Moreover, there was no way of tracking and reporting back on that funding, raising questions about accountability. Overall, while recognising the value of highlighting certain stakeholders or issues within the GHRP for visibility and advocacy purposes, many interviewees reflected that the tactic of ring-fencing funding for specific actors or issues had not achieved its other intended purpose of attracting additional funding. This view is supported by the data, noting that only 2 per cent of the required funding for the 'NGO envelope' was mobilized, and only 7 per cent of the 'famine prevention envelope'.[42]

50. In addition, there is still a lack of clarity on how all participating UN agencies spent the initial global allocations that they received as part of the first iteration of the GHRP, and how much trickled down to country level versus spending on global-level needs, such as pre-positioning and distribution of supplies. This has had important implications for the transparency and credibility of the response.

### 3.5.2 Flexible funding

51. Flexible funding was critical to the COVID-19 response, given the impact of the pandemic on existing humanitarian operations and the need for new activities to slow the spread of the pandemic. Various iterations of the GHRP and GHRP progress updates make a strong case for bilateral donors to provide timely and unearmarked funding, and for UN agencies to implement flexible funding measures for their NGO partners. Guidance published by the IASC in June 2020 makes concrete suggestions for a harmonized approach to flexible funding in the context of COVID-19.[43]

52. Experience appears to have been mixed, however. There are positive examples of UN agencies simplifying partnership agreements and increasing the flexibility of their funding to NGO partners. Interviewees and documents point to good practices in this regard from UNHCR, IOM, UNFPA, UNICEF, WFP, FAO, OCHA and NGOs.[44] See also section 3.5.4 on the flexibility measures introduced with pooled funds in response to COVID-19.

53. In terms of the flexibility of bilateral donor funding, an analysis of contributions towards the GHRP in 2020 in OCHA's FTS shows that only 13 per cent was classified as unearmarked.[45] One interviewee (echoed by others) pointed to a "*heyday of unearmarked funding*" at the beginning of the GHRP process with a gradual

[41] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP July Update.
[42] OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021.
[43] IASC (2020), Proposal for a harmonized approach to funding flexibility in the context of COVID-19, IASC Results Group 5 on Humanitarian Financing, June 2020.
[44] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP July Update.
[45] This analysis is based on reporting of humanitarian funding as unearmarked, earmarked, softly earmarked, or tightly earmarked in UN OCHA's FTS. Reporting is not consistent, however, and may not be representative of actual levels of earmarking.

reversion to previous levels of earmarked resources as bilateral donors began to apply greater scrutiny to spending and demand increasingly detailed breakdowns of grant funding. While the evidence is inconclusive, there was a perceived level of frustration among donors about the inability of individual UN organizations to account for initial spending against GHRP priorities (beyond illustrative examples of the use of flexible funding by UN agencies within GHRP progress reports), and therefore some reluctance to continue providing unearmarked funds. Periodic surveying of COVID-19 funding to seven UN agencies by OCHA is certainly illustrative of that trend. The first survey results in June 2020 indicated that an average of 42 per cent of total funding received was flexible, decreasing progressively over time to 25 per cent by February 2021 (albeit with large differences within the overall range).[46]

### 3.5.3 Donor engagement

54. Beyond financial contributions, donor engagement with the GHRP process appears to have been strong. The ERC personally briefed donor governments in a series of high-level meetings, attended at ministerial level in some cases, and OCHA organized working level sessions on a regular basis to share updates on GHRP progress and generate discussion on key advocacy topics. More engagement than usual from donor capitals was noted, both because of the unprecedented nature of the COVID-19 pandemic and because meetings took place remotely. While this increased participation, it was also said by some to have changed the nature of discussions, introducing more national and political interests than is usually the case within the predominantly Geneva-based donor group. Overall, donors expressed appreciation for the speed at which the first GHRP was published, and the consistently high quality of progress reporting.[47]

### 3.5.4 Pooled funding

55. OCHA's pooled funds – the Central Emergency Response Fund (CERF) and the Country-Based Pooled Funds (CBPFs) – allocated $493 million in 2020 in 48 contexts to support humanitarian partners in their response to the COVID-19 pandemic.[48] In addition, there are several areas where OCHA's pooled funds contributed to the provision of quality funding to meet priorities within the GHRP.

#### 3.5.4.1 CERF

56. An early, fast-tracked allocation of CERF funding was made in the form of block grants to nine UN agencies totalling $95 million between February and May 2020, including $40 million earmarked for logistics and humanitarian supply-chains service.[49] This was the first time that CERF funding went directly to UN agencies at the global level rather than through country-specific grants, with the aim of providing maximum flexibility for agencies to prioritize according to critical global and country needs within the parameters of the GHRP. Several interviewees raised questions about this funding allocation, particularly as it went against the traditionally country-driven nature of CERF allocations – "*stripping out the benefits of the CERF*", according to one interviewee – and subsequently caused difficulties for some UN agencies in reporting back on where the funding was used and what was achieved.

57. The CERF made its first ever NGO allocation in June 2020,[50] channelling $25 million to twenty-four NGOs for COVID-19 response in six countries, with IOM serving as grant manager.[51] A review of the allocation is broadly positive, noting that the allocation demonstrated that "*CERF can fund front-line organizations,*

[46] OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021.
[47] OCHA published periodic GHRP Progress Reports in June, August, September and November of 2020, and a final Progress Report in February 2021.
[48] OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021.
[49] CERF (2020), CERF COVID-19 Allocations, CERF Advisory Group Meeting, November 2020.
[50] CERF (2020), CERF COVID-19 Allocations, CERF Advisory Group Meeting, November 2020.
[51] CERF funding supported NGO COVID-19 responses in Bangladesh, the Central African Republic, Haiti, Libya, South Sudan, and Sudan.

*without following the typical UN agency-partner model, and that it can add real value in situations where a significant additional and rapid injection of funds for NGOs is required".*[52]A number of interviewees spoke positively of IOM and credited them for stepping up by acting as a conduit to allow NGOs to benefit from CERF funding, particularly NNGOs. An analysis of the allocations shows that just under one third (31 per cent) of the NGOs that received funding were NNGOs, and that when aggregated, those NNGOs received 20 per cent of the total allocation ($4.7 million). Others, however, questioned whether the allocation had come too late and if it was commensurate with the strong messaging in the GHRP on the urgent need for funding to support a locally led response to COVID-19.[53] The emphasis on funding "*large, impactful projects*" through the allocation, rather than tailoring grant sizes and the number of partners to the local context, was also highlighted as important for learning purposes.

58. In line with increasingly strong messaging within the GHRP on the risk of GBV and the need for collective action to increase GBV response services, the CERF conducted two special allocations to increase its support for GBV programming.[54] There was strong support among interviewees for the allocation of CERF funding to support GBV programming within the COVID-19 response, given its potentially catalytic effect on GBV funding more broadly and its focus on support for and capacity-building within local, women's led organizations.

#### 3.5.4.2 CBPFs

59. Within successive iterations of the GHRP, CBPFs are flagged as one of the primary ways of channelling funding to local and national humanitarian organizations. CBPFs allocated a total of $913 million in 2020,[55] including allocations as early as February 2020 in the case of CBPFs in Afghanistan and Sudan.[56] As of 8 June 2020, $131 million of CBPF funding had been allocated in response to COVID-19 from sixteen CBPFs, of which 60 per cent ($79 million) was allocated to NGOs, both international and national.[57] By February 2022, 32 per cent ($80 million) of CBPF funding for COVID-19 is reported to have gone to local and national actors.[58]

60. Also of note are the specific flexibility measures for the COVID-19 response that were introduced to the CBPFs in the following areas: modifying project ceilings, reprogramming projects, increasing budget flexibility, and monitoring, spot checks, audits and electronic signatures. Subsequently, based on the experience of applying these flexibility measures, OCHA's CBPF section has incorporated several measures into global guidance.[59] Similar flexibility measures were also introduced for recipients of CERF funding, allowing UN agencies to adapt projects to new operating environments and deal with uncertainty.[60]

[52] Poole, L. (2021), Independent review Central Emergency Response Fund (CERF) COVID-19 NGO allocation, 11 October 2021.
[53] For example: UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP July Update.
[54] Special COVID-19 GBV CERF allocations in 2020 included $5.5 million of earmarked funding from the Underfunded Emergencies Window, and $25 million from the Rapid Response Window to UNFPA and UN Women (of which an estimated 40 per cent is allocated to women-led organizations and women's rights organizations): CERF (2020), *CERF COVID-19 Allocations, CERF Advisory Group Meeting, November 2020; CERF (2020), Protection from Gender-based Violence, CERF Special Allocations in 2020, As of July 2021.*
[55] Country Based Pooled Funds Data Hub (data correct as of 11 April 2022): https://cbpf.data.unocha.org/index.html.
[56] Country Based Pooled Funds (2020), Country Based Pooled Funds: On the front line of the COVID-19 response, June 2020.
[57] Country Based Pooled Funds (2020), Country Based Pooled Funds: On the front line of the COVID-19 response, June 2020.
[58] OCHA (2021), Global Humanitarian Response Plan COVID-19, Final Progress Report, 22 February 2021.
[59] Featherstone, A. and Mowjee T. (2021), *Enhancing Programme Effectiveness of CBPFs*, unpublished.
[60] CERF (2020), CERF COVID-19 Allocations, CERF Advisory Group Meeting, November 2020.

## 3.6 Collective response

The number of countries targeted by the GHRP stretched the capacity of IASC organizations to provide prioritized support to those contexts as required by the Scale-up Protocols. The prominence of refugees, IDPs and migrants in the GHRP was a good example of complementarity with other COVID-19 response and recovery plans and collective response to particularly vulnerable groups. However, the approach to GBV within the GHRP raised questions about how to go beyond rhetoric and effectively increase visibility and funding for particularly vulnerable groups and priority areas of the response.

61. In April 2020, the IASC published its *System-wide Scale-up Protocols Adapted to the COVID-19 Pandemic* – [61] a '*light*' and '*adapted*' set of protocols, based on the more generic IASC Scale-Up activation for infectious diseases.[62] Within the COVID-19 Scale-up Protocols, resources and funding were to be aligned with countries specified in the GHRP (and subsequent revisions of the GHRP). The IASC System-wide Scale-up response was activated on 17 April 2020 and deactivated on 17 January 2021.[63]

62. Sixty-three countries are included within the second and third iterations of the GHRP. While this was a lengthy list, interviews and background documents highlighted the challenge that existed to narrow it down, with several other countries and contexts also considered as potential additions (see section 3.4 on strategic planning and the country selection process).

63. Once the list of countries had been agreed within the EDG, there appears to have been some level of introspection within the IASC on what it meant for a country to be included in the GHRP. Specifically, there were questions regarding what support countries could reasonably expect from headquarters in terms of additional staff, funding, access to air transport, medical evacuation, etc. if resources and funding were prioritized, as per the Protocols. For some interviewees, it called into question the feasibility of prioritising all sixty-three countries, not to mention those countries considered '*at risk and to watch*'. Interviewees suggested that in reality, resources were stretched thin across all contexts and there was a need to identify "*priorities within the priorities*" – in other words, additional resources and support should be prioritized for a smaller set of critical contexts where needs for were particularly acute. Others indicated that the over-stretch limited the value of the Scale-up Protocols, and the overall approach should be reconsidered in the event future global emergencies, either by limiting the number of priority countries or scaling back the level and type of support that countries could expect to receive.

### 3.6.1 Responding to the needs of particularly vulnerable groups

64. A major difference between the GHRP and other COVID-19 response plans and frameworks is its specific targeting of refugees, internally displaced people and migrants. One of the three strategic priorities of the GHRP is to protect, assist and advocate for these groups, as well as host communities.[64] While the *UN Framework for the Immediate Socio-economic Response to COVID-19* makes reference to displaced and stateless persons, it does so in the context of a longer list of potentially vulnerable groups at risk of marginalization.[65] High visibility for refugees, IDPs and migrants in the GHRP, given the increased risk they

[61] IASC (2020), System-wide Scale-up Protocols Adapted to the COVID-19 Pandemic, April 2020.
[62] IASC (2019), System-wide Scale-up Activation, Protocol for the Control of Infectious Disease Events, April 2019.
[63] IASC: https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-humanitarian-system-wide-scale-activations-and-deactivations#:~:text=IASC%20System%2DWide%20Scale%2DUp%20Protocols%20adapted%20to%20respond%20to,deactivated%20on%2017%20January%202021. Note that the dates differ from those cited within the COVID-19 IAHE Terms of Reference i.e. 17 April or 18 2020 (both dates are mentioned) to 25 January 2021.
[64] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.
[65] UN (2020), UN Framework for the immediate response to COVID-19, April 2020.

faced in terms of being excluded from national plans, was considered a good example of complementarity with other COVID-19 response and recovery plans.

65. An important aspect of the GHRP was its ability to adapt and evolve in response to the identified needs of particularly vulnerable groups. This includes women and girls, persons with disabilities, older people, people with underlying health conditions, children, marginalized groups, displaced populations, and others. Successive iterations of the plan demonstrated a deepening understanding of how COVID-19 impacted differently on different segments of affected populations.

66. Other public health emergencies, including the Ebola epidemic in west Africa, have demonstrated the impact of health measures, including quarantines and lockdowns, on women and girls and the increased risk of Gender-based Violence (GBV).[66] Indeed, the initial iteration of the GHRP highlights the risk of intimate partner violence and other forms of domestic violence and successive iterations of the document progressively highlighted GBV as a priority issue. Successive iterations of the GHRP go further and progressively create more visibility for GBV as a priority within the response.

67. In early July 2020, prior to the publication of the final iteration of the GHRP, members of the GBV community wrote to the ERC highlighting a "*pandemic of violence against women and girls*".[67] The letter acknowledged that the language on women and girls and increased protection concerns within the GHRP had been strengthened. However, it called upon the ERC to go further and include a "*standalone specific objective on GBV and corresponding indicators in the monitoring framework*".

68. In response, action was taken to advocate on specific issues, including GBV – both within the updated GHRP and through related advocacy – and to target the response to meet particularly acute sets of needs e.g., through dedicated allocations targeting GBV from the CERF (see section 3.54). Ultimately, for the sake of consistency, however, the decision was taken not to reconfigure the basic structure of the GHRP. The lack of any formal response to the letter from the GBV community to the ERC was met with disappointment by some. More importantly, the experience raises questions about the most effective way to increase visibility and funding for particularly vulnerable groups and priority areas of the response within all-encompassing, multi-dimensional plans such as the GHRP. It also begs the question about what action to take once an issue such as GBV has been escalated and there is consensus that it is a particularly urgent priority. What is not possible to determine is whether, given the limited funding available for underlying GBV activities within the GHRP, additional visibility would have yielded greater funding.[68]

## 3.7 Humanitarian-development-peace nexus

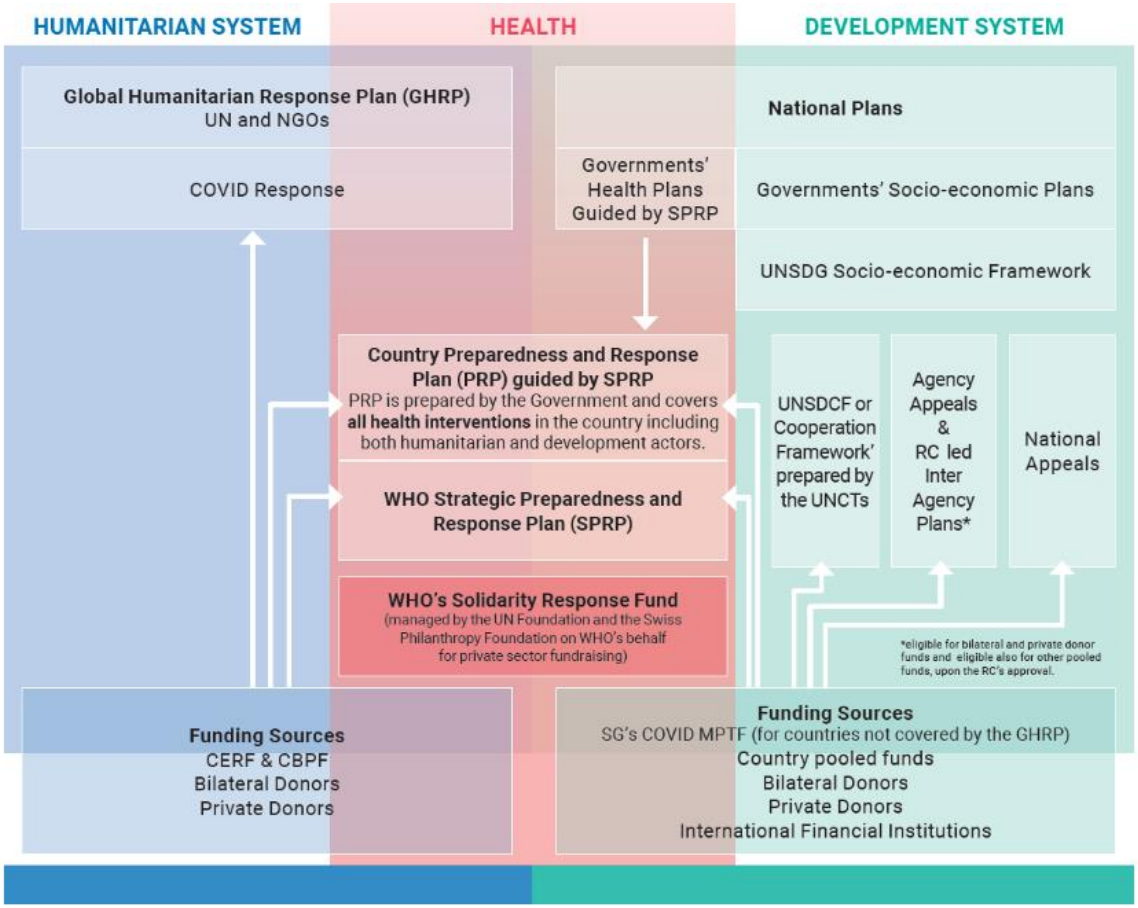
There was considerable deliberate overlap between the GHRP and accompanying plans for health and socio-economic recovery. This was not felt to create problems at global level but may have been more problematic for countries. Humanitarian funding filled a useful gap in terms of leveraging relatively quick and flexible funding compared with other types and sources of funding.

[66] Neetu, J. et al (2020), *Lessons Never Learned: Crisis and gender-based violence*, Dev World Bioeth, 12 April 2020.
[67] The letter was signed by 588 organizations, including local women's led and women's rights organizations, INGOs, several donors and one UN organization.
[68] An analysis of funding to the GHRP as reported to OCHA's FTS shows that just 1.5 per cent of total contributions specifically targeted GBV-related activities ($59 million). The actual amount may be higher considering the lack of or incomplete reporting.

### 3.7.1 Alignment between humanitarian, health, socio-economic and peace strategies

69. By the time the first GHRP was launched, WHO had already published its SPRP;[69] and by April 2020, the *UN Framework for the Immediate Socio-economic Response to COVID-19*[70] provided an overarching structure for the UN development system's response at country-level through socio-economic response and recovery plans (SERPs).[71] In terms of proposed objectives, activities and short- to medium-term outcomes, there is considerable overlap across the different plans and frameworks (see Figure 4 and Annex 5 for a detailed mapping of overlapping activities across the three main plans).

**Figure 4: Overview of COVID-19 response and recovery frameworks and financing**




Source: UN (2020), UN Framework for the immediate socio-economic response to COVID-19, April 2020.

70. Background documents and interviews suggest that substantial effort was invested in trying to clarify the parameters of the different plans and their various *modus-operandi*. Documentary evidence highlights numerous attempts to either graphically represent or narratively describe how the three plans and frameworks aligned and were different – in terms of scope, target population, implementation modalities, governance and resourcing.

71. Limited interviews with donor representatives suggest that within the donor community there was a degree of confusion about how the different frameworks aligned and overlapped, as well as concerns about double-counting of proposed activities and funding requirements. However, interviews with IASC

[69] WHO (2020), 2019 Novel Coronavirus (2019 n-Cov): Strategic Preparedness and Response Plan, 4 February 2020.
[70] UN (2020), UN Framework for the immediate socio-economic response to COVID-19, April 2020.
[71] Also, in March, as an enabling action, the UN Secretary-General issued an urgent appeal for a global ceasefire to focus attention on defeating COVID-19. See https://www.un.org/en/globalceasefire.

organizations so far suggest that any overlaps were largely theoretical and caused few problems in practice. In terms of boundaries, it was generally understood that the GHRP focused on the short-term, immediate additional responses and funding requirements for the COVID-19 pandemic, including immediate health responses within the SPRP; while recognising that humanitarian needs compounded existed vulnerabilities and threatened to increase underlying poverty and inequality, to be addressed through the socio-economic recovery effort. At least at the global level, there was a level of comfort with the overlap, particularly among dual-mandated organizations, such as UNICEF, whose own COVID-19 related appeals and plans also spanned humanitarian and longer-term recovery; as well as for humanitarian organizations already engaged in partnerships incorporating humanitarian and development caseloads and objectives.[72]

72. Interviewees noted that overlapping health-humanitarian-development frameworks may have been more problematic at country level, at least for humanitarian leaders and coordination staff. Resident Coordinators (RCs) and Humanitarian Coordinators (HCs) were tasked with developing parallel plans – national plans for socio-economic response and recovery, as well as revised HRPs or new stand-alone humanitarian response plans for COVID-19 – and identifying relevant funding streams. Anecdotal evidence suggests that disaggregating the different plans and operationalising the links was particularly challenging for countries without HCs and HRPs, where RC Offices took the lead with OCHA's support.

### 3.7.2 Leveraging of humanitarian financing

73. Several key informants noted in one way or another that "*humanitarian funding was the big draw*". Donor confidence in funding instruments such as OCHA's pooled funds allowed the GHRP to fill a useful gap in terms of leveraging relatively quick and flexible funding, while the WHO Solidarity Response Fund (for resourcing of the SPRP) and the UN COVID-19 Response and Recovery Fund (for funding activities within SERPs) took longer to generate resources.[73] This was presented positively by the majority of interviewees, with only one stating that it constituted "*overreach on the part of the humanitarian system*".

## 3.8 Localization

Orientation of the GHRP process around UN agencies and tight deadlines meant that the early process for developing the initial GHRP limited opportunities for comprehensive engagement with local and national actors. Views were mixed on whether the shift to country-based coordination in later GHRP updates provided more opportunities for local and national actors to engage. Despite strong rhetoric on the key role of local actors in the response to COVID-19, only 2 per cent of GHRP funding went directly to local and national organizations.

### 3.8.1 Engaging local and national actors

74. The initial GHRP highlights the importance of involving and supporting local organizations "given the key role they are playing in this crisis, which is increasingly being characterized by limited mobility and access for international actors".[74] The second and third iterations of the plan go further and provide examples of ways in which IASC member organizations have engaged with local and national organizations, including

[72] For example, UNHCR cited its 'Blueprint' partnership with UNICEF to promote and protect the rights of refugee children through their inclusion in national plans, budgets, and service delivery systems. See: https://www.unicef.org/emergencies/unhcr-unicef-blueprint.

[73] WHO Solidarity Response Fund: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate; UN COVID-19 Response and Recovery Fund: https://mptf.undp.org/factsheet/fund/COV00.

[74] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.

faith-based organizations.[75] To support implementation of the GHRP, the IASC published interim guidance on localization and the COVID-19 response, covering topics such as duty of care for local actors, flexible partnership agreements, supporting local leadership, localization and coordination, and funding for local responders.[76]

75. The first GHRP document states that inputs from NGOs and NGO consortia were "*instrumental in conveying local actors' perspectives*". A number of interviewees suggested, however, that the early process for developing the initial GHRP did not include engagement with local and national actors, given its strong orientation around UN agencies and the tight timeframe. During its development, consultations were predominantly global, and any opportunities to engage with local and national stakeholders at the country level were extremely time constrained.

76. From the second iteration of the GHRP onwards, as the shift was made to country-level analysis and planning, there was greater potential to engage with local and national actors, particularly in contexts where humanitarian coordination structures and mechanisms already existed. In April 2020, the ERC directly wrote to RCs, HCs and OCHA Heads of Office to remind them that "*ensuring our NGO partners remain fully engaged and able to operate is among my top priorities. International, national and local NGOs are on the frontline of humanitarian response and play a critical role in last-mile implementation for many UN agencies. Especially as COVID-related operational restrictions make movement and access more challenging, national and local NGOs will become even more critical to our work*."[77]

77. Perceptions of interviewees on whether that engagement actually took place were mixed. Some UN key informants were confident that there was reasonably strong engagement particularly, where local and national NGOs were already established partners within HRPs and RRPs. Timeframes were tight, but "*inclusivity was helped by already having existing response plans in place*". Others, particularly those within the NGO community, were less positive, describing engagement with local and national NGOs as "*symbolic*" and "*a tick-box exercise*".

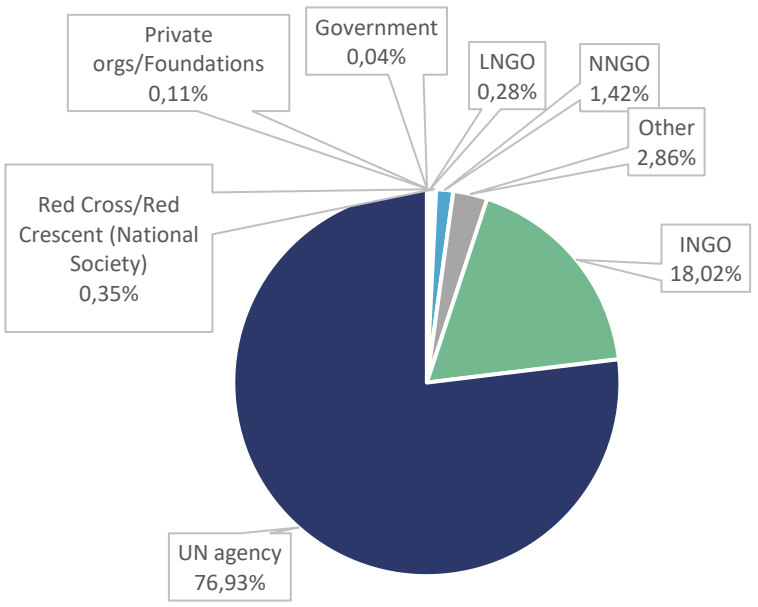
### 3.8.2 Resourcing local organizations

78. Analysis of data on funding for the GHRP shows that very little resourcing went directly to local and national organizations – just 2 per cent of the total funding received for the GHRP in 2020 (see Figure 5). Of those organizations classified as local or national, 1.4 per cent/$54 million went to national NGOs (NNGOs); 0.3 per cent/$13 million to national Red Cross and Red Crescent Societies; and 0.3 per cent/$11 million to local NGOs (LNGOs). More funding went to national and local actors outside of the GHRP, including bilateral support to national governments, as noted in section 3.5.

[75] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, GHRP May Update.
[76] IASC (2020), Interim Guidance, Localisation, and the COVID-19 Response, IFRC and UNICEF in collaboration with IASC Results Group 1 on Operational Response Sub-Group on Localisation, May 2020.
[77] E-mail from the ERC to all RCs, HCs, and OCHA Heads of Office, 20 April 2020 (shared with the Evaluation Team).

79. Additional funding undoubtedly reached local and national actors as partners and recipients of funding from international organizations, though lack of reporting means that it is not possible to consistently track that indirect support.[78] As highlighted in section 3.5.4, CBPFs continued to be one of the primary ways in which international humanitarian funding reaches local and national organizations. The same section also describes the provision of CERF funding to NGOs for the first time as part of the COVID-19 response, albeit predominantly to INGOs via IOM; and the CERF's GBV allocations in response to COVID-19, which emphasized strengthening the capacities of local women's organizations to prevent, respond and mitigate the effects of GBV during the pandemic. See also section 3.5.2 on flexible funding, which, at least in principle, was an important way of freeing up already programmed funds to local and national organizations, allowing for existing operations to be adapted in response to COVID-19.

**Figure 5: GHRP funding by recipient type**




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

Notes: Other recipient types not appearing because the funding received was too low: governments (received 0.04 per cent of total funding); International Red Cross/Red Crescent (received 0.04 per cent of total funding).

## 3.9 Adaptive capacity

Initial plans to publish monthly GHRP updates were moderated by heavy workloads and the pandemic's slower than expected impact on many GHRP countries. A lack of dedicated data analysis tools and capacity compromised the ability of GHRP decision-makers, but investments in advanced data analytics during the GHRP process resulted in new data products and generated new momentum. Orientation of the GHRP monitoring framework around UN agencies rather than clusters/sectors limited its usefulness, as did an over-reliance on quantitative indicators.

80. Initially, the aim was to update the GHRP on a monthly basis, starting from May 2020.[79] Given the significant work involved, the EDG then explored the possibility of shifting to a six-week cycle and keeping revision processes as "*light*" and "*simple*" as possible for field-based colleagues.[80] Interviews suggest that this was difficult to achieve in practice, and a review of the templates that were sent to countries to complete indicates an increasingly rigorous process, with an emphasis on deepening the analysis and improving the

[78] Development Initiatives & International Rescue Committee (2021), Tracking the global humanitarian response to COVID-19, April 2021.
[79] UN OCHA (2020), Global Humanitarian Response Plan COVID-19, United Nations Coordinated Appeal, April – December 2020, March 2020.
[80] IASC EDG, Teleconference on the novel Coronavirus (COVID-19) outbreak, Summary Note, 10 April 2020.

quality of country submissions with each iteration of the GHRP. The spread of COVID-19, at least in terms of reported cases, was also slower than many had expected in the majority of countries covered by the global plan, making it difficult to justify the need for monthly or six-weekly GHRP updates according to interviewees.

81. The July update of the GHRP was therefore the last iteration of the plan, and thereafter progress reports provided periodical updates on GHRP implementation. Some key informants questioned the rationale for publishing a third iteration of the GHRP, given only minimal changes on the ground in many GHRP countries between May and July, suggesting that the plan should have stopped at the second iteration – both from a credibility perspective in terms of funding requirements, and to avoid over-burdening already busy HCTs.

### 3.9.1 Use of data for evolution of the GHRP

82. Given the difficulties of collecting primary data on the impact of COVID-19 in existing humanitarian contexts and considering the quick turnaround for updating of the GHRP, there was a heavy reliance on using pre-existing data to support decision-making. For example, OCHA invested in a risk index to provide decision-makers with a suggested short-list of additional countries for inclusion in the May update of the GHRP (see section 3.4.1). Soon after, a Global Information Management, Assessment and Analysis Cell (GIMAC) on COVID-19 was established, co-led by OCHA, UNHCR, WHO and IOM, to provide technical support to GHRP countries and undertake secondary data analysis to support decision-making.[81]

83. OCHA's Centre for Humanitarian Data in the Hague was also brought in to create a user-friendly data visualization tool on the status and socio-economic impact of COVID-19 in countries with ongoing humanitarian operations. The resulting COVID-19 Data Explorer[82] draws on open data from OCHA's Humanitarian Data Exchange (HDX) platform and has been widely used by a diverse global audience.[83] The Centre for Humanitarian Data also partnered with Johns Hopkins University on predictive modelling to anticipate the scale and duration of COVID-19 in certain contexts and analyze how different response interventions might impact on the spread of the pandemic.[84]

84. The chronology described here suggests a reactive approach to gathering and analysing data to inform priorities within the GHRP. Indeed, interviewees suggest that a lack of pre-tried and tested analytical data tools as well as depleted analytical capacity and resources dedicated to data analysis (in OCHA in particular), compromised the ability of decision-makers to guide the GHRP process and overcome institutional differences on key issues such as the prioritization of countries. More positively, investments made during the period covered by the GHRP have resulted in quality products and set a new bar for data and advanced analytics to support crisis preparedness and response, as well as generating important learning on the type of data and advanced analytics needed to support collective decision-making.

### 3.9.2 Monitoring of GHRP results

85. The GHRP is the first example of a monitoring framework for a global humanitarian plan. Annual GHOs have not previously included common, global aggregated indicators beyond estimates of PiN and people

[81] GIMAC (2020), Overview of the Global Information Management, Assessment and Analysis Cell, 11 May 2020.
[82] See: https://data.humdata.org/visualization/covid19-humanitarian-operations/.
[83] OCHA/Centre for Humanitarian Data (2021), OCHA HDX COVID-19 Data Explorer: User Analysis, Key Takeaways, and Recommendations.
[84] Other important risk analysis initiatives that informed GHRP planning processes include: WFP's analysis of country-level economic and food security vulnerability; FAO's risk monitoring and analysis system on the impacts of COVID-19 on agricultural production, food security and livelihoods; and the INFORM COVID-19 Risk Index.

targeted by HRPs. The GHRP monitoring framework was, therefore, an important advance in tracking collective results across the system and has generated significant learning.

86. The first iteration of the GHRP in March 2020 includes an initial set of indicators on situation and needs monitoring, as well as response monitoring. This was elaborated in subsequent iterations of the plan, based on inputs from participating agencies, producing a detailed set of indicators allocated to specific UN agencies to report back on.[85] At the time, however, with a few notable exceptions,[86] it was unclear whether agencies were tasked with reporting back on their own institutional results or whether reporting should reflect the collective results of all sector/cluster partners (see also section 3.2.2 on configuration of the GHRP by UN agency rather than by cluster). Furthermore, in contexts without existing humanitarian sector or cluster coordination mechanisms, there was no obvious mechanism through which to gather and report on collective results of this kind.

87. Despite the best efforts of OCHA's monitoring team, which was brought in after the GHRP monitoring framework had already been elaborated, it was not possible to retroactively re-engineer the monitoring approach. Global clusters were hesitant to get involved and only a handful of INGOs agreed to submit reporting on behalf of their own organizations. As a consequence, reporting on GHRP results in the July iteration of the plan and in subsequent GHRP progress updates can, for the most part, only be interpreted as partial reporting i.e., not reflecting the results of all participating organizations in all GHRP countries. Moreover, it generally relied on organizations sharing existing data from their own organizational monitoring systems, rather than a tailored set of data to report on progress against specific indicators within the GHRP.

88. The evaluation did encounter promising practice on monitoring that is valuable for learning purposes. For example, UNFPA was responsible for reporting back on several indicators, including the number and proportion of countries where GBV services are maintained or expanded in response to COVID-19. These data did not previously exist across the system and the establishment of a new monitoring approach was required to report back on this and other indicators, not just on behalf of UNFPA but collectively and on behalf of all relevant partners. The system is not yet in place in all countries – it has proved difficult to institutionalize in non-HRP countries for example. Where it exists, however, it has continued to generate useful information during the ongoing COVID-19 response and provides a good basis for reporting on GBV services during future emergencies.

89. Interviews revealed other significant criticisms of the monitoring framework, including critiques of specific indicators which proved overly subjective and thus hard to measure, and a lack of attention to cross-cutting issues such as gender and disability. Overall, there was a heavy reliance on quantitative monitoring. As a result, in instances where significant inputs were missing from globally aggregated totals, reporting was misleading. Qualitative reporting in the form of GHRP progress reports was, however, a useful and appreciated complement to updates on quantitative indicators.

[85] The first iteration of the GHRP includes 13 indicators on situation and needs monitoring and 14 indicators on response monitoring. By June 2020, this had been expanded in a separate monitoring framework to accompany the GHRP containing 19 needs and situation monitoring indicators and 33 response indicators -

[86] For example, the Child Protection Area of Responsibility is listed as the responsible entity for reporting on child protection needs and UNICEF (Nutrition Cluster) is the responsible entity for nutrition-related situation and needs monitoring.

# 4 Conclusions

This section looks across the evaluation questions to draw overall conclusions on learning from the GHRP process. It is structured according to the two main learning areas for this paper.

## 4.1 How beneficial was the GHRP process as a new approach for collectively responding to the demands of a global crisis?

Responses to this question link to findings in sections 3.1, 3.2, 3.3, 3.5, 3.7, 3.8 and 3.9

90. The experience of developing, updating, monitoring, and finally phasing out the GHRP has generated significant learning. The COVID-19 pandemic, and the GHRP process itself, pushed the humanitarian system to its limits. The pandemic called for a quick and agile response in a fast-moving and dynamic context, filled with information gaps, unknowns and risks. All this from an IASC that has made considerable investments over previous decades in improving the rigor, quality, inclusivity and predictability of its collective action.

91. The GHRP process was perceived to have pushed many individuals and organizations outside of their comfort zone and in so doing accelerated progress in several key areas. Achievements include a newfound dynamism within the IASC from the Principals down; the rapid publication of IASC guidance on key topics underpinning the GHRP; donor responsiveness, including the orientation of pooled funds to support priorities within the GHRP and frontline responders; strengthened partnership with health and development actors; and renewed investment in data tools and platforms to support evidence-based decision-making. These are all important steps forward that set a positive trajectory for the IASC as it responds to future multidimensional and multi-country emergencies.

92. The initial iteration of the GHRP was only able to lightly sketch out the anticipated impact of COVID-19 on countries experiencing humanitarian needs. The Learning Paper considers this as reasonable given the extremely short timeframe within which it was developed and the significant information gaps that existed at the time. As such, the initial GHRP served as a legitimate '*place-holder*', creating space for a more evidence-based and bottom-up approach within subsequent iterations, and staking out the basic parameters of the humanitarian preparedness and response effort in relation to parallel COVID-19 plans on health and socio-economic recovery.

93. The GHRP's advocacy value is worth highlighting, albeit with caveats. For example, the GHRP is credited with mobilizing momentum around localization, though many expressed reservations as to the extent that the GHRP process genuinely engaged with local actors to inform planning and prioritization. Moreover, the fact that national and local organizations only directly received 2 per cent of GHRP funding is hard to reconcile with the GHRP's strong rhetoric on the value of front-line responders.

94. Greater visibility for vulnerable groups – notably refugees, IDPs, migrants and host communities – was a clear added value of the GHRP and complemented other COVID-19 response and recovery plans. The extent to which other vulnerable populations were adequately prioritized in practice, beyond being listed as particularly affected and at-risk groups, was less clear from the evidence. For example, attention to the increased vulnerability of women and girls during the pandemic, and GBV as a particular priority issue, were progressively emphasized within subsequent iterations of the GHRP. However, the necessary high-level commitment, programmes and resources to collectively mitigate and respond to the risks of GBV were lacking.

95. Taking this learning into account and looking ahead, there are some important considerations about how to manage similar processes in the future, should the need arise. One such consideration would be to strengthen the advocacy capital of the GHRP and produce a lighter, holding document in the first instance. This would create space for a bottom-up and country-driven planning process to be undertaken in slower time and demonstrate a greater level of transparency about the limitations under which it was developed, and the assumptions made during the planning process. The extent to which such a plan would meet the immediate needs of donors and trigger the release of funding, while simultaneously providing a strong enough foundation for advocacy and fundraising on key priority issues across a diverse set of country contexts, would benefit from further discussion within the IASC ahead of the next global HRP.

## 4.2 To what extent did the GHRP process facilitate an inclusive and well-coordinated response?

Responses to this question link to findings in sections 3.2, 3.4, 3.5, 3.6 and 3.8.

96. Overall, the IASC is perceived to have risen to the occasion in terms of coordinating the GHRP process under considerable pressure and with limited preparedness, as did OCHA in terms of implementing the IASC's decisions. Within IASC structures, the evaluation considers that the EDG was correctly positioned to drive the process. EDG members had the right level of authority within their organizations to come to meetings prepared to take decisions, and to ensure that those decisions were appropriately and rapidly actioned within their organizations thereafter. This was especially important given the dynamic nature of the pandemic and the fast timeline for developing and updating the GHRP.

97. Publication of the first iteration of the GHRP just two weeks after declaration of the pandemic was a remarkable achievement in and of itself. It required certain compromises and trade-offs, however, and the speed with which it was produced provided only minimal opportunities to think through the potential ramifications of those choices. The decision to structure the GHRP around a few UN agencies, for example, was certainly the most expedient way of working under the circumstances. However, it simultaneously strained relationships with NGOs as key partners within clusters and called into question the inclusivity of the response. Orienting funding requirements around those same UN agencies led to a degree of resentment and was perceived as running counter to strong rhetoric on localization within the document. Moreover, it subsequently complicated the task of 'following the money' and clearly accounting for spending of contributions towards the first iteration of the GHRP, particularly the extent to which GHRP countries benefited or not from initial global contributions to UN agencies. In addition, it created accountability challenges when it came to monitoring and reporting on collective results. In instances where significant inputs were missing from globally aggregated totals, GHRP results reporting was at best misleading and at worst meaningless.

98. Given the quick turnaround for the first iteration of the GHRP, the evaluation recognizes that UN agencies could not reasonably have been expected to convene cluster partners and aggregate collective budgetary requirements per cluster/sector. At best, budgeting per cluster would have been a rough estimate with only minimal partner consultation. However, given the route that was taken, more transparency about the process and the reasons for its lack of inclusivity at the outset, as well as clearly spelling out what was and was not included in the financial ask within the GHRP, may have generated more willingness among NGOs to engage in the GHRP process thereafter, or indeed in future global HRPs. In addition, more transparency about the increase in funding requirements between the second and third iterations of the GHRP, and the rationale for continuing to update the GHRP despite limited evidence of changing needs, could have generated greater donor confidence in the process and resulted in more consistent flexible funding.

99. Decisions on country selection were always going to be a collective compromise, based on a mix of factors and the best available information at the time. For this reason, the Learning Paper does not and cannot take a view on whether the countries selected were the correct ones or not. However, a review of the decision-making process does suggest that there is scope for a stronger bottom-up voice within IASC structures, noting some anecdotal reports of frustration among regional directors of IASC organizations at their lack of opportunity to influence decisions. Moreover, decisions on priority countries should consider the feasibility of follow-up, specifically in terms of the additional support and resources intended for priority countries as per the IASC Scale-up protocols. The experience highlights again the importance of transparency in decision-making, as greater openness about the rationale for country selection and its implications could have built greater confidence in the process and strengthened collective commitment to implement decisions.

100. Interviewees were unanimous on the need to learn lessons from the GHRP process. The response to COVID-19 demanded cooperation across global, regional, national and local levels like never before, as well as unprecedented coordination across the humanitarian, health, development and peace spheres. Where innovations emerged and the extraordinary pressure of the moment generated progress, it will be important for those investments to be sustained and for gains to not be lost. Where the GHRP exposed persistent flaws in the system that continue to hamper an effective and inclusive response, all stakeholders need to work together to resolve them. This paper begins that collaborative effort, and the next steps of the evaluation will continue the learning process. Drawing on emerging conclusions to date, the next section of the Learning Paper sets out key issues for consideration in the event of the development of another global HRP in the future.

# 5 Issues for further consideration

This section sets out the main issues for further consideration should the IASC embark on a similar process to the GHRP.

101. Based on the findings and conclusions of this Learning Paper, a set of considerations have been made to inform future global appeal processes (Table 3). The purpose of these is to stimulate discussion and reflection within the IASC to determine future ways of working which will foster greater transparency and improve predictability and inclusiveness.

**Table 3: Issues for consideration in the preparation of future GHRPs**

| Issue | Suggested considerations |
|---|---|
| **Preparedness** | Learn lessons from this experience in preparedness for the next GHRP |
| | This Learning Paper and any record of meetings to discuss its content should be kept to hand in the event of a future global emergency to serve as an aide memoire of lessons to be learned and issues to consider for subsequent global appeals processes. Beyond that, a GHRP template and process guidance document should be prepared as a starting point for future global processes of this nature. |
| **Coordination** | Ensure the next GHRP takes full advantage of IASC's global humanitarian coordination architecture and continues to benefit from quick and decisive oversight |
| | Swift decision making proved to be an essential component of the planning process for the global humanitarian response to COVID-19. Given its ability to work in an agile and empowered manner, the EDG is considered a relevant locus for leadership and decision-making for future GHRP processes. |
| | Given that a GHRP is intended to facilitate and finance a system-wide response to a global emergency, future GHRPs should be configured around existing collective coordination mechanisms. Clusters are an obvious anchor for organizing a collective response, both at global and country levels. It is acknowledged that limitations on time will necessarily preclude lengthy discussions within global clusters at the outset |

| | |
|---|---|
| | of the next global emergency, but rapid consultations with cluster partners, including NGOs, about priorities within the response and collective funding requirements would strengthen engagement in the process in addition to the final product. This may slow down the process of launching a first iteration of the plan but it will ultimately instill a greater sense of collective responsibility, trust, and engagement. If a clear process is outlined and followed, some of these additional steps may be offset by greater process efficiencies.<br><br>The COVID-19 GHRP process attracted some criticism for being too top-down and HQ-focused. However, the suggestion to address this by allowing broader regional and country consultations (in the country selection process, for example) is complicated by the different regional configurations for different IASC members and the need for swift action to be taken. As a compromise, and assuming that there is not an appetite to establish consistent geographic regions across IASC entities, EDG representatives should take responsibility to consult with their regional directors (and country-based colleagues where feasible) with a view to sharing regional and country inputs, in addition to keeping relevant stakeholders in their organizations informed of decisions-taken and actions required. |
| **Needs assessment** | Create space for an evidence- and needs-based approach while capitalizing on the opportunity to quickly generate funding and advocate for priority issues<br><br>Any initial iteration of a GHRP should be considered as a 'place holder' and clearly described as such – providing donors with an opportunity to contribute funding towards a coherent plan while there is global engagement and resources are available. It is anticipated that this should be followed by a more evidence-based, country-driven and more inclusive approach to assessing and outlining needs within subsequent GHRP iterations. A short and simple (first iteration) GHRP template should underpin this process and avoid creating an impression of rigor and engagement that is hard to achieve in practice given the inevitable time pressures and information gaps that will exist. |
| **Resource mobilization** | Present funding needs on behalf of the entire IASC system and avoid annexing particular stakeholders or issues. Demonstrate consistent transparency on spending to attract more flexible funding. Continue to build on innovations in the use of pooled funds<br><br>For the first GHRP iteration, global funding requirements should be articulated by clusters/sectors rather than UN agencies (as recommended above). Given the limited time that will be available, cluster requirements will only ever be a 'best guess'. However, even a top-line indication will serve to guide and prepare donors for the likely scale of the budget required for the global humanitarian system to respond and can be adjusted as the response progresses.<br><br>Ring-fencing funding requirements for specific sectors or actors should be avoided (e.g., NGOs, famine prevention etc.). Rather, these requirements should be included within budgets and accompanied by strong collective advocacy to underline the importance of them receiving priority attention and resources.<br><br>Advocacy for timely and flexible funding from donors should underpin any global appeals process. This should target bilateral donors as well as UN agencies that pass on funding to NGO partners. It is anticipated that this will create space within the humanitarian system to respond to emerging priorities, both globally and at country-level.<br><br>Contributions from donors towards global requirements, including flexible and unearmarked contributions, should be accompanied by a simple but robust reporting template. This will provide a level of financial transparency that was not consistently demonstrated during the COVID-19 response. This change will be fundamental to building donor confidence in the response and foster an enabling environment for flexible funding.<br><br>Lessons should be harvested and learned from the flexible and innovative use of UN-led pooled funds during the response to COVID-19. Specifically, the risks of using these funded should be assessed against the benefits of greater flexibility within the CERF and CBPFs; lessons must be learnt and transparently disseminated from the experiences of creating dedicated windows in the CERF for specific actors (e.g., NGOs) or in response to particularly urgent needs (e.g., GBV). It will be important to reflect on the pros and cons of providing global allocations to UN agencies from the CERF, given the challenge this poses to its reputation as a trusted mechanism for identifying and addressing country-driven needs. |
| **Collective response** | Ensure scale-up protocols are meaningful in the event of another global emergency. Structure future plans so that the collective response prioritizes the needs of particularly vulnerable populations |

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| | Review the *System-wide Scale-up Protocols Adapted to the COVID-19 Pandemic (2020)*, and the *Humanitarian System-wide Scale-up Activation, Protocol for the Control of Infectious Disease Events (2019)*, on which they were based, with a view to preparing a generic protocol that is fit for purpose for future global disease outbreaks. Specifically, consider either limiting the number of countries included in future GHRPs to ensure that either (i) prioritised countries can receive a meaningful level of global support; (ii) a hierarchy of priority countries is outlined, with a smaller number that may receive the full package of global support; or, (iii) scale-back expectations of what global support countries can expect to receive in the event of another global emergency.<br><br>Dedicating a strategic objective of the COVID-19 GHRP to displaced persons was an effective means of advocating for the needs of particularly vulnerable populations who were at risk of being excluded from national response planning. Future GHRPs should learn from this experience and previous public health emergencies to predict (to the extent possible) the likely impact on other vulnerable groups, including the increased vulnerability of women and girls to GBV. By focusing these plans on identified vulnerable populations, priority needs can be highlighted and prioritised for funding and/or where funds are insufficient. This would give visibility to urgent, but otherwise invisible risks and inequalities that may be heightened during the crisis. |
| **Humanitarian-development-peace nexus** | Recognize the value of trusted humanitarian funding mechanisms without over-stretching them in lieu of more timely and flexible development funding<br><br>Complementarity between humanitarian, recovery, and development plans was a strong point during the response to COVID-19. The extent to which their implementation was similarly complementary is yet to be seen and should be reviewed in light of the findings from the evaluation case studies.<br><br>Humanitarian funding mechanisms and modus operandi were considered catalytic in the COVID-19 response. However, more work is needed to facilitate the quick release of parallel recovery and development funding to avoid overstretching limited humanitarian resources in the face of ever-increasing humanitarian need. |
| **Localization** | Ensure the prominent role that local and national organizations played in response to COVID-19 is recognized and sustained, including through channeling more commensurate direct funding to frontline responders<br><br>The stark fact that only 2 per cent of GHRP funding went directly to frontline responders during the response to COVID-19 shows that resources frequently failed to reach the humanitarian agencies with greatest proximity to affected people. Despite rhetoric within the GHRP of the importance of a localized response, and in spite of emerging evidence that local and national NGOs were at the forefront of responding to the needs of affected populations, funding for local and national organizations remains inadequate. Far greater effort is required to address this funding imbalance, including through scaling up of funding for frontline responders through UN-led pooled funds – through the CBPFs in particular, but also through the CERF now that the precedent has been set.<br><br>It is unrealistic to expect national and local actors to engage in global-level discussions to inform future GHRPs, other than through established networks and consortia. With this in mind, there should be a greater honesty about the limitations which currently exist to engaging local responders. A more realistic entry point for local actors is HRPs, RRPs and other country or regional appeals. Far greater support and commitment is required from international members of the IASC to ensure that this happens in practice, and that the more prominent role that local and national organizations have played in the COVID-19 response is sustained and capitalized on in the future. |
| **Adaptive capacity** | Develop a flexible timeline for updating future GHRPs, based on available data and evidence, and accompanied by a realistic results monitoring framework<br><br>The initial commitment that was made to update the COVID-19 GHRP monthly proved unrealistic and burdensome in practice. While donors appreciated a degree of predictability about when the GHRP would be updated, greater discussion and transparency about the speed and extent to which needs were changing at country level, would have lightened the burden on all IASC members. Similarly, knowing when to shift from global to country processes and to stand down a global appeal is an important part of the process. Learning from the COVID-19 experience, suggests that a more flexible approach to updating and phasing out of global appeals is required in future. This will require discussion at the outset and throughout future global appeal processes. |

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| | Depleted data and analytical capacity within the humanitarian system compromised evidence-based decision-making during the GHRP process. More investment is required to capitalize on the promising practice that was initiated in response to COVID-19, particularly in terms of predictive modelling to support preparedness and early action.<br><br>To be effective, monitoring and reporting on collective results must be anchored in a common coordination platform, such as the clusters. Allocating reporting responsibilities to UN agencies (with a few notable exceptions) created an unresolvable problem in the case of the COVID-19 GHRP, as did an over-emphasis on quantitative indicators. Future GHRPs need to carefully consider the added value of monitoring on global results at all, beyond simple indicators such as people reached. Discussions with donors will inform the extent to which they require aggregate reporting on global appeals and whether a smarter, more qualitative approach can be negotiated, using the example of COVID-19 GHRP progress reports as a model. |

# Annexes

# Annex 1: GHRP Learning Paper Overview

### IAHE of the COVID-19 Humanitarian Response

#### GHRP Learning Paper: Overview

The purpose of this document is to clarify the purpose, scope and structure of the learning paper on the Global Humanitarian Response Plan (GHRP) for COVID-19. It also sets out the main questions to be answered in the learning paper as well as the approach that will be followed.

#### Background

The IAHE of the COVID-19 humanitarian response includes two learning papers on themes to be determined during the inception phase of the evaluation.[i] Early in the inception phase, the Management Group (MG) for the evaluation agreed that the first of the two learning papers should be dedicated to the GHRP for COVID-19.[ii]

In July 2020, the IASC Principals tasked OCHA with leading and sharing '*lessons learned from the GHRP process that can be applied to and strengthen the annual the development of the 2021 GHO'*.[iii] Thereafter, OCHA conducted a light lesson learning exercise, which concluded in October 2020. This learning paper will build on the OCHA-led exercise and the findings and recommendations that were documented during that process.

#### Purpose

The learning paper on the GHRP will serve as an input into the final evaluation report. It will also be used as a standalone document to inform future humanitarian policy and practice, specifically the development of subsequent GHOs and any dedicated, ad-hoc GHRPs that may be considered in response to future global emergencies.

#### Approach

The main sources of evidence for the GHRP learning paper will be the document review – particularly documents related to the OCHA-led lessons learned process – and KIIs. Key stakeholders to be interviewed are mainly those with a global or regional remit; though some country-level informants may also be included (based on the advice of OCHA and the MG). Many of the interviewees will also be key informants for the evaluation more broadly; in which case, questions on the GHRP will be folded into more comprehensive inception phase interviews. Other interviews will focus specifically on the GHRP process.

#### Scope

The paper will seek to cover the following main learning areas:

- How beneficial was the GHRP process as a new approach for collectively responding to the demands of a global crisis?
- To what extent did the GHRP process facilitate an inclusive and well-coordinated response?

#### Questions

In order to provide evidence on the learning areas above, and to input into the final evaluation report, the paper will seek to answer the following questions (organized according to the overall evaluation questions):

#### Preparedness

- After scale-up declaration, what preparedness measures and contingency planning were undertaken in relation to COVID-19, and how were these reflected in successive iterations of the GHRP?

[i] Learning papers have been referred to as in documentation as learning papers/evidence summaries.
[ii] The topic of the second learning paper will be determined towards the end of the inception/pilot phase of the evaluation.
[iii] IASC Principals, 27 July 2020

### Coordination and information management

- To what extent did inter-agency information management and communication mechanisms support the GHRP process?
- To what extent was the process to coordinate inputs to the GHRP effective and inclusive, both within organizations (from country and regional levels to headquarters) and between organizations?
- To what extent was there collective IASC buy-in to and ownership of the GHRP process, at all levels?
- To what extent did the GHRP process facilitate collaboration across organizations and sectors to address the multidimensional impact of the crisis?

### Needs assessment and analysis

- To what extent were country plans and response strategies within the GHRP informed by the needs and priorities of affected people, and did this change for successive iterations of the GHRP?

### Strategic planning

- To what extent did the GHRP planning process take account of and align with local, national, and regional priorities and capacities for COVID preparedness and response, and did this change for successive iterations of the GHRP?
- To what extent were the contributions of individual organizations reflected in the GHRP?

### Resource mobilization

- To what extent did the financial requirements of the GHRP reflect the COVID-19-related needs and priorities of participating agencies and countries?
- Was the GHRP process successful in mobilizing additional, quality resources for the COVID-19 response?
- To what extent were donors engaged in GHRP planning?
- What factors influenced donor decisions to contribute to the GHRP appeal?
- To what extent were internal IASC member agency funding mechanisms triggered to contribute to the implementation of the GHRP?

### Collective response mechanisms

- To what extent were global IASC strategy and scale-up mechanisms and country-level humanitarian coordination and delivery mechanisms aligned?

### Humanitarian- development-peace nexus

- To what extent did the GHRP create links and synergies across the humanitarian-development-peace nexus?

### Localization

- To what extent did the GHRP process complement and empower national and local actors in their efforts and leadership to address COVID-19-related humanitarian needs, and did this change for successive iterations of the GHRP?
- To what extent did the GHRP process consult and involve national and local stakeholders, and how well did the GHRP reflect their perspectives?

### Adaptive capacity

- To what extent did the GHRP adapt and evolve in relation to the trajectory of the crisis?
- To what extent did the GHRP monitoring framework support operational and strategic decision-making, and did it provide meaningful information on the effect of collective interventions?

### Lessons Learned

- What were the main challenges and lessons learned from the GHRP process?

- Were there any innovations or new ways of working within the GHRP process that could be incorporated into future responses?
- What are the key strategic and policy challenges and opportunities for improving the IASC's future responses to pandemics or other events with multi-country humanitarian impacts?

### Beyond the scope of the learning paper

This learning paper, which is being developed during the inception phase of the evaluation, will emphasize the *process* of GHRP planning. It will not look in any detail at the implementation and results of the GHRP, which will be covered as part of broader data collection for the evaluation and will draw primarily on evidence from the GHRP country case-studies.

### Structure

The learning paper will be no more than 20 pages without annexes. It will be structured roughly as follows:

- Introduction
- Scope, approach, and methodology
- Background and context
- Findings
- Conclusions
- Areas for further consideration in the evaluation

# Annex 2: Bibliography

This annex outlines the texts cited in this learning paper.


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# Annex 3: List of persons consulted

Presented below is a list of persons consulted for this Learning Paper and as part of broader consultations for the inception phase of the evaluation.

**GHRP Learning Paper Key Informants**

Andy Wyllie, Chief, Assessment, Planning and Monitoring Branch, OCHA

Alf Ivar Blikberg, Section Chief a.i., Asia-Pacific, Europe, Latin America and Caribbean, and Asia-Pacific (ELACAP) Section, Operations and Advocacy Division, OCHA

Allyson Chisholm, Emergency Specialist, COVID-19 Team, UNICEF

Annika Sandlund, Head of Partnership and Coordination Service, UNHCR

Daniel Hass, Humanitarian Affairs Officer, CERF Secretariat, OCHA

David Goetghebuer, Humanitarian Affairs Officer, Monitoring, OCHA

Delphine Pinault, Humanitarian Policy Advocacy Coordinator & UN Representative, CARE International

Dylan Winder, Humanitarian Counsellor, UK Mission to UN, FCDO

Farhad Movahed, Humanitarian Affairs Officer, IASC Secretariat, IASC

Françoise Ghorayeb, Senior Adviser Data in Emergencies, UNFPA

Gareth Price-Jones, Executive Secretary, Steering Committee for Humanitarian Response, SCHR

Jeoffrey Labovitz, Director for the Department of Operations and Emergencies, IOM

Julie Belanger, Acting Chief, Pooled Fund Management Branch, formerly Head of Regional Office, West and Central Africa, OCHA

Julie Thompson, Humanitarian Affairs Officer (Financing), OCHA

Kostas Stylianos, Associate Inter-Agency Officer, UNHCR

Marcy Vigoda, Senior Humanitarian Adviser, OCHA

Maria Lilian Barajas Calle, Humanitarian Affairs Officer, Coordination Branch, OCHA

Mark Lowcock, Former Emergency Relief Coordinator, OCHA

Michael Jensen, Chief, CERF secretariat, OCHA

Mike Ryan, Executive Director, WHO Health Emergencies Programme, WHO

Nicolas Rost, Head of Programme Unit and Rapid Response Lead, CERF Secretariat, OCHA

Reena Ghelani, Chair of the EDG and Director, OCHA Operations and Advocacy Division, OCHA

Rein Andre Paulsen, FAO, Director, Office of Emergencies and Resilience (formerly Head, OCHA Coordination Division, GVA, OCHA)

Sarah Telford, Lead, Centre for Humanitarian Data, OCHA

Stephen O'Malley, Director, Peer to Peer Support Project (formerly Head, COVID-19 Policy Team), OCHA

Yasser Baki, Head, COVID-19 Policy Team, OCHA (formerly ERC Chief of Staff), OCHA

**Evaluation Inception Phase Key Informants (Interviews covered aspects relevant to the GHRP)**

Anders Nordstrom, Ambassador for Global Health, UN Policy Department, Ministry for Foreign Affairs, Sweden

Andri-van Mens, First Secretary Humanitarian Affairs, Permanent Representation of the Netherlands to the United Nations

Azmat Khan, Chief Executive Officer, Foundation for Rural Development

Christian Els, Data Chief, Ground Truth Solutions

Dr Javed Ali, Emergency Response Director/Senior Medical Advisor, IMC

Gabriella Waaijman, Global Humanitarian Director, Save the Children

Gopal Mitra, Senior Social Affairs Officer, Disability Team, Executive Office of the UN Secretary-General

Glyn Taylor, Team Leader, Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic, Humanitarian Outcomes

Jeremy Wellard, Head of Humanitarian Coordination, ICVA

Lars Peter Nissen, Director, ACAPS

Mary Pack, Vice President Humanitarian Leadership and Partnership, IMC

Marina Skuric-Prodanovic, Chair of GCC; Chief, System-wide Approaches and Practices Section, OCHA

Meg Sattler, Director, Ground Truth Solutions

Meltem Aram, Founding Director, Development Analytics

Michael Mosselmans, Head of Humanitarian Programme Policy, Practice and Advocacy, Christian Aid

Pascale Meige, Director, Disaster and Crisis Prevention, Response and Recovery Department, IFRC

Rachel Maher, AAP Focal Point, OCHA

Ruth Hill, Lead Economist, Global Unit of the Poverty and Equity Global Practice, World Bank

Smruti Patel, Founder, Global Mentoring Initiative

Ted Freeman, Team Leader, System Wide Evaluation, Consultant

Valerie Guarnieri, Assistant Executive Director, WFP Programme and Policy Department

Violet Kakyoma, Resident Coordinator/Humanitarian Coordinator, Chad, UN

# Annex 4: Countries included in the GHRP

Countries included in the GHRP in March 2020

- Countries with HRPs: Afghanistan, Burkina Faso, Burundi, Cameroon, CAR, Chad, Colombia, DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, oPt, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela and Yemen.
- Countries with RRPs: Angola, Burundi, Cameroon, Chad, DRC, Egypt, Iraq, Jordan, Kenya, Niger, Nigeria, Lebanon, Republic of Congo, Rwanda, South Sudan, Uganda, Tanzania, Turkey and Zambia.
- Venezuela RMRP: Argentina, Aruba, Bolivia, Brazil, Chile, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay.
- Others: Bangladesh (JRP), DPR Korea and Iran.

### Countries that were added as part of the May 2020 update of the GHRP

Added:
Benin, Djibouti (part of the RMRP1), Liberia, Lebanon (also part of the 3RP for Syria), Mozambique, Pakistan, the Philippines, Sierra Leone, Togo and Zimbabwe.

### Watchlist:

Côte d'Ivoire, Guinea, Kenya, Malawi, Northern Triangle of Central America (El Salvador, Guatemala and Honduras), Papua New Guinea, Timor-Leste, Small Island Developing States in the Caribbean and the Pacific, and Uganda.

### Countries on the 'at risk and to watch' list in the July 2020 update of the GHRP

Côte d'Ivoire, Ecuador, Guinea, Indonesia, Malawi, Nepal, Northern Triangle of Central America (El Salvador, Guatemala and Honduras), Papua New Guinea, and Small Island Developing States in the Caribbean and the Pacific.

# Annex 5: Mapping of the GHRP, SPRP and the UN framework for the immediate socio-economic response to COVID-19

| Outside scope of IAHE | Within the scope of the IAHE | | | Outside scope of IAHE |
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| SPRP | | GHRP Strategic priorities/specific objectives | SERP | |
| SPRP beyond scope of GHRP | SPRP/GHRP Objectives Overlap | | SERP/GHRP Objectives Overlap | SERP beyond scope of GHRP |
| | GHRP Strategic Priority 1. Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality | | | |
| A. Rapidly establishing international coordination and operational support<br>- Partner coordination (GOARN, technical experts/research networks, financial partners) | A. Rapidly establishing international coordination and operational support<br>- Partner coordination (inc. humanitarian coordination by UN and partners)<br>- Epidemiological analysis and forecasting<br>- Risk communication and managing the infodemic<br><br>B. Scaling up country readiness and response operations<br>- Country coordination (inc. clusters)<br>- RCCE | **1.1 Prepare and be ready:** prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems | 1. Health First: Protecting health services and systems<br>- Programme implementation and technical support (inc. capacity-building, joint programming, support for disability-inclusive response, field-based health care in some conflict settings)<br>- Support on tracking and reaching vulnerable populations<br><br>5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement<br>- Empower community resilience, participation, and equitable service delivery | |
| A. Rapidly establishing international coordination and operational support<br>- Laboratory and diagnostics (global diagnostic capacity) | A. Rapidly establishing international coordination and operational support<br>- Laboratory and diagnostics (partial overlap on WHO support for test availability in regions and countries<br>- Technical expertise and guidance | **1.2 Detect and test all suspect cases:** detect through surveillance and laboratory testing and improve the understanding of COVID-19 epidemiology | 1. Health First: Protecting health services and systems<br>- Analytical and policy support, and rapid technical guidance | |

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| | B. Scaling up country readiness and response operations<br>- Surveillance<br>- Points of entry<br>- Rapid response teams<br>- Infection prevention and control | | | |
| | A. Rapidly establishing international coordination and operational support<br>- Technical expertise and guidance<br><br>B. Scaling up country readiness and response operations<br>- Country coordination (inc. clusters)<br>- RCCE<br>- Surveillance<br>- Points of entry<br>- Rapid response teams<br>- Infection prevention and control | **1.3 Prevent, suppress and interrupt transmission:** slow, suppress and stop virus transmission to reduce the burden on health-care facilities, including isolation of cases, close contacts quarantine and self-monitoring, community-level social distancing, and the suspension of mass gatherings and international travel | 1. Health First: Protecting health services and systems<br>- Analytical and policy support, and rapid technical guidance<br><br>5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement<br>- Empower community resilience, participation, and equitable service delivery | |
| | A. Rapidly establishing international coordination and operational support<br>- Technical expertise and guidance<br><br>B. Scaling up country readiness and response operations<br>- Country coordination (inc. clusters)<br>- RCCE<br>- Rapid response teams<br>- Case management and continuity of essential services | **1.4 Provide safe and effective clinical care:** treat and care for individuals who are at the highest risk for poor outcomes and ensure that older patients, patients with comorbid conditions and other vulnerable people are prioritized, where possible | 1. Health First: Protecting health services and systems<br>- Programme implementation and technical support (inc. capacity-building, joint programming, support for disability-inclusive response, field-based health care in some conflict settings)<br>- Support on tracking and reaching vulnerable populations<br><br>5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement<br>- Empower community resilience, participation, and equitable service delivery | |

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| A. Rapidly establishing international coordination and operational support<br>- Laboratory and diagnostics (global diagnostic capacity)<br><br>C. Accelerating priority research and innovation<br>- global research and innovation priority setting | A. Rapidly establishing international coordination and operational support<br>- Laboratory and diagnostics (partial overlap on WHO support for test availability in regions and countries)<br>- Technical expertise and guidance<br><br>C. Accelerating priority research and innovation<br>- global coordination of all stakeholders<br>- common standards for clinical trials, specimen sharing, and data sharing | **1.5 Learn, innovate and improve:** gain and share new knowledge about COVID-19 and develop and distribute new diagnostics, drugs and vaccines, learn from other countries, integrate new global knowledge to increase response effectiveness, and develop new diagnostics, drugs and vaccines to improve patient outcomes and survival | | |
| | A. Rapidly establishing international coordination and operational support<br>- Pandemic supply chain coordination (medical supply chain)<br>- Travel and trade (advice)<br><br>B. Scaling up country readiness and response operations<br>- Logistics, procurement and supply management | **1.6 Ensure essential health services and systems:** secure the continuity of the essential health services and related **supply chain** for the direct public health response to the pandemic as well as other essential health services | 1. Health First: Protecting health services and systems<br>- Analytical and policy support, and rapid technical guidance<br>- Programme implementation and technical support (supply chain) | |
| | GHRP Strategic Priority 2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods | | | |
| | | 2.1 Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic, through their productive activities and access | 2. Protecting people: Social protection and basic services<br>- Scale up and expand resilient and pro-poor social protection systems<br><br>3. Economic response and recovery | 3. Economic response and recovery<br>- Integrated, country-specific policy advice and programme support (support to businesses to contain layoffs, support for |

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| | | to social safety nets and humanitarian assistance | - Integrated, country-specific policy advice and programme support (expansion of SSNs)<br>- Scaling-up employment intensive programming (immediate employment schemes)<br>- Support to young people and social partners in entrepreneurship and social innovation in response to COVID-19 (immediate)<br>- Technical support to women micro and small entrepreneurs<br>- E-commerce and digital solutions to allow secure access to services needed at the time of crisis, particularly by vulnerable groups<br><br>5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement<br>- Empower community resilience, participation, and equitable service delivery | boosting employment during recovery)<br>- Scaling-up employment intensive programming (design gender-responsive fiscal stimulus packages)<br>- Support to young people and social partners in entrepreneurship and social innovation in response to COVID-19 (longer-term)<br>- Support on strategies to green fiscal stimulus packages<br>- Rapid and gender-responsive socioeconomic assessments and labor market and business environment diagnostics<br>- Advice on nature-based solutions for development, including for SMEs<br>- Business linkages support<br>- Investments to improve productivity and working conditions in micro and small firms<br>- Technical support to women micro and small entrepreneurs<br>- Digital payments support<br>- Assistance to address trade challenges and facilitating trade flows |
| | B. Scaling up country readiness and response operations<br>- Country coordination (inc. clusters)<br>- RCCE | **2.2 Ensure the continuity and safety from risks of infection of essential services** including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence | 2. Protecting people: Social protection and basic services<br>- Maintain essential food and nutrition services<br>- Ensure continuity and quality of water and sanitation services<br>- Secure sustained learning for all children, and adolescents, preferably in schools | 5. Social cohesion and community resilience<br>- Support to governance, fundamental freedoms and the rule of law |

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| | - Case management and continuity of essential services (for other health services) | services), water and sanitation, food supply, nutrition, protection, and education for the population groups most exposed and vulnerable to the pandemic | - Support the continuity of social services and access to shelters<br>- Support victims of GBV<br><br>5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement<br>- Empower community resilience, participation, and equitable service delivery | |
| | A. Rapidly establishing international coordination and operational support<br>- Pandemic supply chain coordination (contingency planning to mitigate disruption to non-medical supply chain)<br>- Travel and trade (advice) | 2.3 Secure the continuity of the supply chain for essential commodities and services such as food, time-critical productive and agricultural inputs, sexual and reproductive health, and non-food items | | |
| | GHRP Strategic Priority 3. Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic | | | |
| | B. Scaling up country readiness and response operations<br>- Country coordination (inc. clusters)<br>- RCCE<br>- Case management and continuity of essential services (for other health services) | 3.1 Advocate and ensure that the fundamental rights of refugees, migrants, IDPs, people of concern and host population groups who are particularly vulnerable to the pandemic are safeguarded, and that they have access to testing and health-care services, are included in national surveillance and response planning for COVID-19, and are receiving information and assistance | 1. Health First: Protecting health services and systems<br>- Programme implementation and technical support (inc. capacity-building, joint programming, support for disability-inclusive response, field-based health care in some conflict settings)<br>- Support on tracking and reaching vulnerable populations (includes refugees and others living in camps)<br><br>3. Economic response and recovery<br>- E-commerce and digital solutions to allow secure access to services needed at the time of crisis, particularly by vulnerable groups<br><br>5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement | 5. Social cohesion and community resilience<br>- Support to governance, fundamental freedoms and the rule of law |

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| | | | - Empower community resilience, participation, and equitable service delivery | |
| | B. Scaling up country readiness and response operations<br>- RCCE | 3.2 Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level | 5. Social cohesion and community resilience<br>- Inclusive social dialogue, advocacy, and political engagement<br>- Empower community resilience, participation, and equitable service delivery | 5. Social cohesion and community resilience<br>- Support to governance, fundamental freedoms and the rule of law |

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