

# **GLOBAL HUMANITARIAN RESPONSE PLAN FOR THE COVID-19 PANDEMIC**

## **TEMPLATE FOR COUNTRY OFFICES**

16 March 2020

### **I – HUMANITARIAN NEEDS ANALYSIS**

#### **1.1- Public health impact of the COVID-19 epidemic**

- a) Health effects on people
  - *Incidence, mortality*
  - *Most vulnerable and affected population groups, according to age, pre-existing pathologies, and socio-economic conditions e.g. ability to access and receive treatment (especially in the two groups of countries including due status (e.g. displaced persons) and cultural norms*
- b) Effects on health systems
  - *Ongoing surveillance, preparedness and health response to cases.*
  - *Effectiveness and challenges.*

#### **1.2 - Indirect impact of the COVID-19 epidemic**

- a) Macro-economic effects

*This section is about effects already occurring, not about risks (the latter are covered in section 1.3 below). As such some of the bullet points below may not apply if the effects have not yet materialized, and might be moved to the risks analysis section.*

- *Reduction of industrial and tertiary services production affecting domestic consumption, international trade and balance of payment/public and private debt/fiscal space.*
  - *Impact on food systems including production (availability) and access (physical and economic/prices).*
  - *Rise of under-employment and unemployment.*
- b) Indirect effects on people
    - *Effects on health and survival: decreased treatment of other pathologies and decreased preventive health care, pre-/post-natal care, due to acute pressure on health systems and insufficient resources to augment staff, health care space and supplies; increased malnutrition due to decreased food security and health care*
    - *Effects on society and human development: decreased education due to school closure; decreased solidarity due to lower participation to community-based initiatives; decreased access to some sources of information based on inter-personal communication potentially giving rise to rumours and behaviours contradicting recommended preventative and protective personal actions.*
    - *Effects on livelihoods:*
      - *Decreased income and purchasing power due to loss of jobs and work opportunities, restricted mobility (internal and international), loss of access to productive inputs, loss*

*of access to markets, decreased productivity because of sickness, increased health expenditures.*

- *Increased food insecurity linked to decreased food production due to lack of agricultural inputs and loss of labour due to sickness or less manpower.*
- *Effects on protection and rights: lack of consideration to specific groups such as IDPs, migrants and some refugees; decreased acceptance of asylum seekers requests; increased border limitations and refoulement of migrants and refugees; increased xenophobia.*

c) Most affected population groups

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

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

### **1.3 – Expected evolution of the situation and needs until December 2020**

*Review section 1.2 and project changes (positive and negative) for each of the points.*

*Include the effects on the delivery of humanitarian response, such as travel restrictions on humanitarian workers, disruption of supply chains, rising cost of goods etc.*

*Summarise the population groups most at-risk in the next 9 months.*

## **II – RESPONSE APPROACH**

*The response approach should take into account response already ongoing to address the effects of the epidemic and as part of the Humanitarian Response Plan. It should also consider the operational constraints due to movement restrictions and supply chains disruption.*

### **2.1 - Response to public health impacts**

a) Ongoing response

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

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

b) Response gaps and challenges

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

### **2.2 - Response to indirect effects on people**

a) Ongoing response

*Relate the response to the additional needs provoked by the COVID-19 epidemic to the rest of the responses already ongoing under the HRP.*

b) Response gaps and challenges

*Indicate what remains to be done, including what must be expanded from the ongoing HRP and what must be done additionally as it was not foreseen in the HRP.*

*Explain the extent to which the response can be implemented within the scope of the HRP without warranting an adjustment of the narrative but with an additional cost, versus a more extensive revision of the HRP.*

*Specify time-critical interventions, including which ones need to be implemented first, and which ones must be implemented in the next 9 months as per the strategic priority and to achieve the specific objectives.*

### **III – COORDINATION MECHANISMS**

*Confirm the coordination mechanism and leadership of the RC/HC with the Humanitarian Country Team. Indicate any additional coordination mechanism, working group/task team etc. establish at inter-cluster level or within individual clusters.*