



COVID-19 Response Readiness and Humanitarian Response Plan Revision Guidance Note

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Key messages about the COVID-19 Global Humanitarian Response Plan

- The IASC Global Humanitarian Response Plan (GHRP) for COVID-19 is the primary vehicle for raising resources for the **immediate COVID-19-related health and multi-sectoral** (water, sanitation & hygiene, food security & livelihoods, protection, nutrition, education, logistics, air assets, shelter & camp management and camp coordination) **needs of the humanitarian populations of concern in 40 plus “priority” countries**. In most cases, these populations are only a proportion of the entire population in those countries.
- The GHRP aggregates relevant COVID-19 appeals and inputs from WFP, WHO, IOM, FAO, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF, and complements the appeals of the International Red Cross and Red Crescent Movement and NGOs. **Funding for this rapid response** will be through UN agencies, NGOs, the CERF and Country-Based Pooled Funds.
- In cases where a **humanitarian population’s vulnerability is significantly affected by COVID-19**, that country’s humanitarian response plan (HRP) and/or inter-agency refugee response plans led by UNHCR will be locally adjusted to reflect those additional needs taking into account gendered impacts.
- For the **immediate health response**, updated versions of the GHRP will be an important tool for raising resources for other countries beyond those included in the first version of the GHRP (in the same way that Iran was included that initial iteration). Where only modest financing is needed to support the health response, it will be sought through updated versions of the GHRP. In more severe cases, additional HC/HCTs may be established on a case-by-case basis (as for other sudden onset emergencies globally). Additional countries may be added to the GHRP, based on a clear decision made by the Emergency Directors Group.
- Financing requirements **for medium- and longer-term socio-economic support** will be identified in the coming weeks, building on the Secretary General’s report “Responding to the socio-economic impacts of COVID-19”. Resources for these needs will be mobilised through other, non-humanitarian, funding sources including national resources, international financial institutions, bilateral assistance, the UN development assistance and the Secretary-General’s UN COVID-19 Response and Recovery Fund. These sources will likely apply to a large number of countries including many that are not currently covered by humanitarian plans. **RCs/UNCTs are expected to play an important role in this regard**.
- Where the impact is less severe and no humanitarian operation is warranted, UNCTs will use existing programmes, develop new interventions, and/or where possible repurpose existing resources, to support governments in managing and mitigating the crisis.

1. Introduction

In countries already facing a humanitarian crisis, the COVID-19 pandemic has led to changes in humanitarian needs. It is also negatively affecting humanitarian actors’ ability to operate and deliver against set targets. As a result, country humanitarian responses may need to be adjusted.

The [Global Humanitarian Response Plan](#) (GHRP) for COVID-19, launched on 25 March 2020, presents an initial analysis of the direct and indirect effects of the COVID-19 pandemic and articulates global response approaches. In parallel, the World Health Organization (WHO) is preparing a revision of its [Strategic Preparedness and Response Plan](#) (SPRP), which invites national Governments to develop their own country Preparedness and Response Plan (PRP) in line with the eight guiding principles¹. The SPRP and PRPs focus on the direct public health aspects of the pandemic in all countries around the world, while the GHRP focuses on interventions to address the first humanitarian consequences of the pandemic in 53 countries already facing a humanitarian crisis addressed through a HRP, an inter-agency refugee response led by UNHCR and other inter-agency humanitarian response documents.

Over the coming weeks, Humanitarian Country Teams, Inter-Cluster Coordination Groups and Clusters will be working together to update their operations and activities, reprogramming whenever possible, identifying possible new requirements to respond to the first consequences of COVID-19 and preparing for possible outbreaks. The outcomes of these deliberations and adjustments at country-level will form the basis for the next iteration of the GHRP, due for dissemination on or around 1 May. The GHRP will continue to be updated on a monthly basis, regularly capturing ongoing country-level adjustments to the needs analysis and response. The adjustments that address the first consequences of COVID-19 on humanitarian operations, and those that relate to readiness and preparedness for possible outbreaks, are the ones that will be captured in the GHRP. The next iteration of the GHRP will pay attention particularly to updates to the operational context and response/preparedness priorities outlined in the country page annexes of the original GHRP.

Going forward, for an adjusted HRP and/or inter-agency refugee response plan to be reflected in the GHRP, adjustments will need to be completed, ideally, two weeks before the publication of the next iteration of the GHRP (which aims to be on the first day of each month).

Requirements related to broader humanitarian responses to COVID-19, particularly some of the indirect socio-economic impacts of the pandemic, will be better captured during the annual Humanitarian Programme Cycle (HPC) exercise. That said, the work that field teams are doing now within the framework of the GHRP should offer a head start on longer-term planning.

This guidance note aims to provide clarity on next steps and considerations for humanitarian teams that find it necessary to adjust their HRP or other humanitarian plan. **Country offices are encouraged to use [the template](#) previously shared with them (which was used to facilitate inputs for the first iteration of the GHRP)**². The sections on strategic priorities, associated activities and monitoring framework in the GHRP³ will also help teams focus on the type of analysis and planning required for this second iteration. **Adjustments to country-level plans should focus only on a few key components of a country's existing HRP document, rather than a full rewrite of the HRP.**

¹ WHO's preparedness and response plans rest upon eight pillars: 1) country-level coordination, planning and monitoring, 2) risk communication and community engagement, 3) surveillance, rapid response teams and case investigation, 4) points of entry, 5) national laboratories, 6) infection prevention and control, 7) case management, and 8) operational support and logistics. For more information, please see: <https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf>

² The template is available at the OCHAHub Coronavirus page (<https://unitednations.sharepoint.com/sites/OCHACoronavirus>), as a [Word Document](#) or [PDF](#).

³ Available at: <https://www.humanitarianresponse.info/fr/programme-cycle/space/document/covid-19-global-humanitarian-response-plan>

The guidance note covers the following:

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

This guidance note does not address questions about the geographic scope of the GHRP, or what, if any, additional countries will be included in the next iteration. Criteria and models for including other countries in the GHRP are to be agreed by the IASC. NGOs are encouraged to engage in both the GHRP and country-specific HRP revisions through the usual coordination mechanisms at country level, thereby ensuring that their activities and funding requirements are more adequately taken into consideration.

The guidance note does not cover coordination mechanisms in detail, as these are already covered in the GHRP. At the field level, the usual coordination mechanisms apply, including liaison with and support to national coordination structures, established coordination under the 3RP, RRP, JRP and RMRPs, and civil-military coordination procedures. At global level, the Inter-Agency Standing Committee (IASC) under the leadership of the Emergency Relief Coordinator, will oversee the global-level coordination and will liaise with other stakeholders, such as the UN Crisis Management Team, as needed. For the refugee response, UNHCR will use the existing coordination structures in place at global and regional levels. Please refer to the GHRP document, section on “Coordination Mechanisms” for more information including for countries without a humanitarian plan.

2. Review the analysis of needs and risks

While there is no need to update formally the Humanitarian Needs Overview (HNO), it would be helpful to review the needs analysis to assess both the health and non-health impacts of the COVID-19 pandemic and thus proceed with the revision, re-prioritization and adaptation of current responses in the HRP.

The context-based needs and risk analysis should distinguish between the health and non-health (e.g. socio-economic and protection) impacts of COVID-19. The analysis should examine the impact on the vulnerable groups identified in the current HNO; assess the possibility of additional caseloads due to the pandemic; and analyze current and future impact on humanitarian operations. COVID-19 will likely be the center of attention for humanitarian actors in the coming months. However, recurrent risks not related to COVID-19 could still materialize (e.g. seasonal floods) and create additional humanitarian needs that country teams will have to address. Therefore, it is important to maintain regular and thorough risk monitoring for other types of disaster and prepare accordingly. For COVID-19 related needs and risks, the following should be taken into consideration:

- **Health impact:** Effects of the COVID-19 pandemic on people (incidence, mortality, most vulnerable groups) and health systems (capacity to test and treat). Effects on treatment of other pathologies and corresponding health services (e.g. sexual and reproductive health, immunisation, nutrition, survivors of gender-based violence, mental health and psycho-social support, survivors of explosive ordnance). Avoid repeating analysis already undertaken by the health cluster – draw from it instead.

- **Non-health impact on vulnerable groups (in high-risk areas, such as camps, migrant detention centers or urban slums) and the potential for new caseloads:** Effects of international and government measures, economic downturn, disruption of markets, disruption of education and protection services, disruptions of humanitarian operations on the lives, livelihoods and rights of the most vulnerable population groups, potential rise in gender-based violence, including intimate partner violence.
- **Impact on humanitarian operations:** Effects of government measures, supply chain disruptions, humanitarian staffing, measures by local partners, access restrictions, interruption of mental health and psycho-social support services, restriction to mine action, etc., impacting the delivery of humanitarian aid and the Centrality of Protection.

3. Objectives of adjusting the HRP

The aim of adjusting the HRP is to ensure that the impacts of the COVID-19 pandemic, in addition to existing needs, are addressed in the ongoing humanitarian response. Adjusting the HRP can make use of three strategies: (1) reprioritizing activities (including putting on hold some activities⁴); (2) adapting existing activities to operate under new constraints and/or (3) aligning the HRP with global plans. These strategies are explored in sections 4 and 5.

4. Alignment with other plans

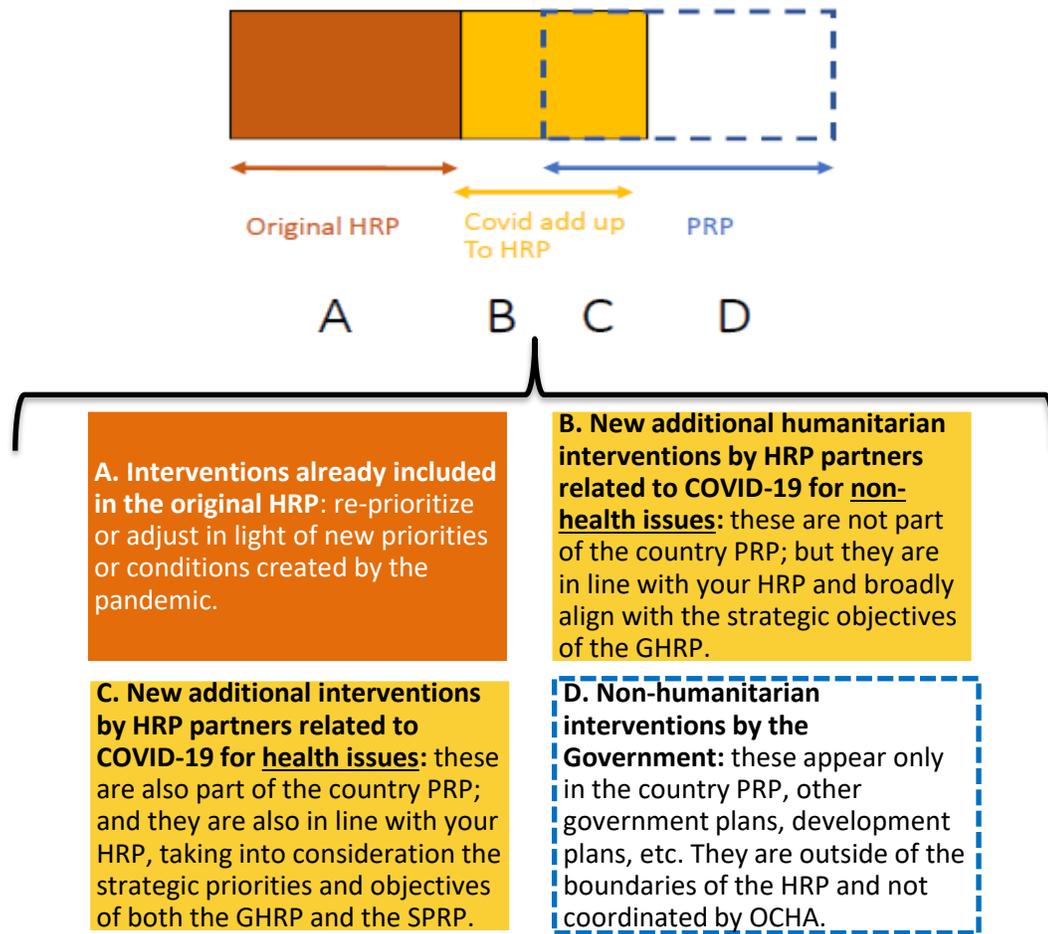
There are currently two global plans: the [Global Humanitarian Response Plan for COVID-19](#) (GHRP) and the [Strategic Preparedness and Response Plan](#) (update expected by end of April). Many Governments have also issued their own Preparedness and Response Plans, which fall under WHO's SPRP. At country-level, there is also the wider Cooperation Framework overseen by the Resident Coordinator. Finally, agencies and NGOs may have their own plans.

The most important linkages are those between new humanitarian COVID-19-related interventions in a revised HRP, and activities in the country COVID-19 PRP:

- **Adjusted HRP, integrating COVID-19 elements throughout the plan:** This approach would involve changes in both the original HRP strategy and log frame, and it would possibly introduce new COVID-19-related interventions. The latter would be based on the COVID-19 GHRP and should be generally aligned with the GHRP's priorities and objectives. As with any HRP, the GHRP excludes Government-led and development-related interventions. In countries covered by both an RRP and an HRP, COVID-19 adjustments should be aligned in both plans.
- **Country COVID-19 Preparedness and Response Plan (PRP):** This plan covers all health interventions related to COVID-19 in the country. It is prepared by the Government with the support of WHO and includes all actors e.g. national and local authorities, local, international, humanitarian or development actors. As a result, and as shown in the graph below, the HRP and the PRP are likely to overlap.

To ensure complementarity and alignment rather than simple overlap, it is essential to remember the four considerations below when structuring your revised HRP.

⁴ UN programme criticality frameworks may be used to help with re-prioritization. While these frameworks are useful for UN bodies, the re-prioritization exercise may need to be broader as the programme criticality framework does not typically include NGOs. See <https://programme-criticality.org/Static/index.html?loc=En>



5. Approach and scope of adjusting the HRP

Recommended approach

Adjusting the HRP while ensuring alignment with other plans should focus on three elements: (a) **what needs to change** in the existing HRP due to shifting priorities (i.e. re-prioritizing and adjusting), (b) **what actions should be added** in relation to COVID-19 and (c) what is **no longer a priority or no longer feasible**. The revision could be presented in one of two ways:

- EITHER integrated into existing sections of the original HRP document (e.g. main text and cluster chapters incorporating inputs on COVID-19)
- OR presented as an COVID-19-specific addendum to the HRP, using the [GHPR template](#)⁵ as a model.

If teams intend to present an addendum as a stand-alone document, then it will be necessary to clearly explain in the stand-alone document if/how the **non-COVID-19** response of the original HRP is being modified. Stand-alone documents should be designed to be read in conjunction with the HRP.

⁵ The template is available at the OCHAHub Coronavirus page (<https://unitednations.sharepoint.com/sites/OCHACoronavirus>), as a [Word Document](#) or [PDF](#).

An addendum should ideally be treated as part of the overall country HRP framework, rather than an entirely separate plan. This will help to avoid future complications when it comes to monitoring and tracking.

Scope

The scope of current updates to the country HRP (whether integrated or presented as an addendum) should be defined by the following:

- Whether COVID-19 direct effects or containment measures are already affecting response operations.
- Expected type, magnitude and severity of needs resulting from direct and indirect effects.
- Available capacity to implement interventions.
- Time-critical and/or high impact life-saving interventions required.
- Operational capacity to deliver the above-mentioned interventions at scale.
- Feasibility of logistics requirements of time critical and/or high impact life-saving interventions.
- Activities/interventions that should be paused or no longer pursued as timeframe, humanitarian access and other conditions do not allow implementation.

If no COVID-19 cases are yet identified and/or no measures have been taken to contain the pandemic, focus on response readiness and preparedness outlined in section 6 below.

If COVID-19 cases have been identified and/or measures have been taken to contain the pandemic, focus on revising, reprioritizing and adapting relevant interventions.

In all cases:

- Update your planning assumptions⁶ or parameters.
- Assess what response options and modalities will work best serve, including in-kind and cash and voucher assistance options. Specifically, examine the availability and functionality of financial service providers and of pre-existing social protection systems, as well as functional risks (price changes, access, flows).⁷
- Adapt the objectives of the response (what to do, to achieve what), and the response approach (which sectors, which inter-sector) to measures taken to prepare for, delay and address the pandemic.

⁶ For instance, the COVID-19 epidemiological curve could be used to make some assumptions of how the virus it will spread. One assumption could be that the number of COVID-19 cases could increase by X per cent and overwhelm public health systems.

⁷ In terms of Cash Voucher Assistance (CVA) programming, consider COVID-19 specific risks and challenges such as:

- Availability of financial service providers, such as banks, following potential closures;
- Functioning of and access to markets, following the potential disruption of supply chains;
- Gathering of beneficiaries at locations to collect vouchers and cash;
- The risk of further contagion through the physical use of cash and bank cards.

Further guidance on CVA is available at: <https://www.calpnetwork.org/publication/cva-in-covid-19-contexts-guidance-from-the-calp-network/>

- Consider risk communication and community engagement elements for your revision⁸.
- Estimate the additional cost, while factoring potential decreases due to responses that cannot be implemented anymore (section 7).
- Adjust the monitoring framework to factor in COVID-19 interventions and de-prioritized interventions. Take into account monitoring indicators agreed upon for the GHRP and the SRPR (section 8).
- Enable COVID-related financial tracking of requirements and contributions (section 9).
- Gender considerations in particular the immediate protection risks for women and girls, as well as other gendered impacts must be included in the revision.
- Country teams can also refer to IASC-endorsed guidance on responding to different dimensions of the COVID-19 crisis, including gender, schooling, food distributions, camp management, mental health and psychosocial support⁹.

6. Response Readiness and Preparedness¹⁰

Adjustments to the country HRP should integrate response readiness and preparedness. In order to make the best use of the limited time to prepare for the impacts of COVID-19, consider the following steps¹¹:

Step 1 – Prioritizing humanitarian interventions (covered in Section 4)

Based on context-based needs and risk analysis, identify priority and time-critical interventions as a first step.

Step 2 – Capacity analysis

Once the priority humanitarian interventions are identified, OCHA should facilitate a review of cluster capacity to deliver prioritized and time-critical/high impact interventions. This review should also help identify current and future gaps that would negatively impact the ability to undertake interventions. Key considerations are:

- What logistical and operational requirements should be in place to deliver prioritized interventions? Have these logistical requirements been adapted to the COVID-19 pandemic context?
- Have response modalities been reviewed to allow implementation of interventions in the context of COVID-19, taking into consideration the Do No Harm approach?
- What are the available stocks and what is the pipeline status? Is a pipeline break expected in the next three months?
- What procurement processes (including importation and customs) are in place for essential supplies?

⁸ [Click here for detailed OCHA internal note](#) on risk communication and community engagement

⁹ IASC guidance on responding to the COVID-19 crisis can be accessed here: <https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response>

¹⁰ For additional support please contact **John Long** (longj@un.org) or **Ben Negus** (negus@un.org), APMB. For examples of what is being done in different countries and regions in terms of preparedness, as well as links to contingency plans and other preparedness documents, log on to the ERP Platform. The platform can be accessed as follows: <http://sara.un-ocha.org/> **Login:** erptool@gmail.com **Password:** Erp63203W

¹¹ Existing Emergency Response Preparedness (ERP) plans should also be reviewed to support the scale up of response readiness.

- Are pre-existing social protection systems functional? Are markets functional? Can they meet the demand for essential supplies?
- What staff capacity and technical expertise are required and are they available?
- Has consideration been given to sharing staff capacity and technical expertise?
- Has consideration been given to joint procurement and logistics – both local and international? Or front loading of supplies?
- Has consideration been given to using the same implementing partners and carrying out joint distributions?

Step 3 – Preparedness actions to fill readiness gap

Based on the gaps identified through the capacity analysis, Clusters and partners will need to identify and implement preparedness actions to fill these gaps (see table below for examples). Consult the Minimum and Advanced Preparedness Checklist of the Emergency Response Preparedness (ERP) Guidelines¹² for more details.

Gap	Preparedness action
Implementing partners have not been trained on distribution guideline	Conduct a training for partners (using remote techniques if/as necessary)
Lack of logistic capacity	Identify local logistic providers or partner with other agencies on using a joint logistics approach, etc.).

The following criteria should be used as a guide to prioritize preparedness actions:

1. What preparedness action will have the biggest positive impact on the response?
2. Do you have the capacity to implement the preparedness action? Is it realistic to implement the preparedness action within the current timeframe? If not, rethink the response activity.
3. Focus should be given to preparedness actions that can only be done in country i.e. identifying and training local partners, strengthening communications with local authorities. Consider what can be outsourced to HQ or regional level e.g. strengthening international procurement or information management.

7. Revision of the financial requirements (costing)

Overarching guidance

Whether making adjustments directly in an HRP or preparing an addendum to the HRP, teams are requested to **use the same costing methodology as was used for the 2020 HRP**. To the extent possible, additional requirements for COVID-19-related response should be distinguished from non-COVID-19 requirements. **It is equally important that the HRP always presents gross requirements**, as opposed to net requirements (i.e. requirements from which received contributions have already been deducted).

The headline requirements figure will be the total requested amount for your entire updated HRP, including both COVID-19 and non-COVID-19 response. This headline figure should be further split into two figures: the additional requirements for COVID-19 (which will align with future revisions of the GHRP), and the revised requirements for non-COVID-19 response (which

¹² ERP Guidelines: <https://www.humanitarianresponse.info/en/coordination/preparedness>

can be compared with your original HRP requirements to see how these have changed). See the sections below on activity- or project-based costing for further guidance.

If you are aware that organizations/agencies have already received funding for COVID-19 at country level, help ensure these contributions are reported to FTS, through the organisations' usual reporting arrangements. The same applies to any contribution already reported to FTS that organizations/agencies wish to re-program towards the COVID-19 response.

It is best not to reflect contributions in the COVID-19 document. Should you wish to mention the availability of funding for the response, please refer to FTS officially reported figures.

Recommended steps for Activity-costed HRPs

- Adjust the existing financial requirements of your clusters or activities based only on (a) reductions in scope¹³ due to non-COVID activities being delayed, de-prioritized or cancelled, and (b) changes in scope due to any non-COVID-related changes in the humanitarian situation.
- Then calculate an additional set of financial requirements relating **only** to COVID-19 interventions for each cluster that will now also be involved in the COVID-19 response.
- For the concerned clusters, advise them to liaise with their Global Clusters for guidance on how to separate requirements that are part of the country PRP, including based on different geographic coverage.

Recommended steps for Project-costed HRPs

- Carry out a re-prioritization exercise on existing projects, asking owners of approved projects to check the feasibility and priority of delivering on these projects in light of the strategic re-prioritization of the response plan (section 6). Such projects may see their scope, budgets and timeline reduced, or may be withdrawn entirely from the plan.
- Register new COVID-related projects from all actors. APMB (HPC.tools helpdesk) will help you to modify the project registration form to identify which projects are COVID-related, and which of these COVID projects are also to be counted as part of the country PRP.
- As usual, carry out a project approval process with cluster leads. This can take place offline if time is limited, and projects can be bulk-approved subsequently.
- **If you do not have time for a complete project registration process**, then you will need to at least (a) revise existing projects as above, and (b) establish additional COVID-related requirements *per cluster per organisation*. These can then be uploaded by the HPC.tools helpdesk as 'pseudo-projects'.

8. Revision of the monitoring framework

Monitoring of the situation and needs

Monitoring of the situation and needs should serve for both field and global reporting.

¹³ Scope could entail a stoppage to activities altogether, adjusting the number of outcomes/people targeted of an activity or keeping the same level of coverage/people targeted but adjusting delivery modalities, for example. Further details can be found in section 4.

- The GHRP will report regularly on select indicators at global level. These are shown in **Annex I**. Headquarters agencies identified as responsible in the table are expected to support their field colleagues and clusters to collect and report against these indicators.
- In addition, the situation and needs monitoring indicators already agreed-upon in the HNO should continue to be used, with adaptations as required (e.g. vulnerable groups, locations, main issues).

Monitoring the field response (strategic level)

Monitoring of the response should serve for both field and global reporting.

- For the COVID-19 elements of your response, the GHRP will report regularly on select indicators at global level. These are shown in **Annex II**. Headquarters agencies are expected to support their field colleagues and clusters to collect and report against these indicators.
- For clusters participating in the country PRP (particularly Health and WASH), the monitoring framework should also use the indicators reflected in the [8 pillars of the WHO SPRP operational planning guidelines](#).
- In addition, the response monitoring indicators already agreed-upon in the HRP should continue to be used, particularly for the non-COVID-19-related response, with adaptations as required (e.g. target groups and locations, targets, response approach). If the scope of your response has shifted significantly, you may consider eliminating the corresponding indicators, or adding new indicators that reflect the new responses.
- With mobility and access constraints, remote monitoring will have to be utilized.
- HQ will support setting up the revised monitoring framework in the Response Planning and Monitoring Platform (RPM). To distinguish between non-COVID and COVID-related cluster activities, each cluster will be split into two on RPM, so that separate frameworks, caseloads, targets and requirements can be created.

Monitoring operational implementation with the 3W

At this early stage, it is recommended to carry out two separate 3W processes based on two separate data collection forms, due to the competing demands of reporting against the existing HRP and new WHO-led COVID 3W, both with different reporting requirements and structures. Filed Information Services is examining if and how these processes could be merged.

- The **ongoing non-COVID-19 response** should continue to be tracked using existing 3W data collection process.
- The **COVID-19 additional response for clusters that are part of the country PRP** should be tracked using a separate 3W tool, following the recommendations issued by IMB (e.g. the Haiti Excel tool). This should track interventions based on the 8 SPRP pillars and their associated actions.
- The **COVID-19 additional response for clusters NOT part of the country PRP** can be included in either (but not both) of the two tools above, depending on operational practicality, as long as it is clearly separated through the use of an appropriate flag (PRP/Non-PRP).

9. Financial tracking

The current situation is unprecedented in terms of financial tracking, as there now exists both a global HRP and soon-to-be-updated country HRPs, which overlap with each other, but which need to be tracked. FTS will also need to continue this tracking despite the usual reporting challenges being exacerbated by reporters being unable to identify where their contributions are being deployed, or whether they are COVID-19 or non-COVID-19 related. The following guidelines will help to overcome these challenges.

- For tracking purposes, an updated HRP (whether based on integrated adjustments or an addendum) is integrated in one framework on FTS.
- Please be aware that the release of an updated HRP on FTS will require the harmonization of the new country-level COVID-19-requirements with those in the GHRP. This is to avoid double counting of requirements on FTS. OCHA HQ is working with agency HQs to assess the size of the country-specific requirements currently included in the GHRP. Future revisions to the GHRP will see it become more of a 'chapeau' document, bringing together COVID-19 requirements from each revised HRP with remaining HQ-level and non-HRP-country COVID-19 requirements. Both the GHRP and updated HRPs will be tracked on FTS.
- With the integration of COVID-19 requirements in a country HRP, the FTS team will also proceed with transferring any COVID-19 related funding from the GHRP to the specific HRP, whenever possible. Otherwise, the GHRP would appear overfunded (as its requirements will go down) and the revised HRP underfunded.
- IATI has published [new guidelines](#) on how reporting partners can consistently identify COVID-19-related contributions in their IATI reports.
- To subsequently ensure FTS contributions figures are as up-to-date as possible for your dashboards and publications, please continue to solicit timely and accurate reporting to FTS from those partners that report from the field, in particular FAO, IOM, UNDP as well as all NGOs, and emphasize the importance of distinguishing COVID-19 from non-COVID-19 contributions in these reports.

FTS is expected to track overall humanitarian contributions to the global COVID-19 emergency (i.e. including funding NOT going to the HRPs or other plans, such as that of the IFRC or ICRC), and is already working with partners to harmonise its tracking with that of the WHO/DCO tracking platforms (which will additionally cover non-humanitarian and local Government contributions, categories which FTS does not track).