HRP REVISION QUESTIONS - OCHA WEBINARS 8 APRIL 2020

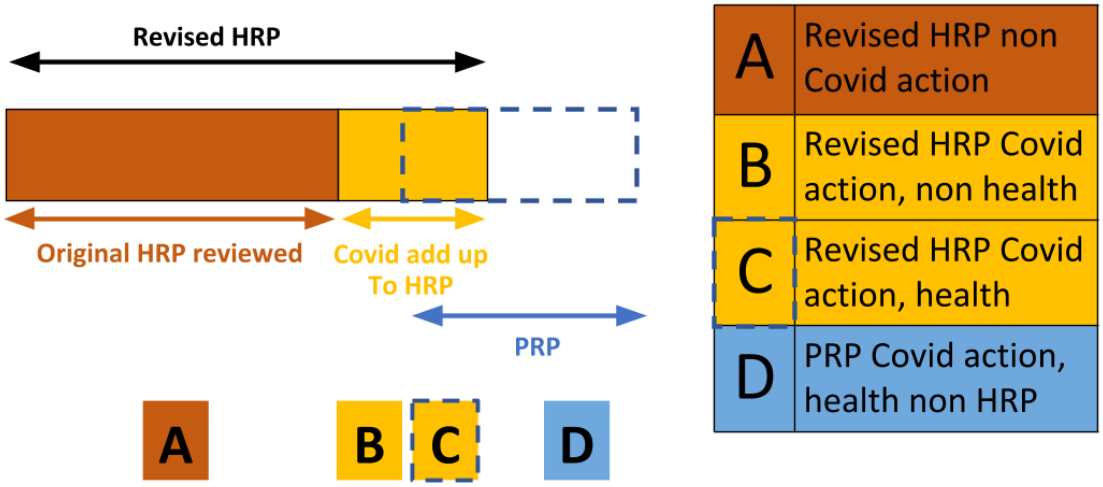
A. Linkages between GHRP and other plans

1. What are the linkages between the HRP and the country PRP?

The GHRP is the (OCHA coordinated) Global Response Plan for humanitarian concerns in more than 50 most vulnerable countries. The first iteration of the GHRP was built at the global level, the April update of the GHRP will be based on country plans.

In a similar way, the SPRP is the (WHO coordinated) Global Response Plan for health response in ALL countries. SPRP 1 was built at the global level, SPRP2 will be based on country Preparedness and Response plans (country PRP).

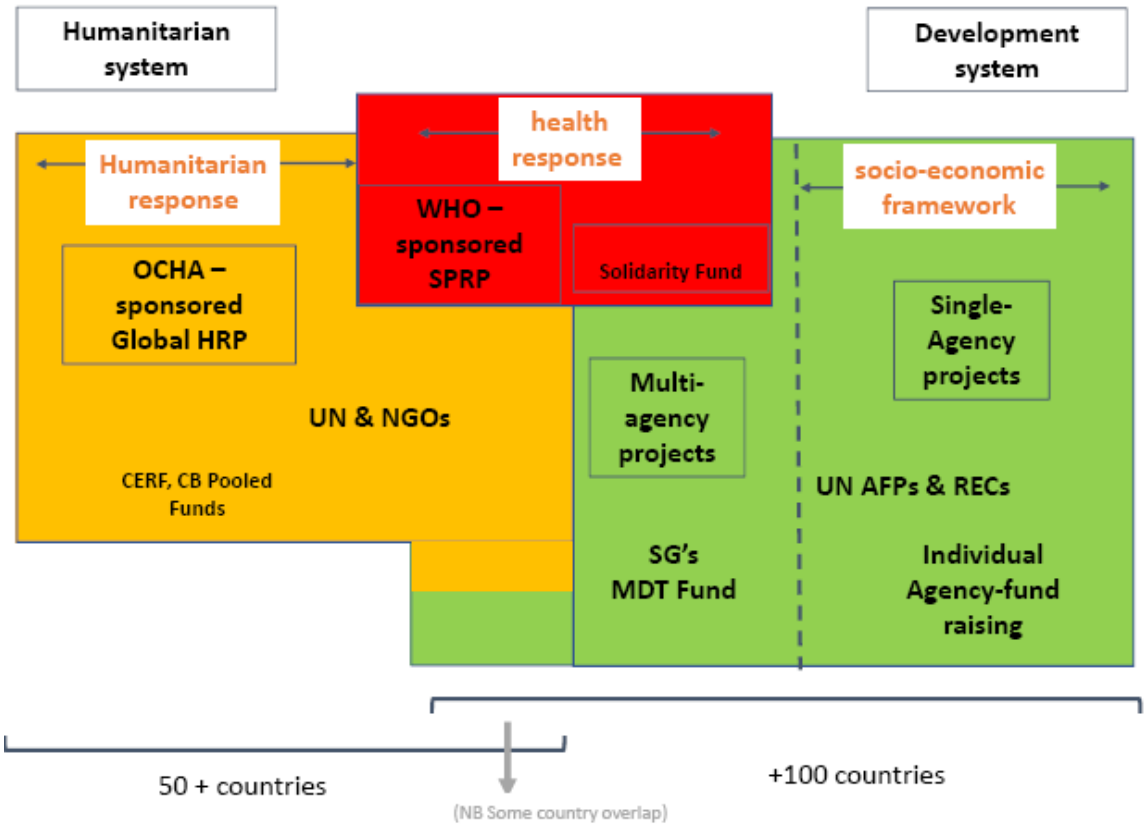
In a country having both a humanitarian plan with COVID component and a PRP, there is partial overlap, as illustrated here:



2. What is the link between the GHRP and other socio-economic planning processes?

Many UN and non-UN development plans or appeals have already been formulated, with interventions that overlap with the type of responses envisaged in the revised HRP, such as to strengthen health services (along WHO 8 pillars), to support livelihoods, to strengthen social cohesion, to minimize disruption of education, to reduce protection risks such as gender-based violence, and to protect or restore supply chains. The Guidance Note strongly recommends looking at these other plans to define the boundaries of the HRP (which interventions are of a humanitarian nature, to save or protect lives and livelihoods), and identify complementarities and synergies with development (and peace) responses.

In the short-term, the newly established **UN Response and Recovery Fund** will help low and middle-income programme countries tackle the health emergency and address emergent socio-economic issues. The RC Office may be able to help with the mapping of non-humanitarian country plans and the identification of complementarities with the HRP. Please see below the mapping done by DCO on various plans being issues/prepared.



B. Country Template for inputs to the GHRP

3. What is expected from OCHA Country Offices for the update of GHRP?

OCHA Country Offices have to fill in virtually the same template as in March. The only difference is that the April template should be an update of what was submitted in March, and a 'Funding requirements' section has been added, with a distinction expected between COVID-19 (health and non-health requirements additional to those already planned in the HRP) and non-COVID-19-related requirements ("regular" HRP activities, adapted as needed due the operational constraints created by the pandemic).

Template link: *https://docs.google.com/document/d/1BRHKQJzdF7rqmgC3tego6WiHWjrcwQxeeiDLIekf31A/edit?usp=sharing*

4. How will the update reflect the more precise country requirements?

The April update of the GHRP will include information on country funding requirements. This section was left empty in the first iteration of the GHRP, mentioning that most countries had not yet started or completed the estimation of the funding required to respond to the additional

COVID-19 requirements, and the funding possibly required for the adjustments needed to the HRP pre-COVID-19 response.

As such, countries are expected to provide these figures, as per point 1.

5. **Do we want countries that followed WHO's eight pillar plan structure to revise again?**

We are aware that several plans have been formulated already, with a different structure, but with some overlap. The Guidance Note explains the overlap between the HRP and the WHO-supported COVID-19 Preparedness and Response Plan (PRP) which follows the 8 pillars.

There is no need to revise the PRP, and it is our understanding that WHO expects the PRP to be structured around the 8 pillars.

However, the revision to the HRP, whether integrated into the original document or as an addendum to the original HRP, should take into account the (mostly health and WASH) activities that are already in the PRP, and make explicit reference to these so that linkages between the revised HRP and the PRP are clear. The revised HRP is expected to include more non-health COVID-19 responses than what may figure in the PRP. The revised HRP will also indicate modifications to the pre-COVID-19 ongoing or planned response due to the operational constraints such as restricted mobility and disruption of supply chains, which will not be in the PRP.

The identification of HRP responses that are both in the revision and in the PRP is particularly important for financing tracking purposes, to avoid double reporting in FTS and by WHO.

6. **What are the implications of requirements being moved from the GHRP to country plans (also in terms of visibility)?**

The April update of the GHRP will show both the total funding requirements at the global level and country-level requirements. The degree of overlap between GHRP global requirements and country-level requirements will need to be sorted out at the global level. This is because some of the IASC agency appeals were unclear on the share of requirements for field operations versus headquarters.

Discussions are also going on to clarify whether the total additional requirements at the country level, including COVID-19 and non-COVID-19 requirements, will be reflected in an update of the Global Humanitarian Overview (GHO) rather than being tracked under the GHRP.

These decisions should not affect the visibility of country requirements. Indeed, the GHRP will continue to advocate for full funding of the HRPs.

7. **What is the timing for the update?**

The country updates must be submitted for the next GHRP **by Friday 17 April.** If this time is too short to finalize the full revision of the HRP, more time can be taken for that after the deadline.

8. **Can you clarify the sequence of the process? First, countries need to submit the requirements for GHRP and initial funding of the HRP and then do the actual revision? What is the timeline for the next steps?**

As described above, we need the inputs including financial requirements for the GHRP by 17 April. Country teams can still work on their HRP revision beyond this date as decided by their leadership (HC/HCT) in the local context.

OCHA Country Offices have to fill in virtually the same template as in March. The only difference is that the April template should be an update of what was submitted in March, and a 'Funding requirements' section has been added, with a distinction expected between COVID-19 (health and non-health requirements additional to those already planned in the HRP) and non-COVID-19-related requirements ("regular" HRP activities, adapted as needed due the operational constraints created by the pandemic).

The template was shared with OAD desks in New York on 7 April and we understand they have shared it subsequently with field colleagues. If you have not received it, you can also find the template, together with the guidance note, on the front page of the OCHAHub Coronavirus page (https://unitednations.sharepoint.com/sites/OCHACoronavirus),

Also available at
https://docs.google.com/document/d/1BRHKQJzdF7rqmgC3tego6WiHWjrcwQxeeiDLIekf31A/edit?usp=sharing

9. **Why was there no indication of financial requirements in the March template?**

The GHRP was prepared under a very tight timeline and as per consultations at global level inputs were provided by Cluster Lead Agencies. They represent an initial estimate of the funding required to address the additional needs provoked by the COVID-19 pandemic across all regions. These requirements were based on agencies' own estimation of costs of response that will be globally-incurred and cost of response at field level. At the time of completing the first iteration of the GHRP, country-level estimates of the additional COVID-19 response were not available.

For the April update, please use the updated April Country template version, where the financial requirements section is included.

10. **How do OCHA Regional Offices fit into the GHRP revision?**

A regional approach is not envisaged for the time being as it is unclear that it would bring an added value. The pandemic will spread across neighboring countries, but the operational challenges linked to the pandemic are likely to be broader than on regional groupings. The superimposition of development plans at the country rather than the regional level, also makes a country approach better at this point in time.

However, OCHA Regional Offices will be solicited to help fill in the Country Template for additional countries that will be prioritized in the April update of the GHRP. The list of these countries is not yet finalized but expected to be in the next few days (see below).

11. **Will other countries be included in this iteration of the GHRP?**

Discussions are ongoing with agencies on additional countries to include. A set of Inter-Agency Standing Committee agreed-upon criteria will be used to determine the relevance of including new countries in future updates of the GHRP, including considerations of COVID-19 risk and vulnerabilities and capacities. This is currently under discussion at the IASC Emergency Directors Group. OAD will liaise with the country Humanitarian Assessment Team or OCHA Regional Offices concerned as soon as a decision is made.

12. Isn't the GHRP going to be revised on a monthly basis?

Yes the GHRP will be updated on a monthly basis.

13. Why such a short timeline when we have so many moving pieces ahead of us about the evolution of C19?

The pieces will continue to move for the next months, so there will not be a perfect time where everything stabilizes. It is possible to work on scenarios, as well as on preparedness in addition to immediate responses. Further revisions of the plan are expected as the situation unfolds in many countries, but should not necessarily require re-writing of the plan, rather operational and possibly funding requirement changes.

14. Is the update of the GHRP budget going to sum all the requirements of "COVID add up to HRP" plans published? For the update of the GHRP, do we have to transmit inputs on those 3 different requirements (A B & C)?

Yes, the estimated additional funding requirements for COVID-19 responses will be reflected in the GHRP funding required. The figures needed are indicated in the Country template, distinguishing between additional COVID-19 requirements, additional (or decreased) non-COVID-19 requirements, and total revised HRP requirements (which combines the previous two figures).

15. Will the funding be channeled through agencies or as Cluster Lead Agencies in the GHRP? It's important as we work through sectors and the NGOs then can also get direct funding.

Funding through agencies in the GHRP is expected to consider their Cluster Lead Agency responsibilities. The GHRP (and subsequent exchanges with donors) also encourage contributions to Country Based Pooled Funds, so that NGOs can also benefit more directly.

There has been some misunderstanding here:

The original requirements of the first iteration of the GHRP were calculated based on agencies' requirements, only for the sake of time, and not with the meaning that all funds should be channeled through UN agencies. For the April update of the GHRP, we will go back to the classical method: the revised requirements for the update of the GHRP will be based on country requirements, as prepared by all humanitarian actors, the UN, and NGOs. The funding will go like for any HRP: from donors to the UN or directly to NGOs. The GHRP (and subsequent exchanges with donors) also encourage contributions to Country Based Pooled Funds.

16. **What's the process in deciding how the funding from GHRP trickles down to countries, who and how it will be determined?**

Agencies receiving the funding will channel it through their usual procedures. Donors may also decide to allocate funding to NGOs directly or to Country-Based Pooled funds.

C. Needs Analysis

17. **Without clear epidemiological trends or projections in the country, are there recommended criteria that we could use for determining vulnerability and revision of targets?**

No criteria available, but some universities (e.g. Oxford) are attempting to make country-level projections. The OCHA Centre for Humanitarian Data is working with Johns Hopkins University to model the impact (scale, duration) and response interventions of COVID-19 in HRP locations starting with Afghanistan. Preliminary results are expected mid-April at which time the model can be expanded to other priority locations. The Centre be approached for modeling support. The Health Cluster may also have tools or insights on this, from their Global Health Cluster. The HRP revision can include one or two scenarios, which can be used to justify further adjustments down the line.

18. **A question that came up this morning about the terminology in the template of "indirect" impacts outside health. Is there flexibility to change this terminology?**

The terminology used allows us to use an analytical framework and analyze needs and develop response options. While language can be simplified, there needs to be an analytical framework distinguishing between effects that lead to physical and mental well-being consequences and those that affect the socio-economic status and living conditions. Please refer to the Note on COVID-19 responses and non-COVID-19 responses.

19. **Are there specific recommendations on how to assess if people's vulnerability (within current HRP targets) is affected by COVID-19 and how to understand whether there are additional or changing needs where we have movement restrictions and no COVID-19-specific assessments? E.g. would we be expected to do Rapid Needs Assessments or camp profiling with COVID-19 questions or secondary data review?**

Ideally, changes in people's lives and livelihoods should be checked through direct consultations e.g. using local partners or key informants based in communities/camps or settlements, or contacting households by phone when this is an option. All available secondary data should be used. The GHRP analysis, though at the global level, can help identify the type of issues to check, both health and non-health related, and the population groups likely to be particularly vulnerable.

20. **REACH and OCHA are working through the Needs Analysis Working Group on a vulnerability index to support COVID-related prioritization. We would like to hear in the webinar any advice HQ may have regarding this kind of analysis, identifying**

vulnerabilities (high) versus current needs (not many cases yet but underlying crisis massive) and what other countries might be doing.

Vulnerability analysis is important to inform on the susceptibility of people to the pandemic. Combined with a coping capacities analysis, it will help estimate the risk for these people to be unable to meet their needs.

People with current needs are less likely to be able to cope with the additional shock of the pandemic. They are typically vulnerable to different shocks, including this one. In other words, a vulnerability analysis would help (i) confirm the susceptibility of people already in need, to be further harmed, and (ii) identify additional people who may be harmed even if they are not presenting humanitarian needs now.

21. There doesn't really seem to be any advice on how to calculate the new PIN figure – without a new PIN, it will be hard to revise the targets and ask. In particular, what is the guidance on how to account for people directly and indirectly affected by COVID-19 in our PIN? Should we be including only people who stand to catch COVID-19 in our PIN or should we be looking at their families or vulnerable/impoverished people in the community on the whole? For us, this is more than just a health issue. There are likely to be many additional people who become food insecure as a result of the economic problems faced and the likely interruption to harvests.

For any revision of the HRP, a projection of the PiN is required for the remaining planning period of the HRP, here from April to December 2020. The complication with the COVID-19 pandemic is the lack of historical data or trends on which a projection of the PiN could build. Pandemic curves vary between countries according to many factors and it is difficult to develop a statistical model that can help with such a projection.

As such, the most pragmatic approach may be to develop a 'most likely scenario', or two scenarios e.g. 'most likely' and 'worst case', and estimate PiN ranges rather than a precise figure. The projected PiN (total, not just COVID-19) would include: (i) the current PiN, and add (ii) a proportion of people at risk due to the pandemic, as well as (iii) people who may be in need due to anticipated shocks or stresses independent from the pandemic (e.g. floods, drought, etc.).

The estimation of the proportion and number of people at risk due to the pandemic could consider factors such as:

- Overcrowding or a large concentration of people, e.g. in camps or camp-like settings, in migrant detention centers, in slums
- People lacking access to water and sanitation facilities and to health care (which may overlap with those living in concentrated locations, but also include others living in hard-to-reach areas, or insecure areas).
- Older people, people with communicable diseases, persons with disabilities
- People relying on daily jobs, on petty trade, people losing access to productive inputs (e.g. agricultural) and assets (e.g. land, animals, etc.) - (due to economic downturn and restricted mobility)
- Poverty Index and population density index (e.g. the percentage of people living in slums).

22. **How do you foresee any assessments in the context where movements are constrained, and access is also impacted? If I understand well this needs to be done within a month? Correct?**

The timeline for revision of the HRP is up to the HCT to agree upon, however, as described above, inputs for the GHRP should be shared by 17 April. For needs assessments, please see the earlier points.

D. Response Planning

23. **When would the timeline for developing the addendum to the HRP be available? If as is written in the guidance we should aim to produce this two weeks before the dissemination of the next GHRP, which is 1 May, we would only have one week. It would not be feasible to revise the HRP within one week.**

As explained above, OCHA Country Offices inputs for the GHRP are expected by 17 April latest. HRP revisions can take longer at the country level and adjusted as per the requirements of the context.

24. **What is the timeline for the revision of HRP? Could we get guidance on projections (which sources can we use)?**

The decision on the timeline for the HRP revision rests with the HCT. However, there is a window of opportunity for donors to consider funding HRPs immediately after the issuance of the next iteration of the GHRP in early May. This should be taken into account when defining the HRP revision timeline.

The HRP revision should cover the period April-December. Please see points 15 and 20 on projections.

25. **Should the timeframe for the revision be aligned to the GHRP – thus through the end of 2020?**

The revision time frame should indeed cover the period April-December 2020, after which the 2021 HRP would take over.

26. **Some partners are arguing that the GHRP looks at macro-economic effects and as a result, the scope of the HRP should be extended to include development-oriented interventions. How do we deal with this?**

The GHRP only has a very short section on macroeconomic effects. The emphasis of the GHRP is on effects on people and on the services that they are dependent upon to meet their basic needs. There is no expectation that HRPs embark on a macroeconomic analysis or include structural responses.

27. **As the country template asks specifically about macroeconomic effects this could blur the line between what is humanitarian and what is development. While it is well understood that humanitarian vulnerabilities are expected to deepen as the socio-economic situation deteriorates in most countries, could you confirm that this revision of the HRP should be delimited to immediate humanitarian efforts to prevent and respond to COVID-19 and to**

make any adjustments to existing humanitarian programming to account for programmes that can no longer be implemented or where modalities have to change?

The reference to macroeconomic issues in the template aims at bringing to the fore those effects at the national level that affect people or services. For example, increased government health expenditures may decrease resources for social assistance. Inflation will decrease people's capacity to purchase food and other essential items. Closure of borders will affect movements of asylum-seekers, refugees and migrants etc.

This does not mean that the revised HRP should include government-support measures to their social safety net (but the HRP could complement an existing social safety net for new emergency cases due to COVID-19), or address border closure (but the HRP can include advocacy interventions to protect the right of people needing to cross a border for protection reasons) etc.

28. The guidance says that we have to revise or develop an addendum to the HRP and simultaneously fill in the country template for the GHRP- which is not really a response planning template. Does that mean that we have to do both activities?

Unfortunately, yes. The Country template is required for the update of the GHRP. The template should be submitted by Friday 17 April.

The HRP revision should use the parts of the Country template where these can contribute to the revision but should complement it wherever needed, e.g. with any change or addition required in specific objectives, more details on the adapted or additional response approach, sectoral pages with their own adaptations, etc. Because this requires more time, the deadline is not imposed and has to fit with the HCT and Intercluster coordination capacities. This said, donors are making their decisions on funding for HRP revisions now, so the sooner the HRP revision is completed, the better.

29. The Country template does not fully align with the requirements in the guidance note and it does not include space for any cluster response plans or activities/costings. What is the scope for revising/adapting that template? Will a template for the HRP revision or addendum be shared?

The Country template should be used as a guide for some of the parts of the HRP revision, it serves as a starting point. The Country template should not be modified, but the HRP revision or addendum can have additional or different elements (though using those already prepared for the Country template would save time).

The original HRP template should be used for country HRP revision processes by importing key headings from the country template shared for the inter-sector part.

30. Please confirm that a revision of the HRP still needs to be led by the HCTs on the ground and should only be initiated at their request?

Yes, it remains led by the HCT, at their request. However, a revision or addendum is expected given the changes brought directly or indirectly by the COVID-19 pandemic, whether in terms

of direct health and non-health needs or indirect effects of the containment measures internationally and domestically.

31. **Can we base our planning assumptions on existing data, including for preparedness and response re-programming, in the absence of new assessments?**

    Yes, checking against hypotheses that were made at the time when the planning assumptions were formulated. For example, there may be changes expected due to the fact that some markets are not accessible or supplied, some income-earning opportunities are lost, some displacement/movement of people is constrained, etc.

32. **Given that in some areas of the country outbreaks have been detected, and in others not, please confirm that revisions can be a mix of both prevention, mitigation, and response depending on location and population.**

    Yes. Besides direct response to averted outbreaks, prevention and preparedness actions in this particular situation where the risk is not only imminent but difficult to predict in timing and intensity, are critical and should be part of the HRP revision/addendum.

33. **Should we also include in the revision, any associated costs to existing HRP activities that are not COVID-19 specific but have to be changed because of the pandemic?**

    Yes. The important point here is to distinguish additional costs for activities that are purely due to COVID-19, including health and WASH-related, and non-health/WASH-related (e.g. due to the fact that people have lost their income-earning possibilities, or are threatened, etc.), from a change of cost (increase or decrease) for activities that were originally planned in the HRP but have to be adjusted because of supply chain disruptions, or the effects of containment measures (e.g. closure of schools, decreased performance of markets, etc.), or activities that have to be implemented due to sudden-onset shocks (e.g. flood, conflict-induced displacement) or deterioration of the situation independent from the pandemic (e.g. drought). Please refer to the Note COVID-19 and non-COVID-19 responses.

34. **Afghanistan is also concerned about how we reflect activities that are already in the HRP but are being scaled up because of COVID. Which section do they sit in?**

    Whether integrated into a revision of the HRPs or in an addendum, a section should reflect this kind of activity, in addition to COVID-19 responses or adjustment of responses. They should be linked to the strategic and specific objectives originally formulated in the HRP. It may be useful to present the types/list of activities that have been prioritized, scaled up, deprioritized, suspended and etc.

35. **What if the activities existed before the COVID-19 but are adjusted (like WASH activities)? Do we have them under the orange part or yellow one?**

    Please use the Note on COVID-19 and non-COVID-19 responses to further help with the revision of the HRP.

36. **We have simultaneous scale-up of the response operation required in Lac, Chad, with new attacks. I assume that we can also include this in our addendum update.**

Any change that is not directly COVID-19 can surely be placed in the HRP revision, but like a "classical" revision, so it remains in the HRP "non COVID-19" part. Any change related to COVID-19 comes in the COVID-19 part.

Please also refer to the Note on COVID-19/non COVID-19 responses, relations between the two, and funding requirement estimates.

37. Related to the above, we understand that loss of jobs and income will be addressed through other mechanisms, has MPCA actors/CALP provided input to the GHRP? Is there an expectation that CWGs will work towards developing another ('second') Minimum Expenditure Basket developed for COVID-19 to account for additional items that people need to prevent infection and cannot afford to buy?

CaLP has an active group of actors that are discussing responses to the COVID-19 pandemic. The expectation is that the respective clusters or Cash Working Groups are aware of these discussions, and feed them to the inter-cluster coordination discussion as well. SWAPS can be approached for more guidance on cash and voucher responses. OCHA specific cash guidance can be found in the following link: https://unitednations.sharepoint.com/:w:/r/sites/OCHACashCoordination/_layouts/15/Doc.aspx?sourcedoc=%7B0D1D46B1-57B7-4DF4-BBA5-6BBF1DBF25C2%7D&file=30.03.2020%20COVID-19%20and%20Cash%20Coordination%20-%20OCHA%20Key%20Messages.docx&action=default&mobileredirect=true

38. What if there's an activity in the existing HRP that might be <u>discontinued</u> (e.g education since schools are closed) where do we note this if we are going with an annex? The template for a separate plan only gives two options – existing HRP activities and COVID-specific activities but we have activities that fall into both categories. How do we reflect on the cost and reach of these?

It can be written down in the addendum. The addendum reflects all the revisions, COVID-19-related and non-COVID-19 related.

Some activities can indeed fall under both categories, e.g. a cash transfer, water, and sanitation intervention addressing both COVID-19 problems and problems independent from the pandemic. However, the justification for the response will differ according to whether it is responding to needs due to COVID-19 or to needs due to other causes.

Operationally, the same group of people may be affected by both COVID-19 and other causes (e.g. communities with COVID-19 cases as well as affected by a flood) and the response may address all the problems at once. It will remain important to explain which COVID and non-COVID problems the response is addressing, and estimate the funding requirements for each, even if roughly (if not possible to distinguish clearly, a rough % distribution can be made, e.g. 30% of the response is addressing needs due to COVID-19, and 70% is addressing needs due to other causes)

39. Are there any pieces of global guidance that we need to be aware of when reviewing our HRPs?

The IASC has issued eight guidance documents to support the COVID-19 response on: (1) mental health and psychosocial support; (2) readiness and response in camps and camp-like settings; (3) adjusting food distributions; (4) prevention and control in schools; (5) persons deprived of their liberty; (6) gender; (7) protection from sexual exploitation and abuse; and (8) collective messaging to donors on flexible funding. These are available through the IASC website(https://interagencystandingcommittee.org/covid-19-outbreak-readiness-and-response)In addition, OCHA has issued field guidance on access and protection, which you can find through OCHAHub Coronavirus page.

40. In the guidance you shared, you mention differences between countries where the humanitarian population's vulnerability is significantly affected by COVID and countries where the impact is less severe as a factor to adjust your HRPs or not; can you elaborate more on severe vs. less-severe? in a country with only cluster cases and health impact mainly, do we stick with an addendum?

The format of the revision is not imposed. It makes sense to integrate the revision of the HRP within the original document if the bulk of the revision focuses on preparedness and prevention, as opposed to additional humanitarian needs that warrant a different set of response, or significant changes of the previously planned response. In the latter case, an addendum may be easier to handle.

There is no agreed-upon definition of that is 'severe' or 'less severe' in the COVID-19 pandemic situation. A combination of spread (how many cases, including in proportion of the population/sub-population), severity (mortality rate) and speed (how many new cases accrued on a daily basis) could help to determine the severity from a health perspective. However, the effects of the pandemic on people's livelihoods may be dramatic even if there are no or few cases in their communities, for example, if they are losing their sources of income, are being discriminated against, cannot access other essential services, including health care, mental health, and psychosocial support, services for victims of gender-based violence, nutrition support, etc. This type of "severity" analysis can use the Joint Intersectoral Analysis Framework (JIAF) approach on physical and mental well-being and living standard consequences.

41. Can you confirm the following? We will have to set published projects on projects.hpc.tools back to draft status to allow people to adjust their activities and costs in existing projects and allow new projects. We have a challenge here. Existing projects which still need to be delivered, e.g. food, are more expensive now as they have to be distributed in a different way because of COVID adjustments. there is no clear cut split. This issue of COVID specific except for health is a non-issue: it is how we implement food security distribution and other and not the type of activities. costs explode because of PPE requirements, etc

Please refer to the Note on COVID-19 and non-COVID-19 responses and their relationship. These responses are not mutually exclusive for people who were previously targeted in the HRP and require an additional response. Adjustments of previous responses that are not due to additional needs caused by the pandemic but are due to the consequences on supply chains, mobility, etc., are considered non-COVID-19 responses. Funding requirements (increase or decrease) should be estimated for these non-COVID-19 responses.

In the Projects Module, if your existing projects are approved and finalized, then HPC.tools helpdesk will assist you in initiating a project revision process. If your project approval process is still ongoing, it can be restarted. Either way, this will allow project owners to revise their existing projects to change costs/beneficiaries of existing interventions or to add new-COVID-19 related components (with a separate budget). New projects can also be added. For more information, contact the HPC.tools helpdesk via your dedicated skype channel.

42. Can you please clarify on the portion of A "Interventions already included in the original HRP: re-prioritize or adjust in light of new priorities or conditions created by the pandemic".

The new context (movement reduction, health structures overloaded, new emerging humanitarian needs) may lead you to reconsider originally planned action: some projects/activities may become infeasible and should be removed; others may be considered not a priority, considering the limited capacity; some targets might be increased, as a consequence of COVID-19; some projects may be maintained, but with a higher cost, due to changes in the logistics. All this should appear in the revision of the "non-COVID-19" part of the HRP.

43. Is the updated GHRP budget going to sum all the requirements of "COVID add up to HRP" plans published? For the GHRP 2, do we have to transmit inputs on those 3 different requirements (A B & C)?

The April update of the GHRP budget will sum country requirements from their "COVID-19 add-up" PLUS an additional component to reflect requirements carried over from the first GHRP that pertain to non-HRP countries or HQ-level support. For the April update of the GHRP, you have to submit at least two separate requirements figures: the revised requirements of the original HRP (A) and the requirements for the COVID add-up (B+C).

If you can separate B from C at this stage, even better; otherwise you will need to do this analysis later. If your HCT-led HRP revision process is taking longer, you may submit estimates (as accurate as possible) for both these figures for the April 17 deadline, which can then be finalized at a later date. The GHRP will be revised again in the future as the situation evolves.

44. Is it possible only to fill in the GHRP COVID template and cost revisions? The template already asks for the same things and we have no time in the field.

It is fine to only use the Country Template if this meets the requirements of the HCT and partners for the revision of the HRP.

45. Can the HCT decide to be pragmatic and avoid just producing papers, despite the guidance?

The guidance has to work for the country context. However, it is meant to align across countries so that donors inter alia are not confused, and the inputs can be used globally as well. Before adjusting/adapting, it is strongly recommended to consult APMB focal points for advice.

46. Just flagging that most (all) HRPs are very much based on rigorous HNO analysis, whereas the COVID plans have major data gaps. Combining these two very different quality products has obvious implications.

Transparency on the limitations is key. Much uncertainty is expected. Ranges, rather than an exact PiN, may make more sense, of one or two scenarios, which are monitored to inform any necessary subsequent revision of the response and funding required. Please see point 22

E. Costing, Monitoring, and Financial Tracking

47. In terms of monitoring, most countries have already started reporting on the monitoring framework included in the HRP. If we now change the framework, adding new COVID specific indicators, how will we reconcile monitoring reports and data at the end of the year?

Like we always do when we revise an HRP: an indicator may be added, another may be suppressed, another may be kept but with a different target. And the monitoring framework is updated with these changes and becomes the new reference.

If new responses are introduced, progress and achievements should be monitored as for any response. This is not just about reporting, but about having useful and timely information for decision-making. If an indicator was discontinued at a certain moment, that may be explained in the narrative report.

48. Are the agencies already aware of the GHRP indicators they are expected to monitor? i.e. I assume we will have to alert our agencies at the country level. It might be useful to have a message to the HCs on this, that we can then circulate to HCTs as the global agreement.

Agency headquarters are aware of the GHRP indicators and their reporting responsibilities. They are expected to liaise with their field counterparts accordingly. At the field level, OCHA should indeed alert the UN agencies on their role in contributing to some indicators, and encourage them to liaise directly with their headquarters for advice and support if they have not received information from them yet.

49. Guidance for clusters on how to clarify what part of their costing is COVID-19 specific and what is not – is this going to be made available through Global Clusters?

Please refer to the above answers on COVID-19 and non-COVID-19 requirements. We are not aware of Global Clusters providing specific costing guidance on COVID-19 to their field clusters counterparts.

50. On costing, the suggestion is not to have two costing methodologies. However, most HRPs are project-based, and in line with what suggested (and also not to go through a revision of projects which now will have three different requirements) in the guidance you shared, we should now use a costing approach. However, using a costing approach or pseudo-projects might be challenging in terms of coordinating with Clusters, unless there is an agreement with Global Clusters and Agencies HQ, on set criteria on how to do this exercise, in order to avoid inflated envelopes. Will the revised GHRP reflect country plan

costing requirements so that donors can fund? Or do we still fundraise locally for a country-level plan?

The updated GHRP will have a section on country plan requirements. That section was already there in the first iteration but the figures were not available. Countries will still be able to fundraise locally.

51. **How will this be aligned in the FTS, both in terms of global vs. country-level planning and in terms of existing HRP and addendum/revision?**

Although final decisions are yet to be made, it is anticipated that the country HRP, whether revised or as original-plus-addendum, will continue to be shown on FTS as a single plan, but with data and visualizations that can separate COVID-19 requirements and contributions from non-COVID-19 ones. The same COVID-19 requirements and contributions from each country plan will then also be shown as an integral part of the GHRP page on FTS, along with the COVID-19 response of other country plans and the remaining global requirements.

52. **If we are project-based, does this mean adjusting projects in the system, and adding new projects as necessary**

If you are using project-based costing, you'll have to revise your projects. Please see the webinar ppt for some tips on how to revise your projects and accelerate your revision process.

53. **Can we have an activity-based costing addendum and maintain a project-based HRP?**
Using a different costing methodology for the addendum will lead to significant challenges in tracking and monitoring your HRP. We strongly advise against using a different methodology than originally used.

54. **The HRP in Ukraine covers only the conflict areas in the east, whereas the Ukraine COVID 19 response plan covers the whole country. For the purposes of the HRP revision, we intend to include only the health and humanitarian activities that are in the area of Ukraine covered by the HRP. This means that the PRP health activities ('C' activities in your guidance) that are not in the east will not be integrated into the revision of the HRP. How should these activities be tracked?**

Any health action that is not in the HRP COVID component, is any way in the country PRP, and will, therefore, be monitored only under that plan.

55. **As of when are countries expected to report on needs/response/funding as per A, B, C, etc?**

The Country Template must be sent by Friday 17 April, no more inputs than what is in the template are expected by that date.

56. **Who should we reach out to from APMB for support?**

Please feel free to reach out to your country focal point for support as indicated in the following link: https://docs.google.com/spreadsheets/d/10Swa-KH19f07imlNtAZewsyPtDwuLK6cANTRH9AMajg/edit?usp=sharing