



GLOBAL HUMANITARIAN RESPONSE PLAN COVID-19

UNITED NATIONS COORDINATED APPEAL
APRIL – DECEMBER 2020

GHRP JULY UPDATE: ABRIDGED VERSION



Foreword by the Emergency Relief Coordinator

The pandemic and associated global recession are about to wreak havoc in fragile and low-income countries.

Unless we act now, we should be prepared for a series of human tragedies more brutal and destructive than any direct health impacts of the virus.

The response of wealthy nations – who have thrown out the rulebook to protect their people and economies – has been grossly inadequate. This inaction is dangerously short-sighted.

It will leave the virus free to circle round the globe, undo decades of development and create a generation's worth of tragic and exportable problems.

“Without action, we’ll see the first increase in global poverty since 1990 and 270 million people facing starvation by the end of the year.”

Recent estimates suggest up to 6,000 children could die every day from preventable causes as a result of direct and indirect impacts of COVID-19.

Diverted health resources could mean the annual death toll from HIV, tuberculosis and malaria doubling. School closures will undermine productivity, reduce lifetime earnings, and widen inequalities.

Economic downturn, rising unemployment and reduced school attendance increase the likelihood of civil war, which drives famine and mass displacement.

It doesn't have to be like this. It can be fixed with money and leadership from the world's wealthier nations, and fresh thinking from the shareholders of international financial institutions and supporters of UN agencies, NGOs, and the Red Cross and Red Crescent movement.

We estimate the cost of protecting the poorest 10 per cent of the global population from the worst effects of the pandemic and global recession is US\$90 billion – less than 1 per cent of the stimulus package wealthy countries have put in place to protect their own economies.

We know it can be done: after the financial crisis of 2008-2009, fundraising for UN-coordinated humanitarian appeals increased by more than 40 per cent the following year. This was an expression of solidarity but also of national interest. It makes economic sense to act early and generously, not wait until we hit rock bottom.

The unprecedented fiscal stimulus packages and social protection schemes enacted in the OECD economies are not an option for most developing countries. They just don't have the resources; they need our support.

The COVID-19 Global Humanitarian Response Plan is part of the solution. For \$10.3 billion, it will support 63 vulnerable countries and cover the global transport system necessary to deliver the relief. This update includes a supplementary \$300 million, beyond their country-level requirements, to bolster rapid response from NGOs, a new famine prevention envelope of \$500 million, and a sharper focus on preventing gender-based violence.

I also want to call for support for other complementary initiatives to protect the most vulnerable people. These initiatives include the Red Cross and Red Crescent appeals, the Global Fund's programme to safeguard a decade of work to combat malaria, tuberculosis and HIV, and the Vaccine Alliance's (Gavi) work to keep future generations free from measles, polio and other vaccine-preventable diseases.

UN Women's Gender in Humanitarian Action programme is also crucial. With proper funding, it will support women and girls in 14 priority countries and increase women's leadership to protect those most at risk.

We face a massive problem. But it can be addressed with relatively little money and a modicum of imagination. Exceptional circumstances require exceptional measures, discarding some of the previous rules and approaches, just as many rich countries have done in their own countries to protect their own citizens.

This crisis – and the prospect of cascading crises down the road – forces us all to think out of our comfort zone. The stakes are high, and what we need to do has fundamentally changed.

Mark Lowcock

Emergency Relief Coordinator, United Nations

At a glance

REQUIREMENTS (US\$)

\$10.3_B

FUNDING RECEIVED (US\$)*

\$1.64_B

COUNTRIES

63

*As of 12 July. Funding does not reflect amounts received for new intersectoral plans. Refer to FTS for latests figures.

Since the launch of the Global Humanitarian Response Plan (GHRP) for COVID-19 on 25 March and its first update on 7 May, the pandemic has rapidly expanded in most of the 63 countries it includes. With many countries still in the early stages of their outbreak, heightened implementation of public health measures is critical to save lives and suppress transmission.

Over the past 3,5 months from end March to mid-July, the impacts of the pandemic on the lives and livelihoods of the most vulnerable people have worsened dramatically. Individuals and population groups who were already suffering from violence, stigma, discrimination and unequal access to basic services and living conditions, are bearing the brunt of this new crisis.

COVID-19 is deepening the hunger crisis in the world's hunger hotspots and creating new epicentres of hunger across the globe. The number of acutely food insecure people in countries affected by conflict, natural disaster or economic crises is predicted to increase from 149 million pre-COVID-19 to 270 million before the end of the year if assistance is not provided urgently. Recent estimates also suggest that up to 6,000 children could die every day from preventable causes over the next 6 months as a direct and indirect result of COVID-19 related disruptions in essential health and nutrition services.

Under the umbrella of the GHRP, Inter-Agency Standing Committee members and partners including FAO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF, UNRWA, WFP, WHO, NGOs and the Red Cross and Red Crescent Movement have stepped up their response to address the most urgent humanitarian health, protection and socio-economic needs caused by the pandemic.

The GHRP is targeting nearly 250 million people with COVID-19 assistance. From the US\$6.7 billion needed last May to implement this response, funding requirements have risen to **\$10.26 billion**. The

spread of the pandemic necessitates more intensive health prevention and treatment measures and increasing investments to maintain other essential health services. The deepening ripple effects of the pandemic are impacting all spheres of life and require substantially scaled up support to help the most vulnerable. The plan also includes a supplementary envelope of \$300 million, beyond specific country requirements, to bolster a rapid and flexible NGO response, and a strategic envelope of \$500 million to prevent famine from occurring in the most vulnerable countries.

One of the most nefarious consequences of the pandemic is the **rise of gender-based violence (GBV)**. There has been a dramatic increase in reported cases of GBV and the number of calls to dedicated hotlines (60 to 770 per cent increase in different countries), while the provision of GBV services has regrettably been curtailed. UN Women estimates that globally in the past 12 months, 243 million women and girls aged 15–49 years were subjected to sexual and/or physical violence perpetrated by an intimate partner, while older women were also experiencing violence. Projections indicate that for every 3 months the lockdown measures continue, an additional 15 million cases of gender-based violence globally are expected.

GBV response services are facing major hurdles in their ability to reach survivors due to mobility restrictions and inadequate resources. The GBV response and funding allocation throughout the COVID pandemic have not been at the scale of the need. Across 40 reporting countries in the GHRP, 16 have reported significant interruptions in GBV services. While humanitarian actors have recognised the magnitude of the problem and advocated for greater priority to be given to awareness-raising and services for GBV survivors, long-standing neglect of the issue and insufficient resourcing continue to limit the ability of responders to prevent and mitigate the problem. Without

targeted interventions, COVID-19 will heighten pre-existing risks of GBV due to increased exposure to abusers at home, mobility restrictions, and heightened household tensions from health and economic shocks.

Recognizing GBV response as an essential protection activity and service in the COVID-19 national response plans is required to facilitate the movement of GBV service providers. GBV messaging also needs to be mainstreamed in key entry points such as hospitals and drugstores, especially during lockdown situations, and GBV risk mitigation needs to be integrated in the response implemented in other sectors and continue to adapt service provision to remote modalities. An immediate and substantial increase in the funding available to address issues of GBV is indispensable. As at end June, funding requirements for GBV in 16 countries with humanitarian response plans amounted to \$487 million (including COVID-19 related-responses), of which only \$34 million (7 per cent) were funded, leaving a gap of \$453 million.

The **continuity of other essential health services** is also being interrupted. Facilities are overwhelmed with pandemic response, healthcare staff lack necessary personal protective equipment, and people cannot access services or may fear contagion. Across 26 countries that reported, 20 had facilities that showed a significant disruption in provision of maternal health care, with direct impacts on maternal and neonatal mortality and morbidity.

Several other especially vulnerable population groups hit hard with the effects of the pandemic are confronted with violence and abuse, such as **older people, LGBTI people, persons with disabilities, children and adolescents**, particularly girls, as a result of prolonged lockdowns, harsh implementation of emergency measures by authorities, or being associated with COVID-19. Their access to preventative measures and treatment for COVID-19 is more difficult, as well as for other essential health services they may require.

Mental health and psychosocial support services are more than ever required for these and other vulnerable groups who are discriminated against or losing their livelihoods. These services are often grossly insufficient and tend to be under-resourced. Integration of MHPSS in all sectors improves quality of humanitarian programming, enhances the coping of people with any crisis, speeds up the recovery and rebuilding of communities, and contributes to saving

lives, improving wellbeing and reducing suffering.

The **cost of leaving the pandemic unmitigated** to people's lives and the economy is appalling. The COVID-19 virus could infect up to 640 million people and kill 1.67 million of the world's most vulnerable populations in 32 low-income countries. The direct medical costs of hospitalising 2.2 million patients in critical care beds could amount to an estimated \$16.28 billion. At least 2 million preventable deaths could occur as a result of disrupted healthcare and resource diversion without appropriate mitigation.

The **socio-economic impact of the pandemic** is also becoming increasingly clear as domestic containment measures continue and economies are in deep recession. The cost of inaction against the public health, poverty, food security, education, economy, stability and conflict consequences will grow exponentially if the right combination of relief and recovery assistance, guided by human rights and the UN framework for the immediate socio-economic response to COVID-19, is not implemented quickly and at scale.

Inducing the first rise in **poverty** since 1990 and the first decline in global human development, the COVID-19 pandemic jeopardises gains in poverty reduction made over the past decade. At least 71 to 100 million could be pushed into extreme poverty under the \$1.90 per day international poverty line. If no action is taken, these poverty traps are likely to become permanent due to the aggregate nature and sheer size of the shock. **The social economic impact of the pandemic takes a heavy toll on women and girls** in particular, as the vast majority of women's employment – 70 per cent – is in the informal economy with limited access to social protection, safety nets and fiscal stimulus, including women migrants and refugees.

Further, if left unaddressed, the large economic shocks induced by the COVID-19 pandemic are likely to exacerbate **drivers of conflict** in the medium term and generate even larger welfare losses as a result. The consequences would be huge as conflicts disproportionately affect vulnerable groups and drive 80 per cent of all humanitarian needs. A surge in conflict and violence would further undermine the response to COVID-19 and its worst effects on vulnerable populations.

School closures are likely to affect future earnings and human capital for students, increase educational and broader inequalities particularly for the poorest students, girls, and students

with disabilities, and contribute to hunger and malnutrition from the suspension of school feeding programmes. School closures also increase harmful practices such as child marriage and negatively affect the mental and psychosocial health of students. The most vulnerable students such as adolescent girls and young people with disabilities, might not ever return to school, jeopardizing their future and the future of their families.

Job losses, lack of access to markets and productive inputs (e.g. agricultural intrants) are affecting informal workers (with a large share of which are women and living in dense urban settlements), small-scale farmers, pastoralists and others dependent on an uncertain and meagre income in all of the countries included in this Plan. Many of these people were food-insecure before the pandemic due to insufficient income and limited food production.

The UN Secretary-General has warned of an **impending global food emergency** that could have long term impacts as COVID-19 challenges food systems, flattens the informal sector, and impacts economies – pushing millions more into extreme poverty and acute food and nutrition insecurity. Every low or middle-income country faces this growing threat.

As food security worsens and access to health and nutrition services deteriorates, **malnutrition** is increasing particularly among population groups whose nutritional needs are higher such as pregnant and lactating women, women of reproductive age, adolescent girls, sick people, and older people. The number of severely malnourished children is projected to augment. Recent estimates indicate that in the absence of timely action the number of children under 5 with severe acute malnutrition could rise globally by about 15 per cent (7 million children) over the first 12 months of the pandemic. Certain areas in Africa may see up to 20-25 per cent increase.

A significant portion of the population is at immediate risk of COVID-19 simply because they lack **basic hand washing facilities**. Worldwide, three billion people – 40 per cent of the world's population – do not have a place in their homes to wash their hands with water and soap, including three quarters living in the poorest countries and amongst the most vulnerable such as children and families living in informal settlements, migrant and refugee camps, or areas of active conflict situations.

Refugees, asylum seekers, IDPs and migrants

find themselves at the intersection of many of the health and socio-economic problems caused by the pandemic. Due to their status, they face greater difficulty to access essential health and other services and are often excluded from national social protection mechanisms where these exist. Gender-based violence and food insecurity can be even worse in these population groups than in the host communities. Migrants also face increased protection risks when stranded at borders, placed in immigration detention or forcibly returned.

Limited capacities of health and social protection services before the crisis have constrained the ability of national governments to prevent, mitigate and respond to the health and socio-economic effects of COVID-19 for those most at risk. Restrictions on mobility imposed to contain the spread of the virus added to the pass-through effects of the global economic recession and compounded risks and shocks including conflict, civil violence and natural disasters, have aggravated the situation and further hampered access and delivery of humanitarian assistance and protection services.

Despite numerous challenges, humanitarian actors have adapted and ramped up the provision of essential health, food, nutrition, cash, water, hygiene and sanitation, livelihoods and shelter assistance to the most affected people, in coordination with and support of governments' own efforts. The success of these efforts must be attributed to UN agencies as well as to **national and international NGOs** who are playing an indispensable role in outreach and ensuring that no one is left behind.

Innovations and adaptations have been made to help comply with physical distancing requirements and address mobility constraints when distributing goods and cash, and when providing healthcare, nutrition, sexual and reproductive health, mental health and psychosocial support, and gender-based violence services. Digital technology and alternative means of communicating the direct and indirect risks of COVID-19 are being used. Increased efforts are being made to engage with diverse community and local actors to reach those most isolated with prevention and treatment messages on COVID-19 and assistance.

Significant challenges remain however to stem the spread of the pandemic in the most fragile contexts, many of which are affected by violence, armed conflict, floods, typhoons and desert locust

infestation, among other scourges. **Funding for non-COVID-19 humanitarian responses** addressing these shocks must be sustained and increased. Resources required for the pandemic must be in addition, and not in substitution of this funding.

This additional funding is required for all the components of the humanitarian response to COVID-19, including **funding for global services** to enable the transportation of humanitarian personnel and cargo, and for medical evacuation services to allow for humanitarian actors to 'stay and deliver'. Resources should also go to **gender-based violence, sexual and reproductive health, and mental health and psychosocial support services**, which are amongst the least funded aspects of the current COVID-19 response.

Adequate funding for **famine prevention** must also be urgently allocated to avoid a major catastrophe. Acute food insecurity and famine can and must be prevented. This requires scaling up interventions reaching the most food insecure populations. Crucially, it also requires supply chains to function across borders, and markets to be functioning within countries, including green corridors for food items and for agriculture and humanitarian aid. Prepositioning of food and cash ready for delivery despite mobility constraints is also essential.

Donors and the UN must ensure a larger share of the GHRP funding goes to NGOs directly. This can be done by channeling donor funds to NGOs, NGO consortia and NGO-managed pooled funds, as well as by using country-based pooled funds and flexible funding. This will enable an expansion of humanitarian interventions particularly for the hardest to reach population groups, as well as ensure that interventions also reflect the views and situations of affected populations. The restrictions on movement of international staff imposed by the pandemic also means local actors are best placed to ensure the continuity of essential services at the community level.

Existing coordination mechanisms have been leveraged to better link the humanitarian response with development actors including international financing institutions and private foundations. In many contexts, data from humanitarian needs assessments has been fed into the Socio-Economic Impact Assessments which are driving the socio-economic response plans. Funding for the **GHRP** should therefore be seen as **an essential complement to recovery and 'building back better' efforts.**

The OECD and the G20 countries have responded with a large stimulus package estimated at over \$11 trillion. In comparison, the cost of protecting the most vulnerable 10 per cent of the world from the worst impacts of COVID-19 today is estimated at an additional \$90 billion – less than 1 per cent of the current stimulus package. **It is better, cheaper and more dignified to frontload responses to the pandemic and the secondary impacts.** Waiting until the full impacts are visible is a more expensive proposition as delaying action not only shifts the burden of payment to the future, but the price of the response will also exponentially increase. Acting now to mitigate the impact saves money in the long term.

Containing COVID-19 in poorer countries is in the national interests of richer countries. However, the economic toll of lockdown measures in low-income countries where the majority of the working population depends on the informal sector is unbearable. Low-income countries need the fiscal space to build up their health systems and capacities, improve and expand their social safety nets, and implement urgent economic stimulus in packages, particularly for small and medium enterprises. Multilateral collaboration is also essential for increasing the limited global supply and access to vital medical and testing equipment.

Financial requirements (US\$)

COVID-19 REQUIREMENTS

REQUIREMENTS

\$10.3B

OF WHICH:

HEALTH: \$2.86 B
NON-HEALTH: \$7.44 B

TOTAL ADJUSTED HUMANITARIAN REQUIREMENTS

REQUIREMENTS

\$40B*





OF WHICH:


COVID-19: \$10.3 B
NON-COVID-19: \$29.4 B

INTER-AGENCY APPEAL		ADJUSTED NON-COVID-19	COVID-19 REQUIREMENTS:		COVID-19 TOTAL	TOTAL HUMANITARIAN COVID + NON-COVID	
			HEALTH	NON-HEALTH			
Afghanistan	HRP	735.4 M	107.6 M	288.1 M	395.7 M	1.1 B	<div><div></div></div>
Burkina Faso	HRP	318.4 M	17.1 M	88.8 M	105.9 M	424.3 M	<div><div></div></div>
Burundi	HRP	159.8 M		38.0 M	38.0 M	197.9 M	<div><div></div></div>
Cameroon	HRP	309.1 M	18.2 M	63.5 M	81.7 M	390.9 M	<div><div></div></div>
CAR	HRP	400.8 M	7.7 M	145.2 M	152.8 M	553.6 M	<div><div></div></div>
Chad	HRP	540.5 M	38.1 M	86.1 M	124.2 M	664.6 M	<div><div></div></div>
Colombia	HRP	209.7 M	140.0 M	189.4 M	329.4 M	539.1 M	<div><div></div></div>
DRC	HRP	1.79 B	122.1 M	152.4 M	274.5 M	2.1 B	<div><div></div></div>
Ethiopia	HRP	1.14 B	100.0 M	406.0 M	506.0 M	1.7 B	<div><div></div></div>
Haiti	HRP	327.6 M	105.0 M	39.3 M	144.4 M	472.0 M	<div><div></div></div>
Iraq	HRP	397.4 M	65.4 M	199.4 M	264.8 M	662.2 M	<div><div></div></div>
Libya	HRP	83.2 M	16.7 M	29.9 M	46.7 M	129.8 M	<div><div></div></div>
Mali	HRP	398.9 M	2.1 M	73.3 M	75.4 M	474.3 M	<div><div></div></div>
Myanmar	HRP	216.5 M	21.6 M	37.2 M	58.8 M	275.3 M	<div><div></div></div>
Niger	HRP	433.8 M	15.7 M	66.7 M	82.3 M	516.1 M	<div><div></div></div>
Nigeria	HRP	838.0 M	85.3 M	157.1 M	242.4 M	1.1 B	<div><div></div></div>
oPt	HRP	348.0 M	19.1 M	23.3 M	42.4 M	390.4 M	<div><div></div></div>
Somalia	HRP	784.3 M	81.0 M	144.6 M	225.6 M	1.0 B	<div><div></div></div>
South Sudan	HRP	1.5 B	91.4 M	296.0 M	387.3 M	1.9 B	<div><div></div></div>
Sudan	HRP	1.3 B	128.0 M	155.6 M	283.5 M	1.6 B	<div><div></div></div>
Syria	HRP	3.4 B	157.5 M	226.7 M	384.2 M	3.8 B	<div><div></div></div>
Ukraine	HRP	157.8 M	27.6 M	19.3 M	46.9 M	204.7 M	<div><div></div></div>
Venezuela	HRP	674.6 M	50.4 M	37.5 M	87.9 M	762.5 M	<div><div></div></div>
Yemen	HRP	3.0 B	304.6 M	81.1 M	385.7 M	3.4 B	<div><div></div></div>
Zimbabwe	HRP	715.8 M	24.8 M	60.1 M	85.0 M	800.8 M	<div><div></div></div>
Burundi Regional	RRP	209.9 M	36.5 M	29.0 M	65.4 M	275.4 M	<div><div></div></div>
DRC Regional	RRP	483.0 M	94.7 M	61.0 M	155.7 M	638.7 M	<div><div></div></div>
Nigeria Regional	RRP						
South Sudan Regional	RRP	1.2 B	51.4 M	77.4 M	128.8 M	1.3 B	<div><div></div></div>
Syria Regional	RRP	5.2 B	87.4 M	670.9 M	758.3 M	6.0 B	<div><div></div></div>
Venezuela Regional	RMRP	968.8 M	132.4 M	306.4 M	438.8 M	1.4 B	<div><div></div></div>
Horn of Africa and Yemen	MRP	45.0 M	20.9 M	10.6 M	31.5 M	76.5 M	<div><div></div></div>
Rohingya	JRP	876.7 M	86.5 M	95.0 M	181.4 M	1.1 B	<div><div></div></div>
Benin	Other		10.9 M	7.0 M	17.9 M	17.9 M	<div><div></div></div>
DPRK	Other	107.0 M	20.0 M	19.7 M	39.7 M	146.7 M	<div><div></div></div>
Iran	Other		99.6 M	17.7 M	117.3 M	117.3 M	<div><div></div></div>
Lebanon	Other		96.3 M	40.2 M	136.5 M	136.5 M	<div><div></div></div>
Liberia	Other		17.5 M	39.5 M	57.0 M	57.0 M	<div><div></div></div>
Mozambique	Other		16.0 M	52.1 M	68.1 M	68.1 M	<div><div></div></div>
Pakistan	Other		37.4 M	108.4 M	145.8 M	145.8 M	<div><div></div></div>
Philippines	Other		28.9 M	92.9 M	121.8 M	121.8 M	<div><div></div></div>
Sierra Leone	Other		18.3 M	44.6 M	62.9 M	62.9 M	<div><div></div></div>
Togo	Other		2.3 M	17.43 M	19.8 M	19.8 M	<div><div></div></div>

Percentage of
funding received

Financial requirements (US\$) continued

COVID-19 REQUIREMENTS			TOTAL ADJUSTED HUMANITARIAN REQUIREMENTS			
REQUIREMENTS	OF WHICH:		REQUIREMENTS	OF WHICH:		
\$10.3B	 HEALTH: \$2.86 B NON-HEALTH: \$7.44 B		\$40B*	 COVID-19: \$10.3 B NON-COVID-19: \$29.4 B		
INTER-AGENCY APPEAL		ADJUSTED NON-COVID-19	COVID-19 REQUIREMENTS:		COVID-19 TOTAL	TOTAL HUMANITARIAN COVID + NON-COVID
			HEALTH	NON-HEALTH		
Bangladesh	Intersectoral		103.8 M	102.1 M	205.9 M	205.9 M
Djibouti	Intersectoral		11.1 M	18.9 M	30.0 M	30.0 M
Ecuador	Intersectoral		10.3 M	36.2 M	46.4 M	46.4 M
Jordan	Intersectoral					
Kenya	Intersectoral		56.5 M	198.4 M	254.9 M	254.9 M
Republic of Congo	Intersectoral		0.6 M	11.3 M	12.0 M	12.0 M
Tanzania	Intersectoral		46.1 M	112.8 M	158.9 M	158.9 M
Uganda	Intersectoral		71.2 M	129.0 M	200.2 M	200.2 M
Zambia	Intersectoral		20.1 M	105.5 M	125.6 M	125.6 M
Global Support Services	Global				1.0 B	1.0 B 
Famine prevention	Global				500.0 M	500.0 M
NGOs - supplemental envelope	Global				300.0 M	300.0 M
Total		29.4 B	2.9 B	5.5 B	10.3 B	40 B 

 Percentage of funding received

*The total for GHRP countries (including COVID-19 plus non-COVID-19) is \$39.7 billion. Total humanitarian requirements, including flash appeals covered under the Global Humanitarian Overview, is \$40 billion. Refer to FTS for latest figures.

Funding requirement updated on 12 July 2020. The figures may change as the situation evolves and country offices review their projects and ongoing activities. For the most up-to-date figures, please refer to hpc.tools or fts.unocha.org.

The requirements for the Nigeria RRP are included in the Cameroon, Chad and Niger HRPs. Please refer to country and regional pages for more details.

The requirements for the Horn of Africa and Yemen MRP amount do not show amounts included in the Somalia and Ethiopia country plans. Please refer to the Horn of Africa and Yemen MRP plan page for further information.

The requirements for the Kenya and Uganda intersectoral plans do not include refugee multi-sector responses to avoid overlap with regional plans. Please see country page for full requirements and more information

The requirements for Jordan are under development and will be uploaded directly to FTS in mid-July, once consultations conclude.

Overview of GHRP cost components

REQUIREMENTS (US\$)

\$10.3_B

	COVID-19 TOTAL	OF WHICH: HEALTH	NON-HEALTH	NUMBER OF PLANS
Humanitarian Response Plans (HRPs)	4.9 B	1.7 B	3.1 B	25
Other plans	999.7 M	454.3 M	545.4 M	12
Regional Refugee Response Plans (RRPs)	1.1 B	269.9 M	838.3 M	5
Regional Refugee and Migrant Response Plan (RMRP)	438.8 M	132.4 M	306.4 M	1
Intersectoral Plans	1.0 B	319.6 M	714.2 M	9
Global support services	1.0 B			-
Famine prevention	500.0 M			-
NGOs - supplementary envelope	300.0 M			-
TOTAL	\$10.3 B	\$2.9 B	\$5.5 B	52

Key achievements



HEALTH



Over **123,430 tests** delivered to 18 Humanitarian Response Plan (HRP) countries, with an additional 1.06 million planned for 23 HRP countries.



4.7 million pieces of Personal Protective Equipment (PPE) delivered to 16 HRP countries and 1.2 million PPE to 11 Refugee Response Plan countries.



More than **18 million people** have been provided with essential health care services.



More than **9.5 million people** (including children, parents and primary caregivers) provided with mental health and psychosocial support services.



WATER SANITATION AND HYGIENE



At least **36 million people** reached with critical **WASH supplies** (including hygiene items) and services.



FOOD AND AGRICULTURE



Significant **scale-up of seed and agricultural input provision** ahead of planting seasons across GHRP countries to assist millions of people.



Food assistance scaled-up in 14 countries until persons of concern can be transitioned to existing social protection programmes.



EDUCATION



Approximately 93.6 million children and youth supported with distance/home-based learning in GHRP countries.



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT



In excess of 1 billion people across 56 countries reached with COVID-19 messaging.



PROTECTION



More than **2.8 million people** accessed protection services.



Over **23 million refugees, IDPs and migrants** received COVID-19 assistance.



Almost 5 million women accessed Sexual Reproductive Health services in 25 GHRP countries.



Gender Based Violence services were maintained or expanded in more than 25 countries.



LOGISTICS



Common services supported **375 organizations**.



As of 29 June, the **passenger transport service was used by about 5,300 passengers** reaching 43 destinations.



Eight humanitarian response hubs in Belgium, UAE, China, Ethiopia, Ghana, Malaysia, Panama and South Africa were established to facilitate cargo movement to transport essential assistance including test kits.



SOCIAL PROTECTION



More than 5.7 million households assisted through social protection systems in a number GHRP countries.



DUTY OF CARE

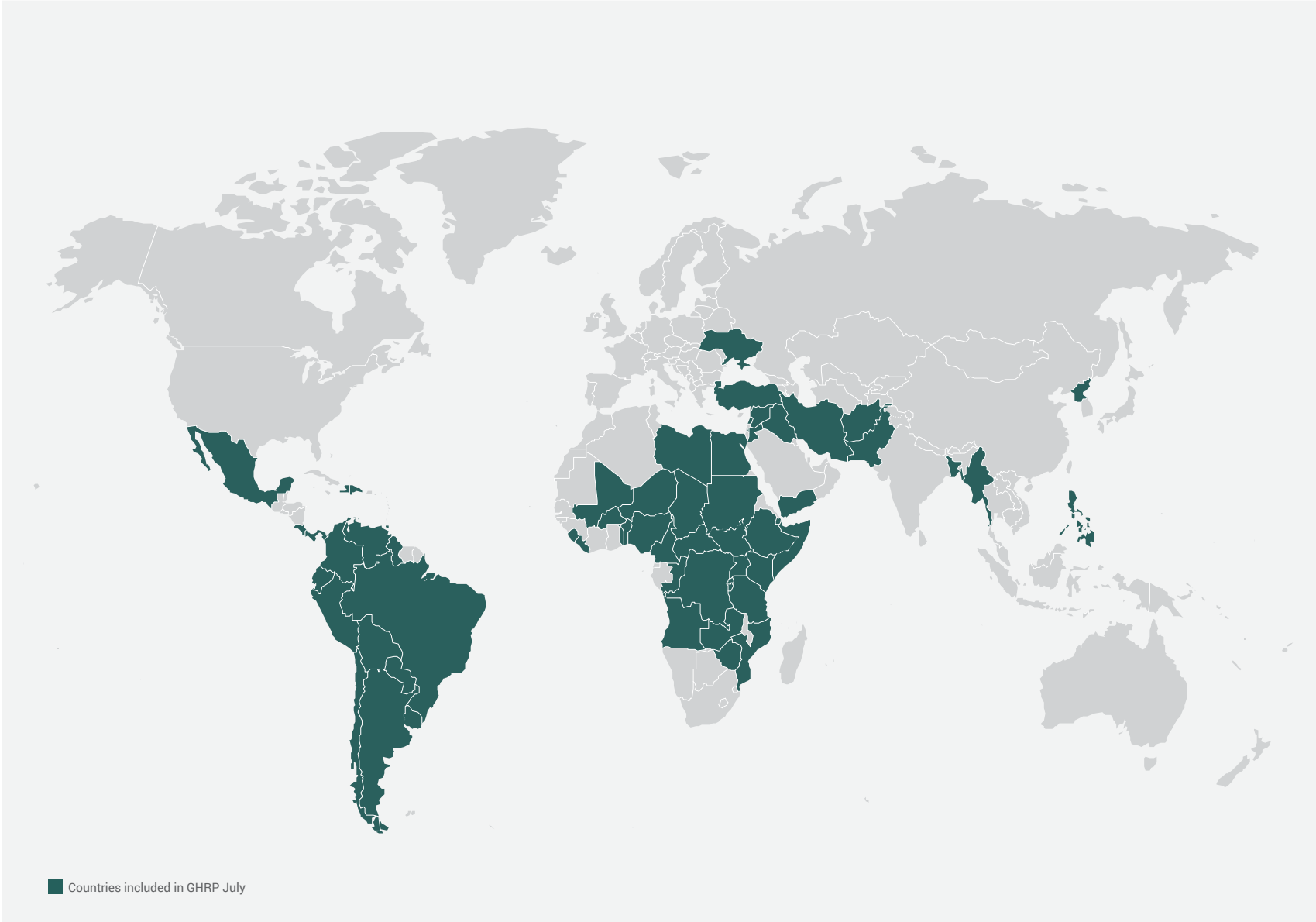


COVID-19 MEDEVACs organized and arranged by a dedicated 24/7 UN MEDEVAC Cell. As of end June, **sixteen medical air evacuations were carried out**.



SEE MORE RESPONSE ACHIEVEMENTS ON:
WWW.UNOCHA.ORG

GHRP countries: July update



NUMBER OF COUNTRIES
GHRP JULY

63

Afghanistan, Angola,
Argentina, Aruba*,
Bangladesh, Benin, Bolivia,
Brazil, Burundi, Burkina Faso,
Cameroon, CAR, Chad, Chile,
Colombia, Costa Rica,
Curaçao*, Djibouti,
Dominican Republic, DPR
Korea, DRC, Ecuador, Egypt,
Ethiopia, Guyana, Haiti, Iran,
Iraq, Jordan, Kenya,
Lebanon, Liberia, Libya, Mali,
Mexico, Mozambique,
Myanmar, Niger, Nigeria, oPt,
Pakistan, Panama, Paraguay,
Peru, Philippines, Rep. of
Congo, Rwanda, Sierra
Leone, Somalia, South
Sudan, Sudan, Syria,
Tanzania, Trinidad and
Tobago, Turkey, Uganda,
Ukraine, Uruguay, Venezuela,
Yemen, Zambia, Zimbabwe.

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* Aruba (Netherlands), Curaçao (Netherlands)

“COVID-19 is reversing decades of progress on poverty and hunger. We must accelerate coordinated global action to ensure that we recover better from this crisis and deliver together on the Global Goals for a better world for all.”

António Guterres,
Secretary-General, United Nations

