

Background

The world is facing a severe and acute public health emergency due to the ongoing COVID-19 pandemic. On 30th January 2020, the Director-General of WHO declared the COVID-19 outbreak a public health emergency¹ and on 11th March a pandemic. Authorities in 266 countries and territories have reported more than 4 million cases of the virus².

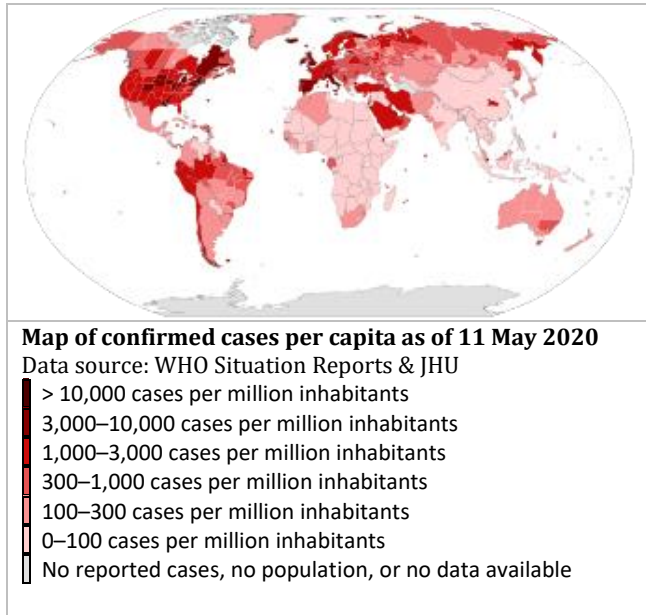
Over the past months, an increasing number of states have taken extreme mitigation measures. More than a third of the planet's population is under some form of restriction. Every country that has reduced COVID-19 infection to low levels has relied to some degree on “physical distancing”. The states, therefore, face an uncertain future where they may be in and out of lockdown every few months, with infection rates receding and increasing in response until a vaccine is invented.

The COVID-19 pandemic has pushed the world into a recession³. The year 2020 will be worse than the global financial crisis of 2008. The economic damage is mounting across all countries, tracking the sharp rise in new infections and containment measures put in place by governments.

The virus is causing havoc in developed countries. Often overlooked is the damage it will cause to the least developed ones, especially where the population is already facing several humanitarian crises. The impact that the COVID-19 health crisis will have on the poorest and most vulnerable, and the risk it poses to already stretched basic social services and pre-existing high levels of food insecurity and malnutrition. There is fear that the African countries’ high levels of poverty, weak health systems, and crowded urban areas and slums, the virus may cause havoc.

There is also a high-level of unease regarding the pandemic's possible impact on the population already suffering from the multiple wars roiling the Middle East. The public health system in these countries is fragile. The people, especially the displaced and humanitarian aid actors are at higher risk. In addition to the rising death toll and heavy burden on health-care systems, the Arab region is already suffering from the alarming loss of jobs due to COVID-19. More than 1.7 million jobs could be lost in 2020⁴.

The scale of the pandemic is an “all hands on deck” situation, requiring close collaboration between traditional humanitarian coordination actors, operational agencies, health leads and development actors, and the case for multi-sectoral joint analysis has never been stronger. Also, the physical distancing measures that have been globally implemented to prevent the spread of COVID-19 have resulted in limitations on the ability of humanitarian actors to collect primary data, meaning that



¹ Public Health Emergency of international concern under the International Health Regulations (IHR -2005)

² As of 11th May 2020, JHU data.

³ [IMF 6th April](#)

⁴ UNESCWA: 8 Arab states [impact assessment](#).

secondary data analysis is of vital importance, a way to understand operational realities from a distance.

Against this background, The Global Information Management, Assessment and Analysis Cell (GIMAC) is a multi-stakeholder initiative, proposed jointly by several partners. The Cell aims to coordinate, structure, collate, manage and analyze COVID-19 related information, and to provide technical support and services to support prioritised countries and global decision making based on request.

In brief: scope of the GIMAC



Geographical Scope

Initially, priority will be on the 25 countries⁵ with an ongoing Humanitarian Response Plan (HRP). UNHCR is also working with the Cell to determine the priority of Regional Refugee Plans country analysis. Additional countries to prioritise based on demand and capacities of the GIMAC to respond.

There are 63 countries in the [Global Humanitarian Response Plan \(GHRP\) for COVID-19](#) (May 2020 update), including 25 countries with a Humanitarian Response Plan (HRP) and 26 countries with a Regional Refugee Response Plan or Regional Migrant and Refugee Response plan. Nine other countries were added in the May update of the GHRP.



Global IM, A&A Cell leads

- **OCHA** (Needs and Response Analysis Section-NARAS): coordination of analysis support to humanitarian response plans in general.
- **UNHCR**: coordination of analysis support on refugees, protection and IDPs (in collaboration with **IOM**) component more specifically.
- **WHO**: coordination of analysis support on health-related matters more specifically.

Since all population groups and humanitarian issues are overlapping, interagency coordination will be maintained across the leads, so that different population groups and sector/thematic analyses interlink in a comprehensive joint intersectoral analysis incorporating different factors and consequences affecting the various population groups.

⁵ Afghanistan, Burkina Faso, Burundi, Cameroon, CAR, Chad, Colombia, DPRK, DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, oPt, Somalia, South Sudan, Sudan, Syrian Arab Republic, Ukraine, Yemen, Zimbabwe.

 Objective and scope of activities

This Global IM and A&A Cell is a time-bound activity meant to be operational for a limited period, as signalled by demands received from, and relevance to users.

Objectives	Main activities
<p>1. Technical support to prioritised countries on needs assessment, analysis and response planning decisions related to the humanitarian impact of the COVID-19 pandemic.</p>	<p>1.1. Establish a mechanism and criteria to prioritise field requests and to provide support for information management, needs assessment or analysis.</p> <p>1.2. Provide technical guidance to countries on needs assessment and analysis. Connect and liaise with country-level Assessment and Information Management Working Groups or similar Working Groups responsible for needs assessments and analysis.</p> <p>1.3. Support joint analysis of most vulnerable population groups' humanitarian needs, including a description of the comprehensive impact of COVID-19 together with other shocks and stresses, and immediate and underlying causes.</p> <p>1.4. Contribute to risks identification, projection of humanitarian needs and implications for short-term and medium-term response planning.</p>
<p>2. Provide secondary data analysis support and space for COVID-19 secondary data, assessments, reports and analysis from trusted sources.</p>	<p>2.1 Establish a coordination mechanism for information/data management sharing (on Humanitarian Data Exchange HDX), standardisation and analysis via Information Management Working Group.</p> <p>2.2 Map, structure, and collate secondary data for prioritised countries (up to five) using the Data Entry and Exploratory Platform (DEEP) and provide capacity building opportunities on secondary data review.</p> <p>2.3 Establish a registry of analysis and research produced and planned by different stakeholders, including an analysis of questions/areas being commonly analysed by partners.</p>
<p>3. Link with global coordination structures and provide decision making support.</p>	<p>3.1 Establish linkages with the Global Clusters Coordination Group COVID-19 Platform and the IASC Joint Analysis Working Group (JIAWG) (WHO-OCHA led) to avoid duplication and seek complementarity and synergies</p> <p>3.2 Based on capacity and in coordination with the IASC JAWG to enable and complement but not to duplicate, provide global or country-level thematic analysis in response to requests from decision-makers.</p> <p>3.3 Provide support to the GHRP updates as and when requested.</p>

Note on scope: The Cell will focus on secondary data analysis and technical advice on field-generated primary data collection initiatives. The Cell will not introduce new standards or requirements for primary data collection and will operate remotely without field deployment.

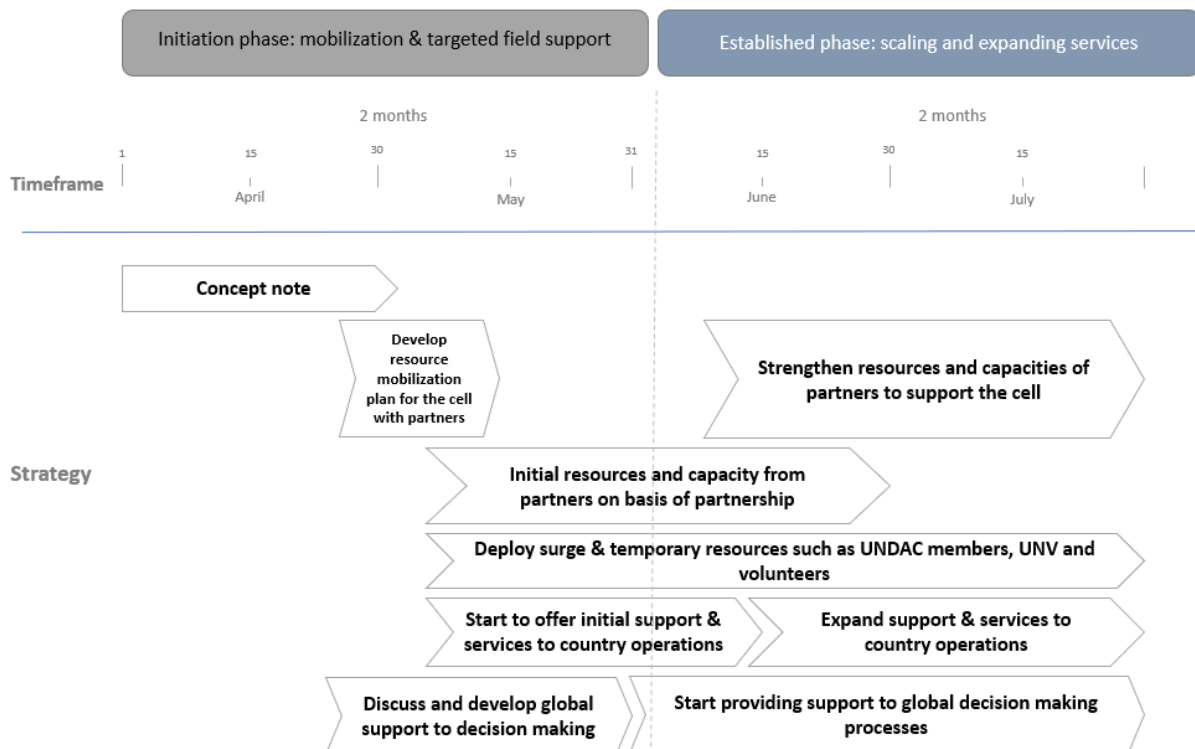
Concept of the Global A&A Cell for COVID-19

It is evident that field operations are overwhelmed by COVID-19 developments; they are scrambling to cope with the operational constraints. The magnitude of people in need is increasing. In light of COVID-19 realities, the field operations are assessing the humanitarian needs with many context-specific restrictions and analysing new emerging risks. They are faced with the challenge to identify new vulnerable groups and understand how changes are affecting the people who already need assistance. Countries have started to re-configure the response plans with increasing difficulty to differentiate between humanitarian and development activities.

At the global, regional and country level, a plethora of analyses are being produced by many organisations; very few of them in a coordinated or inter-agency manner. Overlaps of the country or thematic analyses abound. In addition, there is a flurry of global guidance being produced, with the proliferation of different response plans, and there are efforts underway to monitor different field activities at the global level.

With these fast-moving developments, the Cell will establish and provide support and services in two phases, scaling and expanding over time.

Strategy and timelines of GIMAC



GIMAC is **not envisaged to be a separate coordination forum** but rather to support existing coordination structures such as the IASC, Global Clusters Coordination Group and IMWG at the global level with a primary focus on supporting the field. The Cell will be **operationalised based on partnership and voluntary staff contributions, including through the Stand-by Partnership Programme and other mechanisms**. However, **to sustain the activities of the Cell, a resource mobilisation plan will be developed** and discussed with the donors.

In the initiation phase, the outputs from the Cell will primarily support countries, however, these outputs will also help decisions and coordination at the global level through secondary data reviews and the establishment of an analysis registry. Depending on resources, in the second phase, the Cell will explore opportunities to expand its support to strategic global decision making.

The initial **geographical scope** of the GIMAC will be 25 countries with an ongoing Humanitarian Response Plan (HRP). However, additional countries can be prioritised based on demand and capacities of the GIMAC to respond. UNHCR is currently working with the Cell to determine the priority of Regional Refugee Plans country analysis.

To receive **field requests**, GIMAC will establish an online request form with a list of support and services available. To ensure coordination and reduce overlap with other mechanisms, **field requests must be generated in close collaboration with the Humanitarian Country Team or Inter-Cluster Coordination Group**. However, the request can also be initiated from various coordination forums in the field, such as **Information Management Working Group, Assessment Working Group**, Inter-Cluster Coordination Group, Humanitarian Country Team and or multiple stakeholders. Requests for support for refugee operation analysis may originate from or be triaged first by UNHCR Regional Offices for the Cell's consideration.

Initiation phase: mobilization & targeted field support

In the initial phase, GIMAC will establish itself and will focus on providing tangible but targeted support activities. Based on initial capacities, the Cell will **prioritise its efforts on three activities, providing remote country-level support**, while also contributing and influencing global decisions and processes:

1. Provide **remote country-level support**, by actively reaching out to countries with least capacity, most severe situation and/or emerging risks:
 - a. Provide **technical guidance on needs assessment and analysis**.
 - b. Support **joint analysis of most vulnerable population groups' humanitarian needs**.
 - c. Contribute to **risk identification, projection of humanitarian needs**.
2. **Map, structure, and collate secondary data for selected countries (up to five)** using the Data Entry and Exploratory Platform (DEEP) and **build country staff capacities on secondary data review**.
3. Establish a global **registry of analysis and research** produced and planned by different stakeholders.

The collation of secondary data and registry of analysis and research will contribute to both global and country-level processes.

Established phase: scaling and expanding services

As GIMAC is established and resourced, it will expand its activities to provide more direct support to global decision making and processes related to the update of Global Humanitarian Response Plan on COVID-19. In this phase, efforts will put in place to:

1. **Expand and improve support and services** to country operations.
2. **Strengthen the resources and capacities of partners** to support the Cell.
3. Launch **support for global decision-making processes**:
 - a. **Provide global or country-level thematic analysis** in response to requests from decision-makers.
 - b. Provide **support to the GHRP updates** as and when requested.

Activities

To achieve the initially agreed objectives, the GIMAC here is the summary of activities:

1. **Objective: Technical support to prioritised countries' needs assessment, analysis and response planning decisions related to the humanitarian impact of the COVID-19 pandemic.**

Activities	Summary
1.1. Establish a mechanism and criteria to prioritise field requests and to provide support for information management, needs assessment or analysis.	<ul style="list-style-type: none"> ● Develop criteria to prioritise field requests and menu of services available on: <ul style="list-style-type: none"> ○ Technical guidance to countries on needs assessment and analysis. ○ Joint analysis of most vulnerable population groups' humanitarian needs. ○ Risks identification, projection of humanitarian needs. ○ Collation of secondary data. ● Develop an online form allowing countries to submit support requests based on the menu of services available.
1.2. Provide technical guidance to countries on needs assessment and analysis. Connect and liaise with country-level Assessment and Information Management Working Groups or similar Working Groups responsible for needs assessments and analysis.	<ul style="list-style-type: none"> ● Based on the needs of country operations, the GIMAC will develop necessary guidance on information management, assessment and analysis in the COVID-19 pandemic context. ● This may include a review of different practices and development of new tools, methodologies and guidance for remote or light assessments and analysis⁶ during the COVID-19 pandemic.

⁶ Could include needs, response and risk analysis.

<p>1.3. Support joint analysis of most vulnerable population groups' humanitarian needs, including a description of the comprehensive impact of COVID-19 together with other shocks and stresses, and immediate and underlying causes.</p>	<ul style="list-style-type: none"> ● GIMAC will provide joint analysis, based on the agreed framework⁷ focusing on the impact of the crisis, immediate underlying factors, operational environment and constraints including access, humanitarian condition of vulnerable groups and risks and where possible projections. ● Provide Satellite derived analysis via UNOSAT services.
<p>1.4. Contribute to risks identification, projection of humanitarian needs and implications for short-term and medium-term response planning.</p>	<ul style="list-style-type: none"> ● On request, the Cell will contribute to the identification of risk factors. Review relevant information on shocks, stresses and opportunities. ● Determine what will drive changes (positive and negative) of humanitarian needs, estimate likelihood and impact, where possible provide a most likely scenario and projections of needs.

2. Objective: Provide secondary data analysis support and space for COVID-19 secondary data, assessments, reports and analysis from trusted sources.

Activities	Summary
<p>2.4 Establish a coordination mechanism for information/data management sharing (on Humanitarian Data Exchange HDX), standardisation and analysis via Information Management Working Group.</p>	<ul style="list-style-type: none"> ● GIMAC will coordinate with the wider Information Management community via the Information Management Working Group (IMWG) and provide regular input. ● The cell will work with IMWG Data Sub- Group to coordinate data gaps and would provide information on country level information gaps. ● When there is a need, the Cell will advise and propose the establishment of a specific coordination mechanism to support overall IM and data coordination.
<p>2.5 Map, structure, and collate secondary data for prioritised countries using the Data Entry and Exploratory Platform (DEEP) and provide capacity building opportunities on secondary data review.</p>	<ul style="list-style-type: none"> ● Collate COVID-19 quantitative and qualitative country-specific information: data up to five selected countries at least at admin level (1) is mapped, captured, structured and shared against an agreed analytical framework categorisation and population groups using the Data Entry and Exploration Platform (DEEP). ● Share secondary data with information for specific areas or topics of interest, e.g. sectors/sub-sectors, geographical areas, affected groups, demographic groups, groups with specific needs, etc.

⁷ The Joint Intersectoral Analysis Framework (JIAF) will be used wherever applicable and adapted according to specific context. The limitation of data will also be a factor in depth of analysis.

	<ul style="list-style-type: none"> ● Identify and map information gaps and areas requiring more in-depth assessments. ● Offer access to historical data in support of trends analysis (for selective countries). ● Offer a collaborative space for partners for joint exploration and analysis of humanitarian data via DEEP. ● Train field staff on tools that can support remote secondary data analysis. An online training module is available for capacity support elements on how to conduct secondary data analysis and use of DEEP. ● Reduce duplication and increase coordination between different partners.
<p>2.6 Establish a registry of analysis and research produced and planned by different stakeholders, including an analysis of questions/areas being commonly analysed by partners.</p>	<ul style="list-style-type: none"> ● Establish an online presence for GIMAC and adapt available tools or develop a registry of analysis and research to capture available and planned analysis. ● Share data and report of thematic or country overlaps, an overview of available analysis etc.

3. Objective: Link with global coordination structures and provide decision making support.

Activities	Summary
<p>3.1. Establish linkages with the Global Clusters Coordination Group COVID-19 Platform and the IASC Joint Analysis Working Group (WHO-OCHA led) to avoid duplication and seek complementarity and synergies</p>	<ul style="list-style-type: none"> ● As the Global Clusters Coordination Group COVID-19 Platform and the IASC Joint Analysis Working Group (WHO-OCHA led) are established, create linkages and provide regular updates to the forums. ● Share available data and analysis when produced by the Cell, including an overview of the Cells activities.
<p>3.2. Based on capacity and in coordination with the IASC JAWG to enable and complement but not to duplicate, provide global or country-level thematic analysis in response to requests from decision-makers.</p>	<ul style="list-style-type: none"> ● Once the Cell is established and based on capacity and resources, offer a global or thematic analysis in coordination with the IASC JAWG.
<p>3.3. Provide support to the GHRP updates as and when requested.</p>	<ul style="list-style-type: none"> ● Once the Cell is established and based on capacity and resources, discuss with relevant stakeholders how the Cell can support.

Partners roles and responsibilities

Partners have agreed to the following roles and responsibilities within the cell.

Roles	Sub-Roles	Partners	Team members
GIMAC leads & coordination	Cell coordination, external relations and partnerships	<ul style="list-style-type: none"> ● OCHA NARAS ● UNHCR, WHO/Global Health Cluster and IOM when resources are available. ● 1 X staff available from IOM to support the initial period of the cell. ● WHO and UNHCR are recruiting staff for the Cell. 	Fawad Hussain Syed OCHA in consultation with Shelly Gornall UNHCR, Emanuele Bruni WHO, Naomi Morris GHC, Ali Davis GHC, Muhammad Rizki IOM
	managing field requests	<ul style="list-style-type: none"> ● OCHA ERS *Supported by UNDAC member X 1 - being requested, depending on availability. 	Liaise with Erik Kastlander Chair IMWG for coordination with IMWG
	Cell website	<ul style="list-style-type: none"> ● OCHA NARAS: Remote UNV support X 1 staff being requested 	
Technical guidance on needs assessment and analysis.		<ul style="list-style-type: none"> ● OCHA NARAS ● IMPACT Initiative and field offices when required. ● OCHA NARAS country focal points based on country request. ● IOM DTM and its field operations based on request. ● WFP Needs Assessment and Analysis contribute when required. ● WHO: To review and provide advice on health risks. 	Vincent Annoni IMPACT, NARAS Team, Claudia WFP, Emanuele Bruni WHO, Naomi Morris GHC, Ali Davis GHC. Liaise with JIAF group when required.

<p>Joint analysis risks identification & projection of humanitarian needs.</p>	<ul style="list-style-type: none"> ● OCHA NARAS ● IMPACT Initiative ● WHO and Health Cluster ● UNHCR, IDMC and IOM contribute to components related to displacement when needed. ● IDMC: Forecast of all the expected new disaster- and conflict-related displacements over the coming months, response requirements and analysis of interactions between the virus and the mitigation measures on displacement patterns and impacts. ● IOM CCCM/DTM contribute to mapping and analysis related to site/camp density, urban displacement, and mobility dynamic ● UNHCR: contribute to components related to Protection. ● JIPS: contribute to urban and protracted displacement related components. ● UNICEF: contribute on request; engagement with UNICEF led Global Clusters when required. ● WFP: contribute to the food security components when required, including sharing of VAM data and analysis. ● UNFPA: contribute to Gender, GBV AOR and Reproductive health-related components. ● IFRC: Contribute by sharing updates, analysis and data from country operations and engage in analysis. ● ACAPS COVID-19: Information, data sharing and coordination with ACAPS COVID-19 project. ● OCHA ERS *Supported by UNDAC member X 1 - being requested, depending on availability 	<p>Fawad Hussain Syed OCHA, Shelly Gornall UNHCR, Clarissa Dudenheo UNHCR, Emanuele Bruni WHO, Naomi Morris GHC, Muhammad Rizki IOM, Wilhelmina Welsh JIPS, Lilian Kastner UNICEF, Claudia WFP, Luke Caley IFRC, Herbert Tatham OCHA, Lars Peter ACAPS, Francoise Ghorayeb UNFPA</p>
---	--	--

Secondary data and Assessment registry	Information management and data	<ul style="list-style-type: none"> ● OCHA NARAS: Remote SBP Surge Capacity IMO P3/4 x 1 being requested ● OCHA NARAS ● OCHA FIS and HDX 	<p>Kashif Rehman OCHA in consultation with Kristina Mackinnon OCHA FIS, Janet O'Callaghan OCHA FIS/C-19, Javier Teran HDX</p> <p>Coordination with IMWG Sub-Group on Data</p>
	GIS, visualisation, satellite-derived analysis	<ul style="list-style-type: none"> ● Request to MapAction Centre ● UNOSAT 	<p>Chris Davis MapAction & Luca Delloro UNOSAT</p>
	Data tagging in DEEP	<ul style="list-style-type: none"> ● OCHA NARAS: Remote UNV support X 4 being requested ● Intern OCHA FIS ● Private volunteers as when available. 	<p>Ewan Oglethorpe Data Friendly Space, Guido Pizzini IFRC,</p>

Resource mobilization

GIMAC partners will coordinate and produce a separate resource mobilization plan that will provide details of project proposals submitted to different donors, highlighting project components that will support capacity, resources and/or services of the Cell.

Annexe 1: COVID-19 needs assessment and analysis activities of partners

Link to the [google sheet](#)

Annexe 2: The geographical scope - country list

Countries with HNO / HRP in 2020	Total Population (in million)	People living in Affected Areas (in million)	Women	Men	Girls	Boys	Acute PiN 2020 (in million)	Total PiN 2020 (in million)
Afghanistan	37.6		2.1	2.1	2.5	2.7		9.4
Burkina Faso								2.2
Burundi	12.1	4.1	0.901	0.799	0.523	0.463		1.7
Cameroon	26.1	7.9	2.11	2.22				3.9
CAR	4.9						1.7	2.6
Chad	16.3	6.3	2.67		2.61			5.3
Colombia	48.3	13.4						8.5
DPRK								10.429
DRC	99.9		3.3	3.2	4.6	4.5		15.6
Ethiopia	99.3	10.6	1.88	1.98	2.23	2.3	6.2	8.4
Haiti	10.9	6.3	1.6	0.962	1.1	1		4.6
Iraq	37	5.62	0.4792	0.4792	0.4082	0.4082	1.77	4.1
Libya	6.7	1.8	0.212	0.412	0.091	0.177	0.3	0.9
Mali	19.9	8.2	0.866	0.806	1.18	1.24		4.3
Myanmar	52.5	1.01	0.332	0.292	0.179	0.183		0.99
Niger	22.4							2.9
Nigeria		13	1.6	1.3	2.5	2.2		7.9
oPt			1.2072					2.4
Somalia	12.3		0.835	0.849	1.6	1.6		5.2
South Sudan	11.7		1.8	1.7	2	2		7.5
Sudan	40.8		1.9	1.6	2.9	2.4		9.3
Syrian Arab Republic								
Ukraine	42		1.9	1.5				3.4
Yemen								
TOTAL:	600.7 M	78.23 M	25.6883 M	20.1992 M	24.4241 M	21.1712 M	9.97 M	121.519 M

Data from last HNO 2020