

UNHCR COVID-19 Preparedness and Response

Highlights

- To date, UNHCR procured and delivered more than 6.4 million face masks, 850,000 gowns, 3,600 oxygen concentrators, 640 ventilators, over 1,650 housing units and 50 hospital tents to field operations. In addition, six tonnes of personal protection equipment (PPE) and medical supplies have been airlifted and USD 30 million in COVID-19 related cash assistance has been distributed in 65 countries.
- More than 33,000 families in Americas have been assisted with emergency cash transfers since March.
- With a revised [COVID-19 emergency appeal](#), UNHCR is seeking USD 745 million as it races to prepare for and mitigate any outbreaks of COVID-19 among refugees and other displaced populations around the globe.
- In a [press release](#), UNHCR warned that stateless people risk being left behind in COVID-19 response and issued a [list of policy recommendations and best practices](#) to ensure the protection and inclusion of stateless people in the public health response.
- Echoing the UN-wide call for action, UNHCR continues to [appeal for urgent support](#) to ensure the availability and continuation of mental health and psychosocial services for refugees and those displaced. These services must be considered “essential” services and form part of national responses to COVID-19.



Indigenous Warao refugees from Venezuela wash their hands, having been relocated to a safe shelter in Manaus, northern Brazil.

Global Overview

There have been no major COVID-19 outbreaks among refugees and internally displaced people to date. The first confirmed refugee case in a camp in Bangladesh has renewed attention to the need for accelerated preparations in camps. Considering that 80% of the world's refugee population and nearly all the world's internally displaced people are hosted in low to middle-income countries, many of which have weaker health, water and sanitation, as well as social protection systems, the pandemic may have a severe effect on vulnerable populations, especially in those countries weakened by conflict and political instability. In South Sudan alone, there was a 250% increase in newly confirmed COVID-19 cases among the general population within a week, increasing the total number to 174 confirmed cases. UNHCR and its partners are moving against time to prevent, prepare and mitigate any outbreak in camps or settlements. As many host communities benefit from the health services provided in refugee camps, supporting these services is in the best interests of both refugees and hosts. The protection of people is central to UNHCR's response.

In addition to the health impacts, there is growing evidence of deep and hard-hitting economic impact of the crisis on refugees and internally displaced people. Across the Middle East and Africa, hundreds of thousands of refugees have asked for urgent financial assistance to cover their daily essential needs since lockdowns and other public health measures came into force in many countries. In Lebanon, which was facing an economic downturn even before the pandemic, over half of the refugees surveyed by UNHCR in late April reported having lost livelihoods such as daily labour. Among the refugees consulted, 70 per cent reported that they had to skip meals. The impact on refugee women is profound, with almost all who were working saying they had seen their income source disrupted. In addition, the loss of daily wages and livelihoods can result in psycho-social hardship. In Jordan, partners have reported a significant rise in mental health and psycho-social consultations since March. Groups at a particular risk of poverty and exploitation include female heads of households, unaccompanied and separated children, older people and LGBTI people. Their situation can be improved through a range of different measures, including emergency assistance, notably emergency cash grants.

UNHCR Response

Progress to date and Impact

- UNHCR has further strengthened national health and sanitation systems through increased provision of personal protective equipment, medicine, soap and other hygiene supplies, ramped up cash assistance for the most vulnerable refugee families experiencing economic shocks, improved shelters in crowded settlements to prevent human-to-human transmission, and provided multiple months' supplies of aid and sanitation items.

Gaps and Challenges

- As of 14 May, the coronavirus has infected more than four million people globally, and claimed more than 280,000 lives. COVID-19 is rapidly rising in Americas and Africa, with the majority of countries experiencing community transmission. As the disease is not expected to peak in the world's poorest countries for another three to six weeks, UNHCR teams around the world are preparing fast – and bracing for the worst.
- Forced return and movement of people is reported in several regions.



Strengthen protection and community engagement

UNHCR is urgently adapting life-saving protection programmes for survivors of

violence and advocating to ensure that health, psycho-social support and safety services are designated as essential and remain accessible to refugees and the forcibly displaced. In a number of countries, such as in Southern Africa, UNHCR has conducted awareness-raising sessions on sexual and gender-based violence (SGBV), focusing on domestic violence and reinforcing the referral pathways for SGBV cases during COVID-19 measures.

UNHCR has published a [report on UNHCR's Accountability to Affected People and COVID-19](#) that gives concrete examples on participation and inclusion by meaningfully engaging persons of concern to UNHCR and consulting them on protection, assistance and solutions, communicating transparently by providing access to timely, accurate and relevant information and establishing feedback and response systems that allow for confidential and sensitive complaints, such as cases of sexual exploitation and abuse (SEA).



Strengthen and support health care and WASH services

Limiting human-to-human transmission, including

reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, and strengthening health facilities are key priorities. Operations continue to implement preparedness and response plans which involve identification, establishment and equipping of isolation units in the camps. However, critical elements in successfully

preventing or mitigating the spread and impact of COVID-19, including through physical distancing and adequate medical capacity to test, trace and respond, will remain a challenge in many camps and similar settlements.



Education

Even before schools around the world were closed due to the pandemic, which according to UNICEF and UNESCO affected the education of nearly 1.6 billion students, classrooms were closed to millions of displaced children. Less than half of school-aged refugee children were enrolled while only one in four attended secondary school. Months-long school closures risk reversing small gains recently made in expanding access to education for refugee children.

UNHCR has continued to support schools to remain open where health conditions permit and to mitigate the risk of COVID-19 spreading in schools by increasing access to WASH and health services and through information campaigns.

In addition, UNHCR has expanded investments in online and offline distance education, or alternative solutions, and ensured refugee children have access to alternative education arrangements introduced locally. In countries where online learning is less available, such as South Sudan and Niger, the focus has been on distributing self-study packs and radios so refugee and internally displaced children can follow along with lessons broadcast by community radio stations. As well as developing and distributing printed learning materials, UNHCR is working with national governments and NGO partners to support teachers, parents and students while schools remain closed. In several countries, that has meant continuing to pay

incentives to refugee teachers and helping them adapt to the new reliance on digital technology.



Ramp up cash assistance, reinforce shelters, provide core relief items in congested urban and camps settings and improve self-reliance

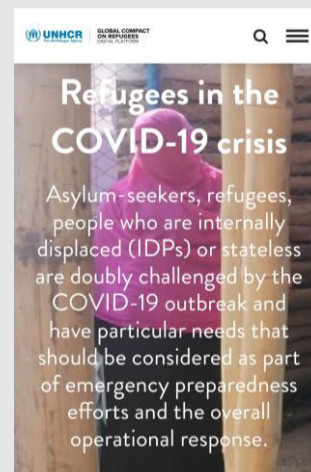
More than 65 UNHCR operations have now launched new cash initiatives and/or expanded existing cash assistance as an efficient means of getting assistance to people fast, empowering families to meet their basic needs and mitigating some of the negative socio-economic impacts of COVID-19. UNHCR works in partnership with governments to complement their social protection response while pursuing collaborative cash arrangements with relevant partners in line with the UN Principals Common Cash Statement. To highlight these innovative field practices on cash assistance, UNHCR published its [second edition of emerging field practices on cash assistance during COVID-19](#). For instance, UNHCR Cameroon launched a one-time unrestricted cash assistance to more than 11,000 refugees in four different urban locations who normally live of daily salaries and work in the informal sector. Building on existing transfer mechanisms in place and to avoid transmission of COVID-19, UNHCR provides the cash digitally through mobile money in close collaboration with the financial service provider MTN.

Another example is the work of UNHCR Mauritania where the country operation is working with the government and the World Bank to include refugees registered at Mbera Camp in the national social protection

mechanisms in line with the objectives of the [Global Compact of Refugees](#). In the context of the response to the socio-economic impact of COVID-19, due to the government's scarce resources, UNHCR has deployed as an immediate measure of burden sharing, cash for refugees living in the urban centres of Nouakchott and Nouadhibou. To support the operation's protection objectives, priority was given to over 1,000 households that have no savings or social network, are unable to meet their basic needs such as water, food and hygiene products or are threatened with eviction because they cannot pay their rent.

UNHCR has published a [new note](#) highlighting the role of the Global Compact on Refugees in the international response to the COVID-19 pandemic with examples of relevant pledges made at the first Global Refugee Forum.

UNHCR has also dedicated an [extra page on the digital platform of the Global Compact on Refugees](#) to refugees in the COVID-19 crisis, including best practices.



Regional Updates

Middle East and North Africa (MENA)

Across MENA, national response efforts are still ramping up to prevent the further spread of COVID-19 and to mitigate the impact. In Algeria, the government opened a field hospital in Rabouni to provide health support to Sahrawi refugees living in the camps near Tindouf. The hospital is run by a team of Algerian medical specialists, and in addition to a dedicated COVID-19 service, is fit to respond to medical emergencies and provide gynecological, internal medicine, and radiology services.

UNHCR and WFP are joining efforts to address essential needs of vulnerable people in Iraq and help them cope with the impact of COVID-19. WFP has worked with UNHCR and partners to identify an additional 35,000 Syrian refugees and 10,000 people displaced by conflict who will be included in WFP food assistance programmes. In addition, UNHCR has distributed over 26,500 dignity kits for women and girls of reproductive age living in refugee and internally displaced camps. The distributions have also been conducted with COVID-19 safety measures and will continue during the coming weeks to cover all governorates in Iraq.

In Libya, periodic assessments highlight the worrying socio-economic impact of COVID-19, which is compounding the vulnerability of refugees. Data suggests that since the end of March, a significant proportion have lost their jobs, particularly those who relied on temporary employment and daily labour, e.g. working on construction sites. With increasing prices of basic food and commodities, many persons of concern to UNHCR cannot afford even the most basic items essential for day-to-day living. Together with OCHA, UNICEF, UNFPA, WFP, WHO and IOM, UNHCR issued a [joint](#)

[statement](#) warning that the conflict and the COVID-19 pandemic present a significant threat to life in Libya.

Community outreach officers are proactively engaging in coordination with child protection agencies in Libya to communicate on COVID-19 to children and families. In addition, UNHCR's community-based protection allows to establish better systems for remote monitoring. Emergency child protection cases are addressed through the Community Day Centre in Tripoli or followed up remotely through partner case management staff of education.

Asia and the Pacific

The first confirmed case of a refugee and a local infected by COVID-19 was confirmed earlier this week. UNHCR is working with the local and national authorities to provide assistance and to mitigate any rumours.

Also, in Bangladesh, following the transfer of 29 individuals to Bhasan Char (an island in the Bay of Bengal), the government has indicated that additional boat arrivals, as well as any refugees found outside the camps, will be transferred to the island. UNHCR is in contact with the government to seek clarification from the authorities on this matter.

Across the region, UNHCR continues to conduct protection monitoring and provide legal aid, as well as support for child protection and sexual and gender-based violence (SGBV), though limited movement and the number of partners on the ground presents a challenge for individual case management, e.g. in Bangladesh. UNHCR's protection focal points continue to receive cases over the phone, collecting information on protection incidents,

and are coordinating with partners, and other relevant actors, to support and resolve issues. In Bangladesh, legal aid partners are generally present one day per week in each camp. In Pakistan, UNHCR has conducted field visits to refugee villages and interacted with female outreach volunteers, community mobilizers and gender support groups to improve outreach and communication on COVID-19 preventive measures, including addressing social stigma and psychosocial support. The office also conducted a virtual training on the updated emergency referral pathway and guidelines for remote SGBV case management providing specialized services to child protection cases, SGBV survivors and persons with specific needs.

In addition, UNHCR, together with the Pakistani government, launched an emergency cash assistance initiative to support the most vulnerable refugee families in the context of the pandemic. UNHCR will initially target 36,000 refugee families, which will be expanded to include more families in need once additional donor support is secured.

West and Central Africa

Although the total number of confirmed cases is still relatively low at about 25,000 across the region, the region has seen a 40% increase in newly confirmed COVID-19 cases in less than a week. With weak health systems and precarious living conditions in a region facing armed conflict, widespread poverty and food insecurity, the situation is becoming increasingly worrying. At the same time, it is crucial that the focus on Covid-19 does not lead to a neglect of these already existing crises. Although only two cases of infection were reported among UNHCR's persons of concern in Cameroon and in Nigeria so far, forcibly displaced populations face heightened health risks due to limited options for physical

distancing, overburdened health services and limited access to health systems. In addition to these specific challenges, there is an increased risk of food insecurity, particularly in the Sahel.

In most countries in the region, schools have closed to limit the spread of the virus. Distance education has become the rule and many initiatives have been put in place. But teachers must overcome a major difficulty: ensuring all pupils are able to continue to learn, even children who have no access to the internet. In many countries of the region, remote learning is a luxury because it assumes access to technology hardware (computers and tablets) and internet connectivity. According to UNESCO, in Sub-Saharan Africa, 89% of learners do not have access to home computers and 82% do not have internet. As a result, many children, including many refugee and internally displaced children, do not have access to distance learning, which further exacerbates the lack of access to education.

UNHCR is working with Ministries of Education and education partners to support students' access to distance education programmes, enhance health training for teachers, support community awareness-raising activities on COVID-19 and basic prevention measures while upgrading water and sanitation facilities in schools.

East and Horn of Africa and the Great Lakes

UNHCR continues to assess the impact of border closures and travel restrictions on access to asylum. Access to registration and refugee status determination (RSD) for new asylum seekers remains difficult due to the current lockdowns. Movements continue through unofficial border crossing points where screening and provision of information is not in place. Across the region, UNHCR has appealed for special measures to be put in place, to allow

for asylum-seekers to be screened, admitted and quarantined, and for UNHCR to be granted access to areas hosting refugees. Challenges have been seen in Uganda where RSD has been temporarily suspended by the government, imposing difficulties on numerous asylum seekers who are without any form of identification or status in the country.

Last week, nearly 250 asylum seekers from the Democratic Republic of the Congo (DRC) crossed into rural areas of Western Equatoria State in South Sudan – including many vulnerable women and children. UNHCR, in close collaboration with the South Sudan's Ministry of Interior through its Commission for Refugee Affairs (CRA), has ensured facilities are available for them to follow the 14-day quarantine requirements and continues to monitor their situation and address their needs in coordination with partners.

UNHCR is continuing its advocacy with the government of South Sudan to ensure access to territory and asylum procedures for refugees and is collaborating with WHO, IOM and other partners to ensure that border entry points used by asylum-seekers, refugees and returnees are supported with COVID-19 preventative measures.

Southern Africa

UNHCR has been expanding its outreach efforts in the region with the support of partners and community volunteers to better engage persons of concern within the scope of COVID-19 prevention measures. In order to continue monitoring affected communities' perception of COVID-19, UNHCR and partners are carrying out remote surveys to understand the needs, fears and threats expressed by the population.

UNHCR has also been conducting awareness-raising sessions on sexual and gender-based

violence (SGBV) in a number of countries in the region, focused on domestic violence and reinforcing the referral pathways for SGBV cases during COVID-19 measures. UNHCR and partners have also been addressing a heightened risk of SGBV and child protection incidents due to COVID-19 restrictions, by carrying out door to door awareness raising in four camps hosting refugees from the Central African Republic in Nord and Sud Ubangi provinces.

In Ituri province in the Democratic Republic of Congo, the rainy season and an ongoing surge in violent attacks on local populations, which have forced more than 200,000 people to flee their homes in just two months, poses a challenge for COVID-19 prevention. Since humanitarian access to Djugu and Mahagi territories is heavily restricted, the lack of humanitarian assistance will have a huge impact. Hunger is also a real risk with food prices increasing due to limited supply in both territories.

UNHCR and its partners are working to assist with relief supplies and constructing more shelters for the newly displaced. However, sites for internally displaced people are rapidly becoming overcrowded due to the large number of new arrivals and the limited available land.

Europe

European States are increasingly resuming asylum procedures, including interviews and appeal procedures. Many are introducing or considering conducting interviews or hearings remotely for example with videoconference options. The introduction of this modality can be an opportunity and result in more robust national asylum systems in the future, as it may facilitate access to asylum procedures. Several country offices are proactively engaging their government counterparts to ensure this

interviewing modality adheres to procedural safeguards.

In the region, people of concern have been as affected by unemployment as the host population. Some governments have taken measures to protect affected people and include them in national programmes. However, in some countries, only people with refugee status are entitled to support if they become unemployed due to COVID-19. The majority of other persons of concern, for example with subsidiary protection, temporary humanitarian protection or asylum-seekers, are not entitled to any specific additional aid.

The Rapid Social Impact Assessment led by the UN in Montenegro showed that asylum-seekers are even more affected by unemployment than the host population. Out of 186 households of asylum-seekers in private accommodation, 77% have lost their job/income, compared to 20% of the local population.

UNHCR has continued and scaled up advocacy with both national and local authorities to ensure that persons of concern are included in all socio-economic response measures.

In Greece, two COVID-19 cases amongst people of concern on the islands were confirmed on 12 May. They belong to a group who had arrived in Lesbos on 6 May and put on quarantine, along with 68 other new arrivals. On Lesbos, an additional site has been opened on 8 May to host the new arrivals on the island and to undertake a mandatory 14-day quarantine period. UNHCR provides food and core relief items to these individuals and continues supporting the Greek government's efforts by enhancing coordination mechanisms in response to the COVID-19 situation, with a particular focus on the islands, regarding

health, clean water and sanitation, as well as communication with communities.

Americas

COVID-19 has affected most countries and territories in the Americas, with some 1.6 million cases and around 100,000 deaths. Some countries, such as Argentina, Colombia and Peru, have announced this week measures to start a gradual end of quarantine measures, while lockdowns have been tightened in other countries, as in Brazil (Para State), El Salvador and Trinidad and Tobago. Signs of social unrest amongst the local population are increasing, with many people having lost their jobs and protesting against quarantine measures.

In this context, returns to Venezuela continued despite closed borders and quarantine measures. About 600 people a day are thought to be crossing the Colombia-Venezuela borders. Humanitarian flights from Chile and Peru also brought back small numbers of refugees and migrants to Venezuela. UNHCR and partners are concerned about the risks that people are taking trying to make the desperate journey across closed borders to go back home. In most cases, the decision to return is triggered by loss of income and housing.

UNHCR is doing all it can to scale up its emergency assistance and calling on solidarity with host countries to mitigate the push factors forcing people to return.

The revised [Regional Refugee and Migrant Response Plan \(RMRP\)](#), was released on 11 May. This regional plan outlines both immediate protection and assistance needs as well as longer term solutions for refugees and migrants from Venezuela. 151 partners in 17 countries contributed to the revision, which was undertaken in order to reflect new and reprioritized activities in light of COVID-19. The

updated requirements amount to USD 1.41 billion, around one third of which are for COVID-19 specific activities. The budget for the original RMRP for 2020 was USD 1.35 billion. The modest increase in overall needs is due to

the fact that UNHCR and most partners have been able to reprioritize existing programmes as opposed to simply adding new activities.

Coordination and partnerships

The 9th virtual NGO consultations featured Ms. Kelly Clements, UNHCR’s Deputy High Commissioner; Dr. Michael Ryan, WHO’s Executive Director for Health Emergencies Programme and Dr. Ibrahima Socé Fall, WHO’s Assistant Director-General for Emergency Programme. Dr. Michael Ryan underscored that the risk of uncontrollable transmission in crowded refugee and internally displaced camps/settlements and urban densely populated areas is high, especially where people have no possibility of physical distancing and little access to hygiene. He stressed that there would be still a “window of opportunity” to considerably mitigate the impact and underlined that the virus risks deepening already existing vulnerabilities and as such may hit the weakest, including refugees, internally displaced people, and host communities the hardest. Ms. Kelly Clements emphasized that there should be a strong commitment to include them in national health interventions, and thanked WHO for their commitment to jointly advocate for inclusion. Dr Mike Ryan stressed that the inclusion of refugees and other vulnerable groups was necessary not only for their own well-being, but also to emphasize the reality that "no one is safe until everyone is safe". Ms. Kelly Clements highlighted the need of UN agencies and NGOs to take joint action to help contain and mitigate the impact of COVID-19 on refugees and the internally displaced.

UNHCR’s LuQuLuQu campaign



The [LuQuLuQu campaign](#) in Southern Africa is built on the African philosophy of sharing resources and caring for one another. The initiatives invest in the lives of those that are forcibly displaced by supporting their access to education, vocational and livelihoods opportunities to help restart lives and rebuild self-reliance. In response to the critical need for face masks, UNHCR’s LuQuLuQu campaign has begun raising funds to provide materials and equipment for refugee youth groups to sew masks for their communities (#Masks4Refugees).

Workforce and capacities

UNHCR provides measures for the safety and welfare of the workforce during this global health crisis, including activated teleworking arrangements. To ensure continuity of certain services while some of UNHCR’s activities are reduced due to movement restrictions, UNHCR has adjusted some activities towards strengthening community-based protection mechanism and enhancing the capacity and self-

reliance of refugee and internally displaced communities should the COVID-19 crisis intensify and limit UNHCR's operational access for a prolonged period. As lockdown measures are gradually lifted in some regions, a number of UNHCR offices have started resuming suspended activities.

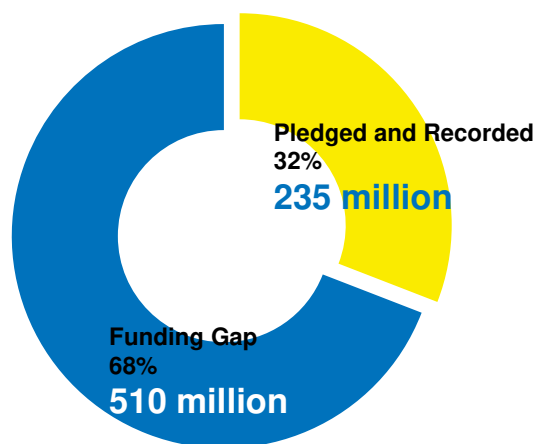
The immediate availability of medical supplies and personal protective equipment for health care providers and the availability of testing facilities remains a challenge in many countries. While UNHCR proceeds with the procurement of personal protective equipment and medical items, supply chain options at inter-agency level have been enhanced following the establishment of the UN Supply Taskforce.

Financial Information

On 7 May, the first revision to the COVID-19 Global Humanitarian Response Plan was launched, seeking USD 6.7 billion to support global humanitarian response through December 2020. UNHCR seeks USD 490 million additional to its first emergency appeal focusing on preparedness and prevention. UNHCR's total needs amount to USD 745 million and are increasingly focused also on response activities to address the immediate public health, protection and humanitarian assistance needs of refugees and host communities prompted by the spread of COVID-19. More detailed information on UNHCR requirements within the GHRP was shared in the 11 May revision to the UNHCR Coronavirus emergency appeal, available through the below link. The amount presented in the appeal does not represent the magnitude of UNHCR's engagement to support governments' efforts in responding to COVID-19 pandemic as the amount is limited to the additional needs and does not detail the number of programmes repurposed or reprioritized.

USD 745M

Requested for UNHCR's COVID-19 response globally until the end of the year:



Unearmarked contributions to UNHCR's 2020 programme:

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Private donors Spain 26.6M | Germany 25.9M | Switzerland 16.4M | Private donors Republic of Korea 13.9M

Contributed without restrictions on its use, unearmarked funding allows UNHCR critical flexibility in how best to reach refugees and other populations of concern who are in the greatest need and at the greatest risk.

Total contributed or pledged to the COVID-19 appeal:

USD 235M

Including:

United States	\$64.0M
Germany	\$38.0M
European Union	\$31.8M
United Kingdom	\$24.8M
Japan	\$23.9M
Denmark	\$14.6M
CERF	\$6.9M
Canada	\$6.4M
Ireland	\$3.3M
Sweden	\$3.0M
Sony Corporation	\$3.0M
Luxembourg	\$2.7M
Finland	\$2.4M
Education	\$1.8M
Cannot Wait	
Private donors	\$2.8M
Qatar Charity	\$1.5M
Norway	\$1.4M
USA for UNHCR	\$1.0M

More information:



[Global Humanitarian Response Plan COVID-19](#)
(launched 07 May 2020)



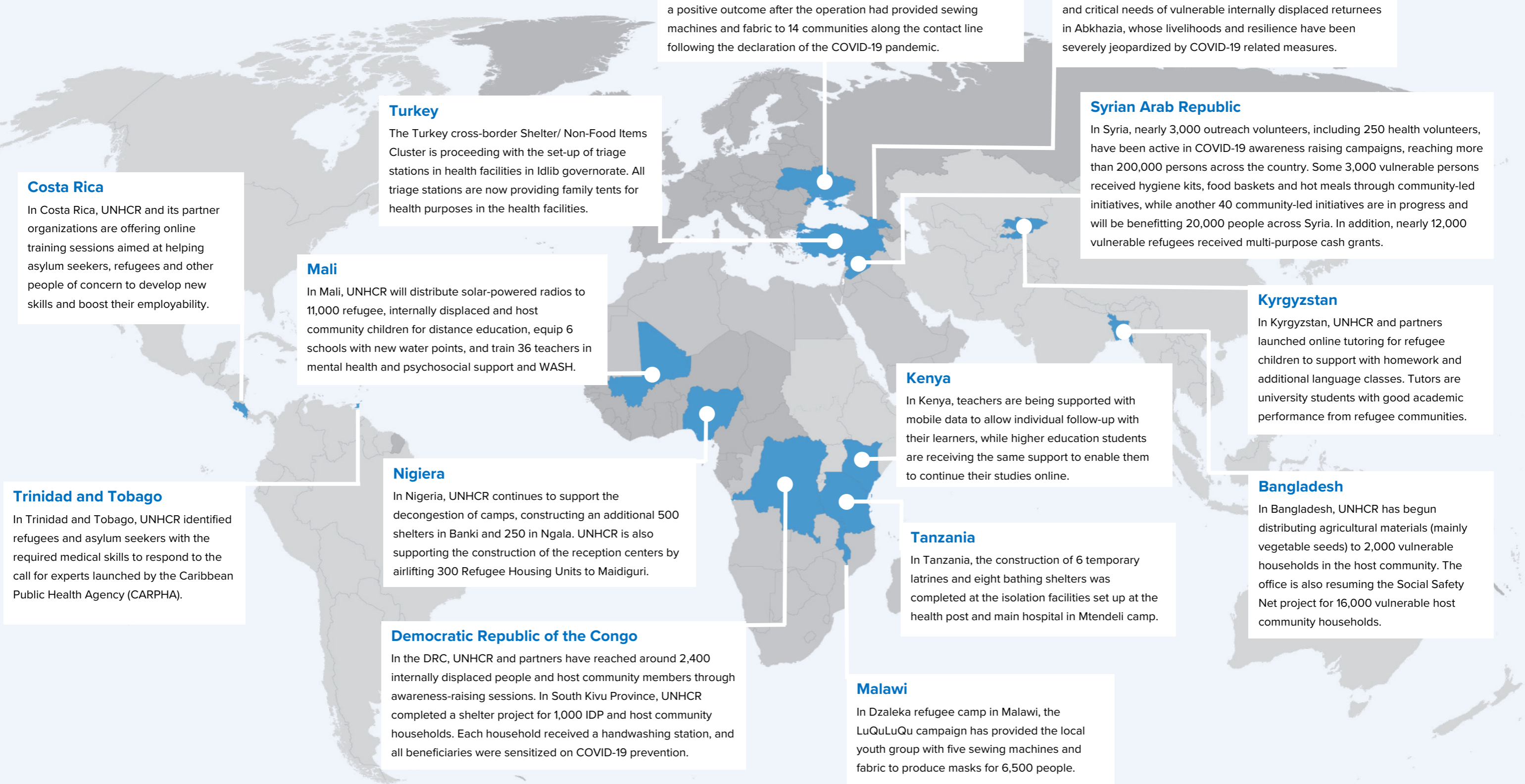
[Global Focus COVID-19 Situation page](#)
(including UNHCR's Coronavirus emergency appeal and sitreps)



Contact:

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Specific country examples



Costa Rica

In Costa Rica, UNHCR and its partner organizations are offering online training sessions aimed at helping asylum seekers, refugees and other people of concern to develop new skills and boost their employability.

Turkey

The Turkey cross-border Shelter/ Non-Food Items Cluster is proceeding with the set-up of triage stations in health facilities in Idlib governorate. All triage stations are now providing family tents for health purposes in the health facilities.

Mali

In Mali, UNHCR will distribute solar-powered radios to 11,000 refugee, internally displaced and host community children for distance education, equip 6 schools with new water points, and train 36 teachers in mental health and psychosocial support and WASH.

Nigeria

In Nigeria, UNHCR continues to support the decongestion of camps, constructing an additional 500 shelters in Banki and 250 in Ngala. UNHCR is also supporting the construction of the reception centers by airlifting 300 Refugee Housing Units to Maidiguri.

Democratic Republic of the Congo

In the DRC, UNHCR and partners have reached around 2,400 internally displaced people and host community members through awareness-raising sessions. In South Kivu Province, UNHCR completed a shelter project for 1,000 IDP and host community households. Each household received a handwashing station, and all beneficiaries were sensitized on COVID-19 prevention.

Ukraine

In Ukraine, the operation and its NGO partners jointly distributed 4,550 masks to the first aid points and pharmacies in the conflict-affected localities along the contact line in Luhanska oblast. This is a positive outcome after the operation had provided sewing machines and fabric to 14 communities along the contact line following the declaration of the COVID-19 pandemic.

Georgia

In Georgia, the scope of cash assistance for refugees and asylum-seekers in the Tbilisi-administered territory was expanded. Cash assistance is also provided to address urgent and critical needs of vulnerable internally displaced returnees in Abkhazia, whose livelihoods and resilience have been severely jeopardized by COVID-19 related measures.

Syrian Arab Republic

In Syria, nearly 3,000 outreach volunteers, including 250 health volunteers, have been active in COVID-19 awareness raising campaigns, reaching more than 200,000 persons across the country. Some 3,000 vulnerable persons received hygiene kits, food baskets and hot meals through community-led initiatives, while another 40 community-led initiatives are in progress and will be benefitting 20,000 people across Syria. In addition, nearly 12,000 vulnerable refugees received multi-purpose cash grants.

Kyrgyzstan

In Kyrgyzstan, UNHCR and partners launched online tutoring for refugee children to support with homework and additional language classes. Tutors are university students with good academic performance from refugee communities.

Kenya

In Kenya, teachers are being supported with mobile data to allow individual follow-up with their learners, while higher education students are receiving the same support to enable them to continue their studies online.

Tanzania

In Tanzania, the construction of 6 temporary latrines and eight bathing shelters was completed at the isolation facilities set up at the health post and main hospital in Mtendeli camp.

Malawi

In Dzaleka refugee camp in Malawi, the LuQuLuQu campaign has provided the local youth group with five sewing machines and fabric to produce masks for 6,500 people.

Bangladesh

In Bangladesh, UNHCR has begun distributing agricultural materials (mainly vegetable seeds) to 2,000 vulnerable households in the host community. The office is also resuming the Social Safety Net project for 16,000 vulnerable host community households.