

UNHCR COVID-19 Preparedness and Response

Highlights

- As of 25 May, the number of reported COVID-19 cases has risen to over 5.3 million worldwide, with over 340,000 deaths. The spread of COVID-19 is increasing rapidly in Africa, with the majority of countries experiencing community transmission.
- With last week's deliveries to DRC and South Sudan, UNHCR completed provision of the first batch of 1.5 million masks to priority country operations.
- On 20 May, [UNHCR and the World Health Organization \(WHO\) signed a new agreement](#) to strengthen and advance public health services for the millions of forcibly displaced people around the world.
- The Secretary-General issued his report on [Protection of civilians in armed conflict](#), which underlines the need for continued respect of international humanitarian law, international human rights law and international refugee law by all parties and actors to ensure effective protection for conflict-affected populations and an effective response to the pandemic.



South Sudan. COVID-19 precautions during food and soap distribution

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Global Overview

The evidence of the deep and hard-hitting economic impact of the global health crisis on UNHCR's people of concern is overwhelming across all regions. The increased food insecurity, in part due to COVID-19, is of great concern for vulnerable populations, including refugees, internally displaced people and the urban poor. In the East and Horn of Africa and Great Lakes region, over 2.9 million refugees (63%) are affected by food ration cuts. Food baskets are incomplete and missing fortified food in situations where refugees are fully dependent on food assistance. This can lead to high levels of acute malnutrition, stunting and anemia. In Colombia, the Interagency Group on Mixed Migration Flows (GIFMM by its Spanish acronym) published the results of a [Joint Rapid Needs Assessment](#) analyzing the situation of refugee and migrant households in the context of the pandemic. Only 20% of the households reported receiving any source of income and 48% reported receiving none. Main needs are food (95%), support with shelter (53%) and employment (45%). In Afghanistan, according to an updated food security analysis, an estimated 13.4 million people are currently severely food insecure, and in Jordan, 32 % of respondents did not have enough to eat due to lack of money, food stocks and travel restrictions limiting their access to markets.

In Burkina Faso, demonstrations concerning the socio-economic situation have already taken place in recent weeks, in which thousands of internally displaced persons also participated. The protesters demanded food and highlighted the difficulties caused by limited access to agricultural land. There is also serious concern that COVID-19 may fuel the conflicts in the Sahel region as a result of the impact of the pandemic on the economy, livelihood, education and governance, further weakening social cohesion and exacerbating socio-economic disparities and communal tensions.

To address the challenges created by the COVID-19 pandemic worldwide, UNHCR operations are strengthening national healthcare systems, WASH structures and services in the main hosting areas and expanding livelihood opportunities and cash assistance to help mitigate the negative socio-economic impact of the pandemic on refugees and internally displaced people. UNHCR is working with WFP on the repositioning of food rations and adequate supplies of food commodities for nutrition programs. Where school feeding programs exist in refugee camps and settlements, such as in Rwanda, take-home rations are being provided. In East and Horn of Africa and Great Lakes region, UNHCR is also working with UNICEF to reposition supplies for therapeutic treatment of severe acute malnutrition in refugee sites.

UNHCR Response

Progress to date and Impact

- UNHCR continues to develop or adapt assistance modalities in line with COVID-19 prevention measures and increases its outreach capacity through hotlines and remote case management in all regions.
- UNHCR continues to support authorities in affected countries, where needed, by providing medicine, medical equipment and supplies to strengthen national infection prevention and healthcare response.

Gaps and Challenges

- As the COVID 19 pandemic is expected to last for a long time, the challenge ahead for all UNHCR operations is to prepare for potential outbreaks and the related socio-economic impact of health control measures while progressively integrating the emergency response into their regular country programs.



Strengthen and support health care and WASH services

UNHCR has continued to provide its direct support to national health systems in order to strengthen infection prevention and healthcare responses, including through the provision of medical equipment and supplies and training of health personnel. Together with partners, UNHCR continued to reinforce health and water and sanitation systems and services in the main refugee and internally displaced hosting areas, including by increasing access to water to allow for the implementation of basic preventive hygiene measures such as frequent handwashing. At country level, UNHCR is working with partners such as the Red Cross/Red Crescent movement to enhance preparedness and response in support of national responses.



Strengthen protection and community engagement

Risks of sexual and gender-based violence (SGBV) continue to be heightened for women and girls during the COVID-19 pandemic. This includes the risk of intimate partner violence and other types of physical violence and the risk of harmful coping mechanisms including survival sex to cope with the loss of income. During previous outbreaks, women were less likely than men to have power in decision-making due to gender norms, and their needs therefore were

largely unmet. Implications of the COVID-19 outbreak for women and girls also include increased caregiving and household responsibilities such as having to care for children and for sick family members. This reduces opportunities to engage in education and livelihood activities while also increasing exposure to the virus.

UNHCR has continued its protection activities and is involving displaced women and girls so that they can advise on their priorities in terms of programme design, inform their communities about the risks of violence against women and girls, and provide information on prevention and protective health measures.

During COVID-19, UNHCR continues its strong engagement in the Inter-Agency Standing Committee Results Group 2 (IASC RG2) on Accountability and Inclusion as co-chair together with UNICEF. Comprehensive guidance for humanitarian workers is provided on the [IASC RG 2 website](#).



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


In anticipation of COVID-19, UNHCR undertakes ongoing efforts to decongest densely populated refugee and internally displaced camps and settlements to facilitate physical distancing. Through the Global

Shelter Cluster, UNHCR has mitigated health risks through activities such as planning and building isolation areas and medical facilities, expanding shelters of vulnerable households to reduce overcrowding and improving inadequate shelter conditions. Particular attention has been given to disseminating guidance for high-density settlement conditions so that infrastructure planning that facilitates a health response is available to all partners. The Global Shelter Cluster also continued to work on field support communication, collating guidance for access via the [website](#) and responded to urgent field requests through the virtual operations team.



Education

The spread of COVID-19 has led to the closure of more and more schools for an indefinite period across the East and Horn of Africa and Great Lakes region. Education interventions are shifting to see what can be done to support distance learning, which most governments in the region are providing through a variety of methods. In India, UNHCR worked closely with UNICEF on the draft guidance note for reopening schools, which is a contextualized version of the global framework on public health and education planning processes.



The [Global Information Management, Assessment and Analysis Cell \(GIMAC\)](#) is a multi-stakeholder initiative, proposed jointly by several UN and non-UN partners. The cell aims to coordinate, structure, collate, manage and analyze COVID-19 related information, and to provide technical support and services to support prioritized countries and global decision-making based on a request.

In the context of COVID-19, primary data collection is constrained by physical distancing, making the joint analysis of available secondary information through a coordination mechanism like GIMAC more important than ever. UNHCR will lead on the coordination of analysis support on refugees, protection and internally displaced people (in collaboration with IOM).

Regional Updates

Middle East and North Africa (MENA)

A sharp increase in the number of confirmed COVID-19 cases has been seen in Yemen, rising by over 325 per cent between the period of 10-16 May. Cases have been confirmed in ten of Yemen's 21 governorates. As the [humanitarian community attempts to scale up its COVID-19 response](#), critical funding shortfalls are considerably slowing down

efforts. UNHCR, among other agencies, has started to reduce its regular programmes due to uncertain funding prospects.

As part of the COVID-19 response, UNHCR has conducted awareness-raising that has reached close to 6,000 people since March, distributed 16,500 core relief items such as blankets and kitchen sets, and purchased 24,000 personal

protective equipment (PPE). The PPE will be distributed to frontline partners in the north and will help ensure uninterrupted delivery of assistance and protection services. UNHCR also worked with WASH partners as Camp Coordination and Camp Management (CCCM) Cluster lead, to emphasize the needs of the 600 most-at-risk internally displaced people (IDP) hosting sites. CCCM partners continue working with internally displaced committees on identifying and referring suspected cases to the COVID-19 Rapid Response Teams, setting up community isolation spaces as required. Installation and community management of handwashing stations are also underway.

In Jordan, refugees with disabilities have faced additional challenges during the lockdown period, limiting the provision of face to face services and increasing their isolation. Targeting around 150 cases per week, UNHCR has started online assistance for those in elderly shelters, including online group physiotherapy sessions, parent/child special education sessions, as well as individual counselling. Community health workers and volunteers are also active in many other countries in the region, including Lebanon and Egypt.

Asia and the Pacific

In Bangladesh, UNHCR's workforce is confronted not only with the COVID-19 response, following the first reported case of COVID-19 in the refugee camps around Cox's Bazar last week, but also with two fires that broke out in the Kutupalong camps in the last two weeks affecting over 600 families as well as with the impact of cyclone "Amphan" that made landfall in Bangladesh and India on 20 May. Despite damage to some shelters as well as some flooding, nobody was seriously injured and no loss of life was reported. Assessments

are underway and assistance has been provided.

Due to the first reported case of COVID-19 in Cox's Bazar, the government and WHO rapid investigation teams are carrying out contact tracing and quarantining of refugees. UNHCR, as the chair of the Community Health Working Group, is supporting WHO in the development of a home-based care system to be implemented at the peak of the outbreak. UNHCR's COVID-19 isolation and treatment centers in two camp locations will be completed this week. In addition, UNHCR is in discussion with local authorities in Cox's Bazar to rebuild the area of last week's fire in order to reduce congestion, improve access and strengthen services, particularly water and sanitation.

A serious attack occurred on the Médecins Sans Frontières (MSF) maternity hospital in Kabul on 12 May, reportedly killing 24 mothers, children, and hospital personnel. There are concerns that this may discourage individuals from going to medical facilities for COVID-19 testing and treatment. This is especially concerning for Afghan women, who already face difficulties in accessing medical services for a variety of reasons, including limitations on movements outside the home and limited availability of female medical personnel.

In Iran, to respond swiftly to the increasing needs of refugees, UNHCR rolled out simplified targeting criteria for cash assistance along with adjusted standard operating procedures. The office has assisted refugee households with one-off cash payments (for three months) to meet their basic needs.

West and Central Africa

In the Sahel, the COVID-19 pandemic represents an unprecedented health and sanitary emergency adding to an already

dramatic humanitarian situation characterized by chronic poverty and unemployment, widespread food insecurity, school closures, lack of health services and growing insecurity. The movement restrictions and various preventive measures introduced in the region to curb the spread of the virus are having a dire impact on local economies which may fuel political unrest and exacerbate tensions. None of the preventive measures targets refugees or internally displaced people but the socio-economic impact is likely to disproportionately affect these vulnerable populations, especially in terms of food security. In light of these challenges and risks, governments of the region are starting to relax or lift some of these restrictions.

As forced displacement continues across the Sahel, UNHCR is scaling up its response and adapting it to public health measures. In coordination with governments, assistance to affected populations is focusing on addressing sexual and gender-based violence, ensuring access to education and shelter, in an environmentally conscious manner in a region affected by climate change.

In Nigeria and Liberia, UNHCR has adapted its livelihoods intervention to the new context characterized by limited mobility, closure of businesses and markets, limited supply of food and non-food items by providing alternative livelihood and agricultural opportunities. Since farming is one of the activities less affected by the regulations put in place by the Liberian government, an increasing number of refugees decided to quickly get involved in farming activities after experiencing the deterioration of their regular business. To guide and inform UNHCR's response, a rapid appraisal was conducted by UNHCR's implementing partner to identify those refugees who were suffering business erosion and were interested in

farming. Based on the findings, UNHCR procured additional agricultural inputs (increasing its planned target 2020 by 50%) and advocated with the government to allocate additional land for refugees to farm.

[East and Horn of Africa and the Great Lakes](#)

After the confirmation that two individuals have tested positive for COVID-19 in the Dadaab refugee camps, UNHCR, partners and the government of Kenya are continuing to strengthen their COVID-19 response. In line with the government's directives, the two individuals were placed in quarantine and then moved to isolation centres after positive results were received. The Ministry of Health's Disease Surveillance and Response team has initiated contact tracing. The crowded conditions in the Dadaab refugee camps, where health services are already under pressure, raise serious concerns about the vulnerability of over 217,000 refugees and 320,000 host communities living in the camp and its surrounding areas.

Country operations in the region face multiple challenges that affect their capacity to implement preparedness and response measures to COVID-19. Access to UNHCR's persons of concern is limited in some cases due to the movement restrictions, and in other cases due to climatic conditions such as flooding. The rainy season entails additional diseases, including malaria and cholera, which are on the rise. Access to registration and refugee status determination 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. Since health services for other health needs must be maintained in parallel to the

COVID-19 health response, the available human and financial resources are strained.

The movement restrictions lead to further challenges in the region. Sudden lockdowns in the region imposed whilst parents are away from home, or when caregivers have become ill have led to family separations leaving children without the protection of their caregiver. UNHCR operations across the region are working on ensuring that alternative care arrangements are available. Children left separated from caregivers have mostly been placed in temporary care arrangements such as with neighbours, relatives or other community members. UNHCR and partners are looking at different ways to maintain alternative care through the provision of community-based foster care arrangements.

Southern Africa

In South Africa, UNHCR's helpline has seen a spike in calls since the beginning of the nationwide lockdown on 26 March, reaching more than 2,000 during this period. 95 per cent of calls are for help with food and rent from people who were previously self-sufficient and are now unable to work and support their families during the lockdown. To address the growing need, UNHCR and its partners have provided emergency assistance through cash assistance and food parcels.

Throughout the region, UNHCR has been continuing to raise awareness among refugees, internally displaced people and host communities about COVID-19 prevention and response measures. In DRC, 6,000 persons were reached by door-to-door awareness-raising in one week. In areas hosting internally displaced people in Ituri Province, community-based protection structures supported by UNHCR have reached over 2,000 persons with awareness-raising messages on COVID-19, as

well as sexual and gender-based violence (SGBV), including in areas currently inaccessible to humanitarian actors. The community-based protection structures thereby play a key role in disseminating information on COVID-19, and UNHCR is in regular contact with all community structures it supports to provide advice and up-to-date information about the COVID-19 outbreak in the province.

Europe

Across the region, country operations are increasingly conducting impact assessments of COVID-19 and related measures on populations of concern. In Albania, a phone survey on the socio-economic impact and a desk review on gaps in the current legal and administrative framework of integration has been carried out and preliminary results are being discussed with relevant government counterparts. Key findings of a survey conducted in Ukraine in April by NGO partner R2P, targeting stateless persons and people with undetermined citizenship, including at risk of statelessness, indicate that 60% of interviewees lacked the money to purchase food or medicine. The purpose of the survey was to identify challenges for persons lacking identity documentation in accessing medical care and psycho-social support due to COVID-19 restrictions. Based on the survey's outcome and on responses by the government, R2P developed and shared guidance about access to medical care for people without identity documents.

In Greece, 208 persons of concern have reportedly tested positive to COVID-19 to date (4 on Lesbos, 197 in mainland sites/hotels and 7 in UNHCR's accommodations). With UNHCR's logistical support, the four cases on Lesbos are in quarantine in the Apanemo site recently opened and therefore isolated from other new arrivals. Separate tents, dedicated toilets and showers were provided, as well as access to

clean water through water tanks and jerry cans. So far in May, 106 people have arrived by sea and are sheltered in the recently opened Apanemo site. UNHCR is providing them with hot meals and relief items.

Americas

There is rising concern about the number of cases of COVID-19 among refugees, asylum seekers, and other people on the move as part of mixed groups in the region. In Roraima, Brazil, 105 Venezuelans have been isolated in the Protection and Care Area (APC) and, unfortunately, a 59-year-old Warao woman died from COVID-19.

An escalating situation of ongoing violence and insecurity, coupled with COVID-related restrictions, is exacerbating hardship for tens of thousands of people in the north of Central America. Violence has forced some 720,000 people in the region to flee their homes, as of the end of last year. Almost half of them are now displaced within their own country, including some 247,000 people in Honduras and some 71,500 in El Salvador, while others have fled across borders. Internally displaced people and community leaders report that criminal groups are using the confinement in Honduras, El Salvador and Guatemala to strengthen their control over communities.

Restrictions on movement make it harder for those that need help and protection to obtain it and strict lockdowns have resulted in many displaced and vulnerable people losing their livelihoods. A rapid increase in forced displacement as soon as the lockdown measures are lifted may be expected.

Despite the pandemic-related restrictions, UNHCR in the Americas continues providing emergency assistance, including secure shelter and cash or voucher transfers, to meet essential needs. Efforts continue to ensure the inclusion of refugees in national public health responses, social safety nets and emergency assistance plans.

As part of the support to national health preparedness and response, UNHCR Peru and partners have provided some 300 remote socio-emotional support sessions, 1,350 specialized mental health consultations, over 230 primary health consultations, as well as 170 health consultations on HIV/AIDS in Lima and Tumbes. In Colombia, 87 Venezuelan families receive psychosocial support in Cucuta's hospital and telemedicine is provided in Trinidad and Tobago.

Coordination and partnerships

WHO and UNHCR have further strengthened their cooperation by signing a new agreement to enhance and advance public health services for the millions of forcibly displaced people around the world. The agreement updates and expands an existing 1997 agreement between the two organizations. A key aim this year will be to support ongoing efforts to protect some 70 million forcibly displaced people from COVID-19. For more than 20 years, UNHCR and WHO have worked together worldwide to safeguard the health of some of the world's most vulnerable populations. They have collaborated to provide health services to refugees in every region - from the onset of an emergency and through protracted situations, consistently advocating for the inclusion of refugees and stateless people in the national public health plans of host countries. The two organizations are

now working side by side to curb the spread of the COVID-19 pandemic and ensure that forcibly displaced people can access the health services they need, to keep safe from COVID-19 and other health challenges.

The 10th virtual NGO consultations focused on “Protection from Sexual Exploitation and Abuse (PSEA) in the context of Covid-19” and featured Theodora Suter (IOM), Sana Zulfiqar (National Humanitarian Network Pakistan), Diane Goodman (UNHCR’s Senior Coordinator on PSEA) and Josephine Ngebeh from UNHCR’s Regional Bureau in East and Horn of Africa and Great Lakes. Adapting to remote working in the individual management of cases of sexual exploitation and abuse (SEA) and monitoring and reporting them during the pandemic were identified as key challenges. In this context, the speakers stressed the importance of using remote channels, involving local partners to a greater extent and finding creative, responsive solutions, based on the local reality. The High Commissioner’s championship on PSEA has been extended until the end of 2020 and has three priorities: Bolstering prevention, expanding safe spaces, and promoting respectful use of authority.

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.

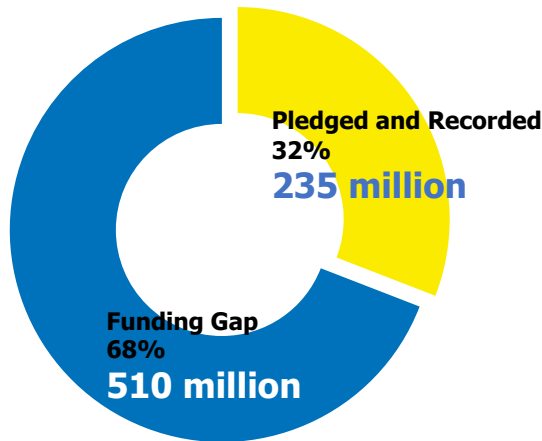
The immediate availability of medical supplies and personal protective equipment for health care providers and the availability of testing facilities remains a challenge in many countries. While UNHCR proceeds with the procurement of personal protective equipment and medical items, supply chain options 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 745 million focusing on preparedness and prevention and is increasingly focused on response activities to address the immediate public health, protection and humanitarian assistance needs of refugees, the internally displaced 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 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:



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 |
| Private donors | \$3.1M |
| Sweden | \$3.0M |
| Sony Corporation | \$3.0M |
| Finland | \$2.4M |
| Education Cannot Wait | \$1.8M |
| Qatar Charity | \$1.5M |
| Norway | \$1.4M |
| USA for UNHCR | \$1.0M |

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, the internally displaced, stateless persons and other populations of concern who are in the greatest need and at the greatest risk.

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)



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Specific country examples

El Salvador

In El Salvador, since March, around 300 communities affected by internal displacement have been supported through humanitarian organizations including through the UNHCR-led Protection Cluster, over 22,500 people were informed through social media campaigns and digital platforms and, nearly 4,000 individuals at-risk have received humanitarian assistance.

Italy

In Italy, Arci in cooperation with UNHCR created an [online portal](#) where refugees can access information in 15 different languages on health advisories, regulations, movement restrictions, new administrative procedures and services available.

Burkina Faso, Mali and Niger

In partnership with the Danish Refugee Council, UNHCR is spearheading "Project 21", a harmonized regional-wide protection monitoring tool which is being piloted in Burkina Faso, Mali and Niger. The system has been jointly developed by UNHCR and DRC, adapted to the COVID-19 pandemic. The implementation has started with the organization of distance trainings of monitors.

Brazil

In Belem, Brazil, a new shelter for the indigenous population was inaugurated on May 5th. The space will have a capacity to house 500 indigenous Venezuelans who will be relocated from inadequate municipal and state shelters as well as from severely overcrowded private housing. A group of indigenous Warao who were being temporarily hosted in a public school since being evicted from private housing in mid-April were the first to move into the space.

Ghana

In Ghana, on 17 May, the "mask for refugees project" was launched in Ghana during a virtual COVID-19 concert which was broadcasted live on national television and social media. This initiative aims to support forcibly displaced families and raise awareness of their particular vulnerability in times of the pandemic.

Mozambique

In Nampula Province, Mozambique, UNHCR is working with the government to recruit community workers to support COVID-19 prevention, response, and surveillance activities. The programme is supported by UNHCR's livelihoods programme as part of the wage employment initiative and is open to refugees and asylum-seekers, as well as members of the host community.

Ukraine

In Ukraine, the NGO Tenth of April initiated online psychosocial consultations to support refugees and asylum-seekers in coping with stress related to quarantine restrictions. The video sessions were translated into five languages and posted online.

Yemen

In Yemen, the protection cluster conducted an [analysis of people at risk](#), developed protection mainstreaming along with [guidance](#) on preparedness for partners in COVID-19, and a [complaints and feedback mechanism](#).

Sudan

In Central Darfur in Sudan, UNHCR is working with traditional community leaders at Hamadyia internally displaced camp to engage community-based protection networks to increase information sharing and knowledge about how to prevent the spread of the COVID-19 virus.

Burundi

In Burundi, isolation centers have been set up in all 5 refugee camps and 3 transit centers, with some Ebola centers transformed into COVID-19 centers and other structures newly built.

Malawi

In Malawi, representatives of community-based structures in Dzaleka refugee camp led a live radio programme on Yetu Community Radio to raise awareness on referral pathways and the dedicated phone numbers that refugees can call or text if they are in need of assistance.

Egypt

To strengthen community responses from the grassroots level, UNHCR Egypt organized an online "Psychological First Aid" training for volunteers and community leaders, the main objective of which was to prepare them to deliver non-specialized psychological first aid support.

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.

Philippines

In the Philippines, UNHCR, in collaboration with the protection cluster, UNICEF and the Commission on Human Rights, conducted a webinar for protection actors on gender-based violence and Child Protection during COVID-19, which was attended by over 1,200 participants.