

UNHCR COVID-19 Preparedness and Response

Highlights

- Brazil and Russia are emerging as new epicenters of the pandemic, with a daily infection rate second only to that of the United States. Hotspots are also emerging in Africa.
- The number of COVID-19 cases in Bangladesh has more than doubled over the past two weeks to over 35,000. There are now 25 confirmed cases among refugees in Kutupalong camp. To respond, UNHCR opened two isolation and treatment facilities last week with a total of 200 beds. The total capacity provided by humanitarian actors will reach 1,100 beds by mid-June.
- With Latin America emerging as a new epicenter, Venezuelan refugees and migrants are in need of additional support. On 26 May, the [International Donors Conference in Solidarity with Venezuelan Refugees and Migrants](#) raised some USD 2.79 billion for host states and organisations helping the Venezuelans.
- As the pandemic situation evolves and based on host governments recommendations, UNHCR's offices are at different stages of planning and implementation of teleworking and return to office for personnel. In Europe, for example, 12 offices shifted from fully to partial teleworking over the past week, while 12 continue teleworking. In MENA, operations in Lebanon, Tunisia, Algeria, Jordan Israel and Turkey have adopted a gradual, phased approach to office return as of the last week of May or first week of June.



Kenya. UNHCR personnel manage a distribution centre for food and relief items in Kenya.
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Global Overview

Many refugees and internally displaced people (IDPs) live in poorer urban areas in overcrowded and unhygienic conditions and with inadequate health infrastructure and are therefore particularly susceptible to the spread of the virus. In addition to health risks in urban areas, they are facing job losses as businesses are forced to downsize or close due to COVID-19 restrictions. Many of them are daily laborers or work in the informal economy and were already living hand-to-mouth before the pandemic struck. For example, in Rwanda, most of the 12,000 urban refugees have seen the family wage earners lose their jobs, many had been working for businesses that have closed or are struggling to import commodities due to border restrictions. In the Americas, more than 80% of people of concern to UNHCR live in urban centres and are dependent on the informal sector for survival. Due to the quarantine measures, the vast majority have lost their jobs.

UNHCR is working closely with governments and partners to find solutions for urban refugees and IDPs in these challenging times. In urban areas, where refugees and IDPs spread out amongst the urban population, UNHCR has supported the national health authorities by expanding existing health facilities and provided ambulances, beds, mattresses, ventilators and medical equipment in line with WHO guidelines. To address vulnerable urban populations' protection needs, cash-based assistance has been mobilized in many countries, e.g. in Jordan, Iraq, Turkey, Yemen, Morocco and Egypt. In Liberia, UNHCR finalized the distribution of food support to urban refugees reaching 98 per cent of the households. Although this distribution was carried out directly to ensure the assistance would reach refugees in a timely manner, UNHCR continues to advocate for the inclusion of urban refugees in government food distribution programmes and to be considered for future distributions.

UNHCR Response

Progress to date and Impact

- UNHCR has continued to advocate and support for the inclusion of persons of concern in national prevention and testing campaigns.
- UNHCR operations continue to develop new processes or adapt existing ones in line with global and national COVID-19 prevention measures in order to respond to the evolving needs of UNHCR's persons of concern with a special emphasis on assisting the most vulnerable.

Gaps and Challenges

- As the virus spreads to low to middle-income countries in the Americas and Africa, often with weaker health, water and sanitation, as well as social protection systems, UNHCR is moving against time to prevent, prepare and mitigate any outbreak in camps or settlements.
 - Persons in need of international protection continue facing challenges in terms of access to territory and safety.
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Strengthen and support health care and WASH services

UNHCR has supported local and sub-national health care facilities in refugee and internally displaced hosting areas through the distribution of medical supplies including personal protective equipment, training and capacity strengthening, and the provision of isolation units. These measures usually benefit not only displaced persons but also the host communities. UNHCR also continued with awareness-raising campaigns on physical distancing along with efforts to increase the supply of water, soap and handwashing stations.



Strengthen protection and community engagement

In Somalia, the Camp Coordination and Camp Management (CCCM) cluster, co-led by IOM and UNHCR, has continued to provide important information on prevention and response regarding COVID-19 reaching over 850 sites covering almost one million internally displaced people (IDPs). An evaluation conducted on risk communication and community engagement shows that 98 per cent of interviewed IDPs have heard of COVID-19 and the importance of preventing transmission of the virus, and 44 per cent expressed the wish to learn more about how they can protect their community from transmission. In Kakuma refugee camp in Kenya, UNHCR has initiated a discussion with child protection, health and other relevant partners on specific arrangements for children during the pandemic, including establishment of care facilities inside isolation centres.



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

UNHCR is enhancing the capacity and self-reliance of refugee and internally displaced communities including through ramped-up cash assistance. Continued cash assistance has been provided to persons of concern in several countries, including in Mexico, where individuals were remotely interviewed for cash-based assistance screenings and/or protection counselling. Further progress was made in partnering with the private sector to provide cash assistance via debit cards, for example in Panama.

Additional refugee housing units were installed in many regions that will be used for health services and shelter. For instance, in Ethiopia, isolation and quarantine centres are being constructed in refugee camps with a long-term vision of transforming them into training rooms or as additional treatment centers after the COVID-19 emergency.



Education

To ensure the continuity of learning in a protective environment and to prepare for the safe reopening of schools, UNHCR is working with Ministries of Education and education partners to support students' access to distance learning programmes, enhance health trainings for teachers, support community awareness-raising activities on COVID-19 while upgrading water and sanitation facilities in schools.

In Burkina Faso, Mali and Kenya, UNHCR has provided solar-powered radio sets for refugee children to ensure they can have access to distance learning programmes broadcasted through national and community radios.

In Colombia, UNHCR has reached an agreement with Colombian authorities to distribute emergency adaptive education kits to over 5,000 Venezuelan and Colombian households with children that have no access to the internet.

Innovative Communication during COVID-19



UNHCR is seeking innovative opportunities to enhance communication and engagement with its persons of concern. Several initiatives are being developed, considered, or piloted in Asia and other regions, including a WhatsApp Chatbot and the “MyUNHCR” platform that Indonesia and Bangladesh offices will soon be piloting. The “MyUNHCR” platform is a self-service app, which aims to be a one-stop digital gateway providing personalized services to enhance communication with and facilitate access to remote case management for refugees and asylum seekers.

Regional Updates

Middle East and North Africa (MENA)

The psychological condition of refugees is deteriorating in Egypt as the COVID-19 situation continues. A rise in anxiety and depression has been observed, particularly in light of challenging socio-economic conditions.

Community leaders and volunteers are trying to respond to the evolving situation. As many volunteers have not previously benefited from training in psychological first aid and psychosocial support, UNHCR Egypt organized trainings for volunteers and community leaders to prepare them in delivery of care and non-specialized psychological first aid support.

In Lebanon, community health volunteers (CHVs) and dedicated community groups in informal settlements have been mobilized to play a key role in capacitating and empowering refugees to prevent infection and transmission within their families and the community. Some 60 CHVs and over 1,200 site community groups are already in place.

In Syria, UNHCR has continued to support 14 Primary Health Centres (PHCs) across the country which provide basic care, critical health information and referrals to refugees, internally displaced people (IDPs) and returnees. During March more than 29,000 IDPs and some 1,400 refugees and asylum-seekers were assisted to

access the basic package of primary health care services through these UNHCR supported PHCs.

In the cross-border response to IDPs in Syria, the Shelter Cluster is coordinating with the Health and WASH Clusters to respond to the needs of the IDP population in the context of the pandemic. Hygiene measures that comply with recommended WASH practices are promoted in the distribution of core relief items to reduce the risk of transmission.

[Asia and the Pacific](#)

The number of COVID-19 cases in Bangladesh has more than doubled over the past two weeks to over 35,000. A week after the first COVID-19 case was confirmed, there are now 25 confirmed cases among refugees in Kutupalong camp, Cox's Bazar, Bangladesh, and 369 among the host community. Some 139 refugees are in quarantine, with ongoing contact tracing which is being expanded beyond immediate families/households through community engagement. No refugee or host community case has required intensive care yet.

To respond to the additional health needs arising from the spread of the virus, UNHCR opened two isolation and treatment facilities last week with a total of 200 beds. The total capacity provided by humanitarian actors will reach 1,100 beds by mid-June, contributing towards the goal of a minimum 1,900 beds in Cox's Bazar District. Modelling projections, however, indicate that as many as 10,000 hospital beds could be needed at peak. Community health care has been strengthened by recruitment of additional community health workers who will support home-based care of mild/moderate COVID-19 cases should the health facilities be overwhelmed. Testing is being undertaken for all adults with respiratory symptoms who accept being

quarantined/isolated, in addition to those who present with symptoms and signs meeting the COVID-19 case definition. Community surveillance of deaths from all causes is being strengthened. So far, the trend is stable, and we have not increase of deaths.

[West and Central Africa](#)

There have been three confirmed cases among UNHCR's persons of concerns, one internally displaced person in Northeast Nigeria and two refugees in Cameroon. Although only three cases of infection were reported among UNHCR's persons of concern so far, forcibly displaced populations are also at heightened risk of stigmatization.

In addition to this challenge, forcibly displaced populations are also facing the risk of food insecurity in the region, particularly in the Sahel. The significant disruption in the livelihoods of many forcibly displaced population leads to increased socio-economic challenges and an enhanced risk of resorting to negative coping mechanisms, including child labour which UNHCR is monitoring closely. As women bear the greatest burden of caring for their families while also seeking to lead communities in prevention and adaptation, the situation is particularly challenging for them. According to a [Rapid Gender Analysis for COVID-19](#) conducted by CARE in West and Central Africa, women are often excluded from information sharing on COVID-19 and from key high-level decision-making processes at national and regional level. Since the beginning of the crisis, gender-based violence is on the rise as a direct result of the preventive measures enforced and the economic strain these restrictions have put on many households.

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

As of 17 May, two persons of concern, one internally displaced person and one refugee, have tested positive for COVID-19 in Somalia. UNHCR is working closely with the government for tracing those with whom the individuals have been in contact. Since the risk of transmission is highest in Somalia's over 2,000 highly congested internally displaced sites, 260 internally displaced leaders received training to increase their capacity to prevent and respond to COVID-19 concerns.

After the five confirmed cases in Dadaab refugee camps in Kenya, UNHCR, humanitarian organisations and the government are strengthening their COVID-19 response.

Several humanitarian crises add to the complexities of responding to the pandemic. The rainy season has commenced which has led to increased humanitarian needs as a result of additional displacement due to flooding and landslides. Cholera outbreaks are also to be expected. Locust swarms are poised to infest the region which, if not contained, will result in a potentially serious food security crisis.

UNHCR continues to implement preparedness and response plans which involve identification, establishment and equipping of isolation units in the camps. Targeted training of partners has progressed with focus on health care workers and community workers, including refugees, and sensitization and response capacity has been increased. Virtual trainings are being conducted in certain locations where connectivity is possible. In Ethiopia, for instance, some 71 per cent of the targeted health personnel and community health volunteers have been trained.

Southern Africa

As of 18 May 2020, more than 20,000 confirmed cases of COVID-19 have been

reported in the 16 countries covered by UNHCR's Regional Bureau for Southern Africa. Across the region, national efforts to contain COVID-19 include varying restrictions on movement such as nation-wide lockdowns. While some countries have extended their lockdowns and states of emergency, many are beginning phased approaches to ease COVID-19 restrictions.

UNHCR continued implementing health and WASH activities for the prevention of COVID-19 across the region. Distributions of hygiene and sanitation material are ongoing to reduce the risk of COVID-19 transmission in refugee and internally displaced communities and UNHCR and its partners are working to establish and equip isolation and quarantine centres in several countries in the region to limit the spread of COVID-19 among UNHCR's people of concern. In DRC, since the beginning of the pandemic, over 23,000 people have been tested for COVID-19.

UNHCR continued risk communication and outreach on COVID-19 throughout the region, for example in DRC and Mozambique, via leaflets in local languages, bulk SMS messages, radio messages and door-to-door awareness-raising on COVID-19.

In Malawi and South Africa, more than 5,000 refugees and asylum-seekers were reached with messages containing information on support networks, human rights, sexual and gender-based violence (SGBV) and child protection issues.

Europe

Across the region, movement restrictions are gradually being lifted and, in many countries, it is expected that travel across internal borders will start to resume in June. Twelve UNHCR

offices in the region have shifted from full-time to partial telework over the last two weeks.

Many countries in the region continue to maintain access to international protection despite restrictions on access to territory. UNHCR continued advocacy on access to territory, to asylum procedures and the reception system where needed. In Spain, the border police issued an instruction to extend validity of expired documents for six to seven months, which will benefit asylum-seekers in different procedural stages, preventing them from falling in legal limbo due to expiration of documentation.

In Greece, as of 25 May, the number of persons of concern tested positive to COVID-19 remains unchanged. Out of 208 individuals, four are located on Lesbos, 197 in mainland sites/hotels and 7 in other accommodations. However, the limited COVID-19 testing capacity on the island hospitals remains a concern, as the infrastructure and strategies for triage, quarantine, treatment and isolation depend on testing.

UNHCR continued to support national authorities in setting up preparedness and response plans, including improving access to water and sanitation where possible and enhancing reception capacity post disembarkation by establishing quarantine and isolation areas in reception centres to better monitor and isolate, as necessary, confirmed or suspected COVID-19 cases. In addition, UNHCR provided additional one-off cash distributions to persons of concern, e.g. in Turkey and Ukraine, to allow them to cope with the adverse economic impact of COVID-19 and related measures on their livelihoods and self-reliance.

Americas

A small number of countries relaxed quarantine measures (Aruba, Belize and Curacao, Paraguay), while lockdowns were extended or tightened in other countries, such as Colombia, El Salvador and Honduras, where the number of COVID-19 cases increased. As the Americas emerges as the new epicentre of the COVID-19 pandemic, worsening conditions for displaced Venezuelans in the southern region of the continent are expected as winter approaches.

In addition to health risks, COVID-related lockdowns and confinement measures have already resulted in severe hardship for Venezuelan refugees and migrants. Many have now lost their livelihoods and are faced with poverty, destitution, eviction, widespread hunger and food insecurity as well as increased protection risks.

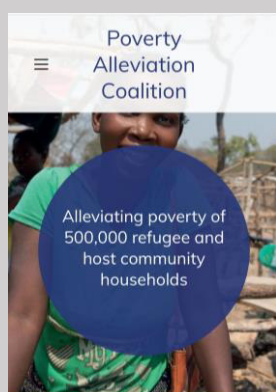
On 26 May, the International Donors Conference in Solidarity with Venezuelan Refugees and Migrants in Latin America and the Caribbean raise some USD 2.79 billion including some USD 653 million in grants. The Conference, convened by the European Union (EU) and Spain, with the support of Canada, Norway, UNHCR and IOM, reaffirmed international solidarity with Venezuelan refugees and migrants as well as the countries and communities hosting them.

In Roraima (Brazil), UNHCR is working with national and local authorities to relocate Venezuelan refugees and migrants from informal makeshift settlements, moving them to UNHCR shelters or helping them secure private accommodation. In Boa Vista, UNHCR now has 1,095 refugee housing units (RHUs) to provide accommodation to vulnerable populations. This includes five units provided to civil society for isolation and 70 units to receive people relocated from spontaneous settlements.

Coordination and partnerships

The 11th virtual NGO and civil society consultations organised by UNHCR focused on the role of the Global Compact on Refugees (GCR) and follow-up to the Global Refugee Forum (GRF) in the current COVID-19 context. UNHCR presented its paper on the [role of the GCR in the international response to the COVID-19 pandemic](#) and provided a presentation on the GRF pledges from a regional and country perspective with representatives from the East and Horn of Africa and the Great Lakes region. While COVID-19 impacts the implementation of the GRF pledges, it also provides an opportunity to identify and prioritize pledges for inclusive response, including on health, social protection, and cash assistance.

Poverty Alleviation Coalition (PAC)



To address the socio-economic impact of the pandemic, the [Poverty Alleviation Coalition \(PAC\)](#) – a coalition that includes UNHCR, the World Bank Partnership for Economic Inclusion and 13 NGOs, are adapting and extending programming to the increased needs during the pandemic. UNHCR plays a facilitating and coordinating role, and seeks to support the fundraising efforts of NGO members. Emerging practices of coalition members in the region in the context of the COVID-19 pandemic include HIAS' approach to digitalize psychosocial support, training, mentoring, and cash transfers to ensure a continuation of programming.

Workforce and capacities

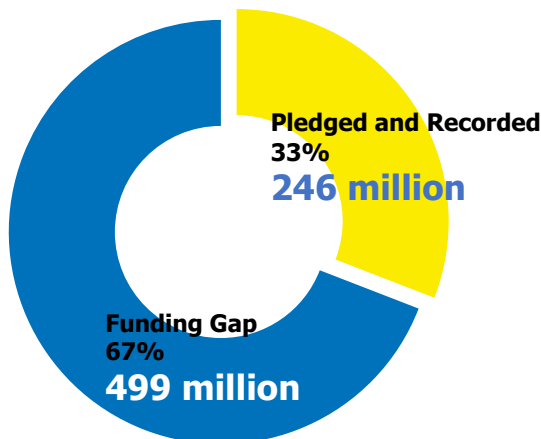
UNHCR provides measures for the safety and welfare of the workforce during this global health crisis, including activated teleworking arrangements. To ensure continuity of certain services while some of UNHCR's activities are reduced due to movement restrictions, UNHCR has adjusted some activities towards 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.

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 for all refugee and IDP operations worldwide. While the initial appeal focused on preparedness and prevention, the revised appeal 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 246M

Including:

United States	\$64.0M
Germany	\$38.0M
European Union	\$32.8M
United Kingdom	\$24.8M
Japan	\$23.9M
Denmark	\$14.6M
United Nations Foundation	\$10.0M
CERF	\$6.9M
Canada	\$6.4M
Private donors	\$4.3M
Ireland	\$3.3M
Sweden	\$3.0M
Sony Corporation	\$2.9M
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

Honduras

In Honduras, UNHCR facilitated an online workshop on how the coronavirus pandemic is exacerbating the forced displacement and protection risks. The participants from a youth-based organisation are expected to conduct similar workshops in their communities as part of a bid to consolidate their assistance networks and refer cases to UNHCR.

Trinidad and Tobago

In Trinidad and Tobago, UNHCR implemented a programme of cash assistance via QR voucher codes, which are sent to the mobile phones of persons of concern and can be redeemed in supermarkets and pharmacies.

France

In France, three refugees and one asylum-seeker received the Council of Europe's European Qualifications Passport (EQPR) following successful assessment by national medical authorities. While the EQPR doesn't substitute necessary professional certificates and licenses, it enables national health authorities to speed up processes and determine how best to deploy refugee resources, as needed.

Burkina Faso

In Burkina Faso, UNHCR has ordered 3,200 solar-powered radio sets to be distributed to refugee children to ensure they can have access to the distance learning programmes broadcasted through national and community radios.

Central African Republic

In the Central African Republic, UNHCR distributed 33 megaphones and 600 batteries were made available to local authorities and partners to strengthen mass awareness of compliance with barrier measures against COVID-19.

Zimbabwe

Through UNHCR's livelihood programme in Zimbabwe, refugee tailors are producing masks for distribution in the community free of charge, prioritizing persons with specific needs including elderly persons, terminally ill patients and persons with disabilities.

Turkey

In Turkey, livelihoods partners continue to offer their vocational and language courses via online platforms. Together with a number of entities, UNHCR is generating a new curriculum and an online platform to provide persons of concern with the necessary skills for accessing the labour market.

Kenya

Refugee-led groups in Dadaab refugee camps, Kenya, are producing more than 150,000 cloth masks which will be distributed to people of concern.

Uganda

In Uganda, UNHCR resumed resettlement activities in selected locations using remote interviewing.

Mozambique

In Mozambique, 210 households of internally displaced people are reached per day by community protection volunteers, with door-to-door messages on COVID-19 prevention and mitigation.

Syrian Arab Republic

In Syria, another 300 tents have been installed in various locations in Aleppo and Idlib to be used as triage stations in health facilities.

Afghanistan

UNHCR in Afghanistan has joined the "Salam for Safety" campaign by WFP and UN Women focusing on physical distancing that focuses on women and girls. Through the campaign, printed materials carrying messages on how to maintain physical distancing are being produced in conjunction with several agencies.

Islamic Republic of Iran

UNHCR in the Islamic Republic of Iran is pursuing options with Qatar Airways and EU Humanitarian Air Bridge, and with WFP locally, to seek ways to reduce transportation costs of upcoming shipments of personal protective equipment to help meet the needs in the country.

United Arab Emirates

In the United Arab Emirates, following coordination between UNHCR, Syrian community groups and the Dubai Charity Association, nearly 600 vulnerable Syrian refugee families comprised of over 3,400 household members, will be included in the "10 million Ramadan Meals" government initiative to receive food parcels from Dubai Charity Association.