

## UNHCR COVID-19 Preparedness and Response

### Highlights

- As of 22 April, according to WHO, more than 200 countries and territories have confirmed COVID-19 infections, including many fragile states. Thus far, no serious outbreak in a refugee or internally displaced people high-density camp/settlement has been reported.
- To date, a total of 6.4 million masks, 850,000 gowns, 3,600 oxygen concentrators and 640 ventilators have been procured by UNHCR and delivered to 25 high priority countries to support UNHCR's and partners' COVID-19 response in these countries.
- [IASC System-Wide Scale-Up Protocols](#) have been adapted to respond to the COVID-19 pandemic through a light approach responding to the particularities of the COVID-19 emergency.
- In a [joint statement](#), UNHCR and UNICEF highlighted the needs of forcibly displaced children, who, in the context of the COVID-19 pandemic, are at risk of being exposed to protection and health risks as well as being out of school for a prolonged period.
- UNHCR issued a [press release](#) drawing attention to the heightened risk of gender-based violence for displaced and stateless women in the COVID-19 pandemic.



Olga, a community worker at the Arts Centre for Children and Youth in Chasiv Yar village, Ukraine, makes a face mask on a sewing machine donated by UNHCR and NGO partner Proliska.

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## Global Overview

UNHCR is advocating for a balanced approach aimed at preventing and containing the COVID-19 outbreak through public health activities, while at the same time taking into account the long-term consequences and secondary impacts of the health crisis that could particularly affect vulnerable groups such as refugees, internally displaced persons and stateless populations. COVID-19 is claiming lives and changing communities around the world, but the virus also poses heightened protection risks to women and girls who are forced to flee their homes. Before COVID-19, it is estimated that one in three women had already experienced physical or sexual abuse. The global health crisis will exacerbate this situation. The global policies of confinement, lockdown and quarantine in response to the pandemic have resulted in restricted movement, reduced interaction between communities, service closures and deteriorating socio-economic conditions. These factors significantly increase the risks of intimate partner violence, with refugees, internally displaced and stateless persons among the most vulnerable.

Globally, UNHCR programmes for women and girls subjected to gender-based violence are being adapted, wherever possible. Some programs are being managed remotely by social workers with the support of trained community volunteer networks. Alongside such support, UNHCR is also distributing emergency cash assistance to support survivors and women-at-risk. Action is also being coordinated across the humanitarian sector to ensure the risks of sexual and gender-based violence are mitigated throughout all sectoral interventions, including but not limited to the emergency health response.

All demographic groups face challenges and risks in this pandemic. Referring to a recently published [report](#) that highlights the impact of COVID-19 on children, the Secretary-General appealed to families and leaders around the world to [protect children](#). UNHCR and UNICEF have joined the Secretary-General's appeal and issued a [joint statement](#) highlighting the needs of forcibly displaced children in the context of the COVID-19 pandemic, who are at risk of being exposed to protection and health risks as well as being out of school for a prolonged period.

## UNHCR Response

### Progress to date and Impact

- In all regions, UNHCR operations have further stepped up preparedness and response activities with national and local authorities, including the decongestion of the most affected areas and the expansion of existing facilities.

### Gaps and Challenges

- The socio-economic impact of the crisis further exacerbates the situation of refugees, internally displaced people (IDPs) and stateless persons around the world.
- Various operations report a rise in xenophobia and resentments against refugees and IDPs, which is fueled by poor quality journalism and misinformation.
- Humanitarian and protection workers are increasingly facing multiple challenges on the ground, including allegations of transmitting the virus.



### **Strengthen and support health care and WASH services**

The main health challenges in many regions continue to be the immediate availability of trained personnel, protective materials for health personnel, equipment necessary to detect, test and treat complicated cases, medication and adequate facilities for isolation. In collaboration with emergency standby partners, UNHCR has further reinforced refugee operations, identified potential surge capacities for advanced levels of care and supported health programmes as well as district and referral care hospitals. Global assessment tools and checklists of key indicators in public health and WASH have been developed, a global dashboard on country-level preparedness levels has been created and a collaboration with John Hopkins University on forecasting modeling for different refugee contexts has been initiated.



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

As access to sites remains a challenge, Camp Coordination and Camp Management teams have enabled communities to take partial or full responsibility for management of the sites, should humanitarian workers not be able to access them regularly. UNHCR has also been working on critical shelter activities that contribute to reducing health risks, including the planning and construction of isolation areas and medical facilities, the expansion of shelters of vulnerable households to reduce overcrowding and improve inadequate shelter conditions, the decongestion of human density

in settlements to maintain social distancing and reduce transmission.

The socio-economic toll caused by imposed restrictions on the freedom of movement to prevent the spread of the virus is already having a heavy impact on displaced families, particularly those in camps, as most of them are engaged in daily wage labour activities that might require them to travel outside of those locations. The socio-economic downturn will further exacerbate already existing vulnerabilities. Aged persons – already hit hardest by the virus – are also the least likely to receive information on support and access to humanitarian assistance. Families, now with children out of school and struggling for income, may risk adopting harmful coping mechanisms, such as child labour or child marriage. Some of the most isolated in society, such as those with mental health or reduced mobility may be completely shut off from assistance and exposed to abuse or exploitation.

Additional international support to host governments is urgently required, matching the massive needs in line with the principles of international burden- and responsibility-sharing set out in the [Global Compact for Refugees](#). To mitigate the socio-economic impact of COVID-19, UNHCR and partners are exploring the expansion and support to national food systems for refugee hosting areas and are extending cash-based interventions coupled with remote vulnerability assessments. Where feasible, UNHCR has frontloaded higher cash grant payments or provided pre-payments for two to three months to mitigate restrictions in movements and transferred them digitally to persons of concern to reduce the risk of transmission of COVID-19. In addition, UNHCR is cooperating with a broad range of partners, including

development actors to promote the inclusion of refugees and others of concern in national preparedness and response measures.



**Strengthen risk communication, community engagement and protection case management, including protection monitoring and registration**

In the context of the COVID-19 pandemic, asylum seekers, refugees and the internally displaced face heightened protection risks as fundamental principles of refugee, humanitarian and human rights laws are being challenged. UNHCR has continued to focus on advocacy and supporting states in ensuring access to territory and processing of asylum claims while also protecting public health and has maintained continuity and quality in the delivery of essential assistance and protection services.

In addition to the ongoing protection activities, UNHCR leveraged existing networks of outreach volunteers and groups led by persons of concern to get key information on protection needs, and to provide community-based protection and psychosocial support. With partners, UNHCR also increased the capacities of existing call centres and refugee-managed social media groups, while developing new communication techniques with and for refugees, internally displaced and stateless communities to strengthen accountability to affected people mechanisms to ensure forcibly displaced communities are fully informed in their preferred language, can take decisions to protect themselves, and have avenues through which they can provide feedback and file complaints.

The UNHCR-led Global Protection Cluster and the Global Health Cluster also developed and

started piloting a Joint Operational Framework supporting improved integration and coordination of interventions for better health and protection responses. At field level, members of protection clusters have gradually adapted their response modality and service delivery, strengthening their engagement with community networks, leaders and grass root organizations.



**Education**

School closures are affecting 90% of school-going children and in many countries other education programmes such as universities and vocational training institutes have been suspended. UNHCR is advocating to ensure that refugee children benefit from programmes put in place by national governments to ensure the continuity of learning. Technical support is provided to operations to help ensure these programmes reach refugees, along with advocacy for the continuation of cash-based support for education for families and the sustained payment of teacher incentives during school closures. University closures have also affected DAFI scholarship holders, UNHCR's flagship programme for promoting access to higher education by refugee youth. Scholarship holders continue to receive financial assistance during university closures and are receiving additional advice and support as many institutions move to online instruction.

UNHCR has been actively engaging with donors, UN partners and the [Interagency Network for Education in Emergencies](#) to ensure that refugees' needs are taken into account within response plans. UNHCR also works closely with the Global Education Cluster to promote coordinated education sector responses to the COVID-19 pandemic in support of national programmes and action plans.

## Regional Updates

### Middle East and North Africa

With looming serious socio-economic challenges, a number of countries across the region, including Lebanon and Jordan, have started implementing social protection programmes for their own citizens who are struggling. In these countries, UNHCR and other agencies also support vulnerable refugees with cash assistance, running in parallel but complementary to national social safety nets.

On 10 April, the first case of COVID-19 was reported in Yemen, bringing fears of a possible outbreak that would result in further devastation in a country already grappling with conflict, poverty and a severely weakened medical infrastructure. To prepare internally displaced Yemenis for a possible COVID-19 outbreak, UNHCR doubled the number of payment points in northern Yemen for 22,500 internally displaced Yemenis and impoverished hosting families.

In Iraq, UNHCR is coordinating closely with WFP and the financial service providers to facilitate provision of cash assistance in a safe and secure manner. Given the government restrictions and other financial limitations, a digital option is being introduced through the contracted shops of WFP. The cash assistance provided for COVID-19 can be used to purchase items from selected merchants that accept digital payments. Persons of concern to UNHCR have an option to utilize all or part of the assistance in digital transactions. Other digital transactions can also be used to purchase phone credits and person-to-person payments.

In Turkey, Algeria, Egypt and Jordan, UNHCR has updated its online portal [help.unhcr.org](https://help.unhcr.org),

which is designed for and with refugees, to include COVID-19 related information, in four languages. The website contains information on a range of UNHCR's services, including up-to-date messaging and responses to COVID-19, as well as a call back function to answer refugees' urgent questions.

### Asia and the Pacific

In Asia and the Pacific, UNHCR is exploring ways to expand cash assistance through electronic cash distribution for the most vulnerable displaced populations who are impacted by loss of livelihoods, with the challenge that many of them only have limited access to banking services. An initial assessment of the communication with persons of concern throughout the region highlights that most are well informed on COVID-19 prevention measures, and the necessary steps to take if one becomes ill.

Although no confirmed cases of COVID-19 infections among the Rohingya refugee population are known to date, the possible spread of the virus and the coming monsoon season risk exacerbating the already highly vulnerable situation of the Rohingya refugees in Bangladesh. The annual monsoon preparations, however, have been impacted by the suspension of disaster risk reduction efforts due to COVID-19. Similarly, the relocation of refugees living in areas at high risk of flooding and landslides has been delayed. Delivery of supplies has also been challenging, as the COVID-19 related lockdown has impacted road transport. Despite the scaled back operations, UNHCR and partners, were able to distribute "tie-down kits" that reinforce refugee shelters against high winds and pre-positioned post-disaster kits and emergency relief items in case of emergency. Emergency Preparedness and



Response Teams are also on standby to mobilize and deploy as necessary and permitted to operate in case of extreme weather.

#### West and Central Africa

The West and Central Africa region has seen close to a 40 percent increase in new confirmed COVID-19 cases in the past two weeks with nearly 7,000 confirmed cases as of 20 April. Although only one case has been reported so far among the close to 10 million persons of concern to UNHCR in the region, the risks are high due to local transmissions across the 21 countries covered which have weak healthcare systems. COVID-19 has added strain to the fragile health systems and weak economies in the region, home of one of the world's largest humanitarian crises and Africa's largest displaced population. Movement restrictions could see people in need of international protection attempt more risky and dangerous border crossings, or be sent back to danger. The slowdown in economic activity will likely have a greater impact on the displaced since the majority are involved in the informal sector, which is historically one of the most affected during public health outbreaks.

In most countries in the region, persons of concern have access to national health services. However, major gaps exist, including limited numbers of trained health personnel in emergency response and in case detection and management as well as inadequate treatment units, particularly in remote areas hosting refugees and internally displaced people.

To address these issues, UNHCR is, for instance, providing staffing support to national refugee hosting areas in Niger for an initial period of three months and training health workers in all six refugee hosting regions,

reaching up to 600 healthcare personnel throughout the country.

#### East and Horn of Africa and the Great Lakes

The COVID-19 situation in the East and Horn of Africa and the Great Lakes region continues to evolve rapidly. While there has been no large-scale outbreak amongst refugees so far, 4.6 million refugees and 8.1 million internally displaced people and their host communities are at risk.

Across the region, UNHCR has appealed for special measures to be put in place, to allow for asylum-seekers to be screened, quarantined and admitted, and for UNHCR to be granted access to areas hosting refugees. The spread of the virus has led to the closure of more and more schools for an indefinite period of time across the region and an estimated 1.1 million refugee children and youth are out of school as a result of COVID-19. Many national discussions centre around selecting the right e-learning resources, digital platforms and mass media instruction modes to ensure continuity of learning. While some refugee and internally displaced students are already taking advantage of these alternative learning methods, the challenges of access are great for many.

In the WASH sector, emphasis remains on blanket prevention activities in camps - increased COVID-19 specific handwashing, water/soap/storage availability, hygiene promotion, public awareness, social distancing and working with health colleagues to assess and prepare for WASH needs and infection prevention control in identified health structures to isolate and treat COVID-19 patients.

In addition to pre-positioning adequate food supplies for ongoing nutrition programmes together with WFP (including nutritional support

to pregnant and lactating women, and preventive blanket supplementary feeding programs for children), UNHCR is also working with UNICEF to pre-position required supplies for therapeutic treatment of severe acute malnutrition in refugee sites in the region.

### Southern Africa

Across the 16 countries in the Southern Africa region, national efforts to contain the virus range from the suspension of all passenger commercial flights from affected countries, through the closure of borders to national lockdowns.

The slowdown in economic activities amidst the COVID-19 outbreak is hitting refugees in urban areas particularly hard, as they often earn a precariously low income. They cannot rely on traditional support systems, such as family or other networks, which is creating anxiety.

Violence in North Kivu and Ituri provinces in DRC has led to displacement towards areas that are already overcrowded with no capacity to absorb new arrivals, further increasing the risk of COVID-19 spreading. Partners in Eswatini and Madagascar have been reporting growing needs amongst people of concern.

To provide sufficient screening facilities and accommodation for new arrivals during the 14-day isolation period, operations have been working with authorities to designate space and erect shelters. In addition, UNHCR and partners organized trainings for health workers and refugee volunteers about the dangers and prevention of COVID-19. For instance, the Congolese Doctors Association in Zambia along with authorities and UNHCR's medical partner carried out medical screenings for 118 patients in Meheba Refugee Settlement, treating various ailments and promoting awareness about the virus.

### Europe

While access to territory remains affected by COVID-19 related border management measures with movements restrictions across borders and within countries, some European countries have started publicly referring to plans of progressive lifting of lockdowns.

UNHCR's [paper on practical recommendations and good practices](#) to address protection concerns in the COVID-19 context, issued by the Regional Bureau for Europe, fed into the consultation process related to the European Commission's new communication [guidance](#) published on 16 April on the implementation of relevant EU provisions in the area of asylum and return procedures and on resettlement in the context of the COVID-19 pandemic. The guidance illustrates how the continuity of procedures can be ensured to the extent possible while fully protecting people's health and fundamental rights.

UNHCR and partners' physical access to persons of concern is reduced, but communication with communities has been scaled up virtually. Additional one-off cash distributions to registered persons of concern have been provided, to allow them to cope with the adverse economic impact of COVID-19 and related measures, on their livelihoods and self-reliance.

In Greece, an urgent response is underway to "shield" older persons and the immunocompromised population living in the island reception and identification centres, who are most vulnerable to complications due to COVID-19. The shielding initiative includes expedited transfers to apartments, and to contracted hotels on the Aegean islands. So far, UNHCR has transferred 677 people out of reception and identification centres, including 417 to different accommodations (hotels and

apartments) on the islands and 260 to apartments on the mainland.

### Americas

Throughout the region, many refugees, internally displaced people and other persons of concern work in the informal sector, often without social protection. Due to restrictions on movement that have been imposed by governments across the region in a bid to staunch the virus' spread, many refugees and others are losing their sources of income, which, in turn, further hampers their ability to pay rent, buy food and other essentials, such as medicine. Evictions, compounded by the closure of some shelters, have led to a spike in homelessness which has further eroded public perceptions of refugees.

To cope with these challenges, UNHCR in the Americas is scaling up the use of cash-based interventions to deliver life-saving assistance and services and also adjusting implementation procedures to ensure that the most vulnerable, and those most affected by COVID-19, can continue to be reached.

These measures include the expansion of targeting criteria and/or new cash assistance programs, shifting to remote registration, ID verification, eligibility assessment and prioritization for cash assistance in order to continue to assist existing caseloads, as well as new beneficiaries, without in-person contact and the introduction of digital means of payment, wherever possible.

In Panama, cash assistance complements the government's social protection response, which aims to help cover the cost of food and medicine to vulnerable families living in poverty. Up to two months' worth of assistance can be delivered in advance, via UNHCR's partners. For those receiving aid to pay for lodging, payments are made directly to landlords' bank accounts, thus preventing persons of concern from having to leave their homes.

### **Coordination and partnerships**

Together with the Emergency Relief Coordinator, Mark Lowcock, the High Commissioner hosted a meeting with 11 faith-based organizations, including operational and implementing partners, as well as consortia to discuss the joint COVID-19 response. Noting the unique role of faith-based organizations and their extensive local faith networks, stronger collaboration around advocacy on protection, communication with communities and localization were explored, ensuring evidence-based awareness raising on COVID-19 and preventing misinformation, fight against xenophobia and support for peaceful co-existence and resilience. UNHCR also continued with its weekly online NGO consultations, featuring WFP's Assistant Executive Director, Valerie Guarnieri, and UNHCR's Director of External Relations, Dominique Hyde. Focusing on common service delivery for the benefit of all humanitarian workers in the context of COVID-19, the consultations attracted more than 80 participants.

UNHCR and UNICEF are strengthening their cooperation, in the context of the organizations' COVID-19 response and beyond by implementing a new initiative – the Blueprint for joint action – to expand refugee children's access to protection, education and WASH services in a first group of focus countries. The initiative comes at a time when increased cooperation between the two organizations



is more important than ever, as the needs of refugee children have become even more acute with the rapid spread of the COVID-19 pandemic. Displaced children are among the most vulnerable, as the global health crisis can have serious consequences for their safety and education. Even before the crisis, less than half of all refugee children of school age were enrolled in school, and this will now worsen with the crisis. As children are no longer able to attend school, rising rates of neglect, abuse, and gender-based violence are likely. With this new initiative and beyond, UNHCR and UNICEF will continue to provide in partnership the best possible support to all refugee children.

### **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 is conducting a general effort to adjust 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.

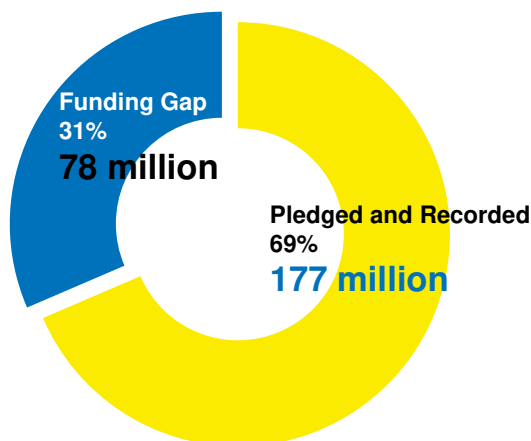
Securing medical supplies and personal protective equipment (PPE) has proven challenging for several operations given fractured global supply chains. Due to the anticipated delays in receiving medical supplies through international procurement, countries are also seeking to procure PPEs locally while waiting for the international supply.

### **Financial Information**

On 25 March, the UN Secretary General launched the COVID-19 Global Humanitarian Response Plan. UNHCR seeks USD 255 million to boost preparedness, prevention and response activities to address the immediate public health 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 a revision of the 10 March initial UNHCR appeal, which is 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. The Global Humanitarian Response Plan, which is coordinated by UNOCHA, will be updated in the beginning of May. UNHCR is reaching out to all partners involved in inter-agency refugee response plans to update and reprioritize these plans. The funding requirements will increase in accordance with partner consultations and the evolving situation.

## USD 255M

Requested for UNHCR's COVID-19 response globally over the next nine months



### Unearmarked contributions to UNHCR's 2020 programme:

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors Spain 20M | Switzerland 16.4M | Private donors Republic of Korea 10.5M

*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.*

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### Links

Global Humanitarian Response Plan COVID-19 (launched 25 March 2020):

<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

Global Focus COVID-19 Situation page (including UNHCR's Coronavirus emergency appeal and sitreps): <http://reporting.unhcr.org/covid-19>

### Total contributed or pledged to the COVID-19 appeal:

## USD 177M

Including:

United States	\$64.0M
United Kingdom	\$25.0M
Japan	\$23.9M
European Union	\$17.9M
Denmark	\$14.6M
CERF	\$6.9M
Canada	\$6.4M
Ireland	\$3.3M
Sweden	\$3.0M
Sony Corporation	\$3.0M
Education	\$1.8M
Cannot Wait	
Qatar Charity	\$1.5M
Australia	\$0.8M
Private donors	\$0.4M
Portugal	\$0.1M
Liechtenstein	\$0.1M

## Specific country examples

### Ecuador,

In Ecuador, UNHCR has quickly adapted its existing cash assistance program, designed to help extremely vulnerable populations cover their basic needs, and shifted to conducting remote case evaluations via phone or videocall. Beneficiaries are able to withdraw their transfers from ATMs using PIN codes.

### Brazil

In Brazil, new remote beneficiary assessment procedures have been introduced to minimize in-person contact. Assistance is provided through cash cards which can be reloaded remotely and used in ATMs and points of sale throughout the country, as well as for online payments and transfers, thus minimizing the need for in-person payouts.

### Spain

In Spain, after several weeks of strict COVID-19-related measures, a questionnaire was shared with persons of concern to determine any gaps in access to rights during the confinement and to fine-tune assistance and protection support. In addition to contacting refugee communities via phone and WhatsApp, a web survey reached about 500 persons of concern.

### Senegal

Together with IOM, the Regional Bureau in Senegal launched a new interactive website - <https://coronawestafrica.info/> - which gathers tools (in English, French and local languages) to support community engagement activities around the COVID-19 response.

### Niger

In Niger, UNHCR, in partnership with WFP and UNDP, is providing training on the production of soap, bleach and masks to over 5,000 refugees and hosts, among whom over 90% are women. Apart from improving health conditions and hygiene in the camp, this activity promotes women as economic agents, generates an income for refugee households and stimulates the local economy, mitigating the negative socio-economic impact of COVID.

### Democratic Republic of the Congo

UNHCR and partners have conducted 20 radio talk-shows in the Democratic Republic of the Congo (DRC) on the theme of "sexual and gender-based violence and the COVID-19 pandemic" over community radios in various regions.

### Turkey

In Turkey, to address the needs of those at risk due to loss of informal jobs, government counterparts and UNHCR have been developing an emergency cash scheme for one-time assistance to reach between 10,000 and 20,000 households.

### Iraq

In Sulaymaniyah, Iraq, vulnerable displaced individuals are working at a sewing factory to produce an average of 2,000 personal protective equipment every day for use in communities, health facilities and by medical teams country-wide.

### Sudan

In East Sudan, UNHCR, together with WFP delivered food to some 44,800 refugees in the Shagarab refugee camps. To avoid unnecessary crowds, the food distribution was given for two months instead of one, thus eliminating one gathering and the potential exposure of refugees to an infection.

### Rwanda

UNHCR is in discussion with financial service providers in Rwanda to increase the amount of point of sales devices in the camps to promote the use of digital cash, with no extra cost to the beneficiaries. A toll-free feedback mechanism and a reporting function on price increases was also put in place in collaboration with partners.

### South Africa

In South Africa, UNHCR worked with partners, local NGOs and faith-based community networks to identify and assist vulnerable persons among the refugee and host communities and provided food deliveries to the homes of 20,000 vulnerable persons (including around 400 refugees and asylum seekers).

### Lebanon

In Lebanon, the jointly by UNHCR and WFP run call center provides increasingly vital assistance now that a number of face-to-face humanitarian activities must be carried out remotely to combat the virus.

### Nepal

In Nepal, UNHCR and its partner are in the process of increasing the number of female community workers to act as a safe and trusted channel to refer cases, should the SGBV survivor consent to this, and provide confidential access to UNHCR's 24/7 protection hotline.

### Malaysia

In Malaysia, UNHCR has set up support platforms through WhatsApp in order to provide localized coordination of assistance in different states. This is expected to help organizations distribute aid more systematically and increase coverage to underserved communities.