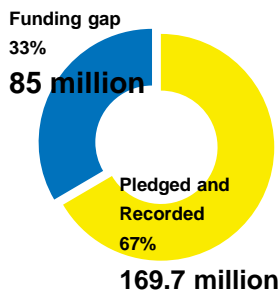


## Financial requirements

### USD 255M

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



### Total contributed or pledged:

### USD 169.7M

Including:

United States	\$64.0M
Japan	\$23.9M
Denmark	\$14.8M
European Union	\$13.0M
CERF	\$6.9M
Canada	\$6.3M
Ireland	\$3.3M
Sweden	\$3.0M
Education	\$1.8M
Cannot Wait	
Private donors	\$4.0M
(among them España con ACNUR \$0.3M)	

### Unearmarked contributions:

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.*

**212** countries and territories with confirmed COVID cases

Source: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**102** refugee-hosting countries reporting local transmission of COVID-19

Figures as of 09 April, 2020

## UNHCR COVID-19 Preparedness and Response

### Highlights

- Nearly all countries have COVID-19 cases, including cases among persons of concern (PoC) to UNHCR.
- UNHCR, OHCHR, IOM, and WHO published a [joint press release](#) advocating for the protection of the rights and health of refugees, migrants and stateless persons in COVID-19 response, calling for inclusive responses and the immediate release of detained refugees and migrants who are held without sufficient legal basis.
- The UNHCR High Commissioner issued [key protection messages](#) on 31 March 2020 in which he advocated, inter alia, for access to asylum while also protecting public health, continued reception of asylum seekers and the processing of asylum claims and inclusion of refugees, internally displaced persons (IDPs), and other marginalized groups in public health.

### Global Overview

Before the spread of COVID-19, UNHCR was already safeguarding the rights and well-being of millions of people who have been forced to flee, who now all the more need protection and assistance. UNHCR is at the forefront to lead efforts to deliver life-saving support to PoC, including water, medical care and hygiene materials and support to Ministries of Health (MoH). UNHCR's COVID-19 planning and response works across different population groups with specific interventions tailored to refugees, IDPs, returnees and stateless people. In order to safeguard the fundamental human rights of people forced to flee, UNHCR advocates for the management of border restrictions in a manner which respects international human rights and refugee protection standards, including the principle of non-refoulement. To allow continued access to asylum, UNHCR proposes screening arrangements, together with testing, quarantine and other measures. UNHCR continues to pursue its engagement and advocacy with Governments to ensure the inclusion of PoC in national COVID-19 response plans.

### UNHCR Response

#### Progress to date and Impact

- Considerable precautions and measures have already been adopted to improve hygiene conditions, strengthen health care and provide remote assistance in camps and camp-like settings but also urban areas.
- Confinement, loss of income, isolation, and increased psychosocial needs have led to a spike in sexual and domestic violence. To ensure protection for women, girls and particularly vulnerable persons, UNHCR has intensified the use of innovative and remote Community-Based Protection (CBP) tools in order to strengthen child protection, address SGBV, as well as enabling mental health and psychosocial support.
- UNHCR continues to exercise coordination leadership of the Protection, Shelter and Camp Coordination and Camp Management (CCCCM) Clusters in IDP operations, in accordance with its IASC commitments, and has advised Humanitarian Coordinators/Resident Coordinators and Humanitarian country teams in COVID-19 response planning and implementation.

### Gaps and Challenges

- Border closures lacking exceptions for asylum-seekers, and movement restrictions continue to limit access to territory and asylum procedures, including reception, registration and refugee status determinations (RSD).
- Curfews and movement restrictions introduced at country level lead to restricted access to livelihoods, with serious consequences for many socio-economically vulnerable persons. Equally they lead to protection concerns.
- UNHCR is very concerned about the protection and health of PoCs in regions where there are ongoing conflicts and intensified activities by armed groups.
- National response plans currently under development do not always take into account the specific protection risks, access to health care, and socio-economic vulnerabilities faced by refugees and the internally displaced.



#### Public Health

UNHCR faces different challenges in providing necessary health care depending where PoC are located, e.g. in remote areas, where access to medical services and treatment remains a challenge for PoC and host communities alike. Equally, even when PoC have access to health care, an increasing number of health institutions have started charging fees or are discriminating otherwise against refugees and IDPs. One of the major health challenges in various regions is also the immediate availability of trained personnel, personal protective equipment (PPE) for health personnel, testing equipment and adequate facilities for isolation. To meet these challenges, UNHCR is making considerable efforts to support and reinforce the capacities of national health systems in all regions, including the establishment of screening, isolation and treatment infrastructure in and around refugee camps/settlements; the procurement of medical equipment and medications; and installation of refugee housing units (RHU) as isolation facilities in densely populated refugee areas. In some operations, UNHCR has supported medical doctors from the refugee and migrant communities to reinforce national health care capacities and introduced online and telephone consultations for refugees with medical doctors hired by UNHCR partners.



#### Protection

The partial or total closure of borders and entry bans may entail protection risks for PoC such as the suspension of asylum procedures and violations of the non-refoulement principle, which can already be observed in some regions. Protection risks are being amplified worldwide for PoC in regards to sexual and gender-based violence (SGBV) (most prominently domestic violence), child abuse, xenophobia, stigma leading to targeted attacks and lack of documentation which in some countries inhibits access to health services and may result in discriminatory detention and confinement. PoC face further barriers, which are compounded by COVID-19 related movement restrictions in camps and urban settings, and are at risk of forced return or secondary displacement. To mitigate the protection risks, UNHCR continues to provide tailored protection guidance, fact-based information on prevention measures and recommendations concerning protection-based responses, including on access to territory and asylum; on effective remote means to enable registration, counselling and RSD; on risk communication and community engagement; on Age, Gender, Diversity mainstreaming and other protection-related tools such as CBP.



### Education

UNHCR continues to explore and expand alternative educational opportunities and distance-learning measures and is an active member of UNESCO's COVID-19 Global Education Coalition, that supports Governments to scale up their distance learning practices and to reach children and youth who are most at risk. However, one of the biggest difficulties in many regions is limited infrastructure and internet connectivity. In collaboration with the Vodafone Foundation, UNHCR offers mobile learning through laptops and tablets in Kenya, Uganda, Tanzania and South Sudan.



### WASH

UNHCR has reinforced its WASH systems and services and undertakes preventive measures, promoting handwashing and other hygiene practices in all premises and activities. PoC are provided with relevant information to sensitize them on adequate hygiene measures. Most operations also distributed additional hygienic items such as soap and hand sanitizer, or provided cash assistance for the purchase of these items to prevent viral transmission. Current WASH facilities are being examined to determine the need for maintenance.



### Shelter

Social distancing measures can be difficult to maintain for refugees and displaced persons in camps where capacity is already limited, or which are not physically and structurally adequate for mitigating COVID-19 transmission.



### Cash-based Interventions

A major challenge across all operations is the economic impact of the COVID-19 crisis on UNHCR's PoC. With almost 40% of the funds in the global COVID-19 Appeal requested for Cash-based Interventions (CBI), UNHCR intends to mitigate some of the negative socio-economic impacts of COVID-19 on refugees, IDPs and host communities by expanding CBIs coupled with remote vulnerability assessments to extend existing cash programs. UNHCR has also just published a [report on emerging field practices of cash assistance](#) e.g. on contactless biometrics in Bangladesh, Ethiopia, Zambia and Malawi to reduce the risk of COVID-19 transmission through contact, and remote monitoring of CBI delivery.



### Food

In many refugee camps, food distributions are provided for two months, in collaboration with WFP. All distributions are implemented with new modalities to prevent mass gatherings, ensuring social distancing and adequate sanitary conditions for PoCs and UNHCR's workforce.

### Clusters

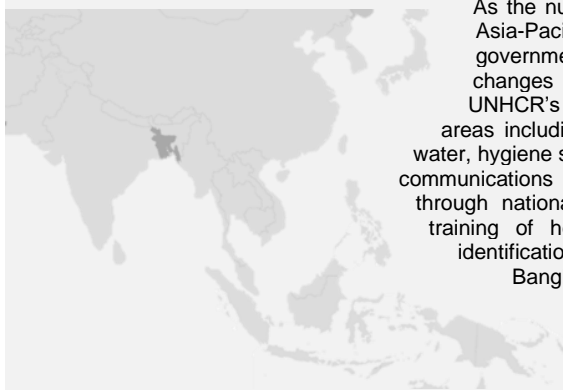
UNHCR-led and co-led clusters ([CCCM](#), [Protection](#) and [Shelter](#)) have established COVID-19 response webpages and are actively providing support to operations, along with producing new COVID-19 specific guidance with their cluster members. This includes [CCCM Cluster Coronavirus Advisory](#), [Shelter Cluster Covid-19 Key Messages](#) and the current development of an advocacy strategy that the Global Protection Cluster (GPC) is producing with the support of Oxfam in order to step up its COVID-19 advocacy.

## Updates from Regional Bureaux

### Middle East and North Africa

Across the MENA region, countries continue to intensify border restrictions due to COVID-19, with many operations reporting restricted/curtailed movement as a key challenge for PoC and UNHCR workforce. Shelter and livelihoods are another critical factor for displaced populations, as more and more people have been terminated from employment during the course of the pandemic, thus also facing evictions as a consequence of lost income. UNHCR has already identified a spike in domestic violence and psychological distress among people of concern arising from isolation or loss of income, and has received reports of more families reverting to negative coping mechanisms. In Libya, with the significant escalation of fighting in the past week, the situation is increasingly deteriorating, with COVID-19 posing an additional threat to the already worrying situation for asylum seekers, refugees and Libyans. The ongoing conflict has severely impacted the country's health system and medical services. UNHCR and partners are providing medical equipment and tented clinics in support of local health-care services and are raising public health awareness, aimed at mitigating the risks of exposure to the virus.

### Asia & the Pacific



As the number of new cases steadily rises, the COVID-19 situation in the Asia-Pacific region continues to evolve, leading to rapid action by governments to slow down the spread of the virus. This results in frequent changes in border/entry restrictions and limitations on internal movement. UNHCR's response to the health crisis in Asia-Pacific is focusing on various areas including infection prevention and control by ensuring access to clean water, hygiene supplies and waste disposal in refugee communities; strengthening communications on hygiene measures with refugee and displaced communities through national and community education programmes; and supporting the training of health workers in refugee sites on case definitions, disease identification/management, in line with guidelines by MoH and WHO. In Bangladesh, challenges of limited health services on the ground will be addressed with the construction of a 150-bed isolation and treatment centre; construction is underway.

### West and Central Africa

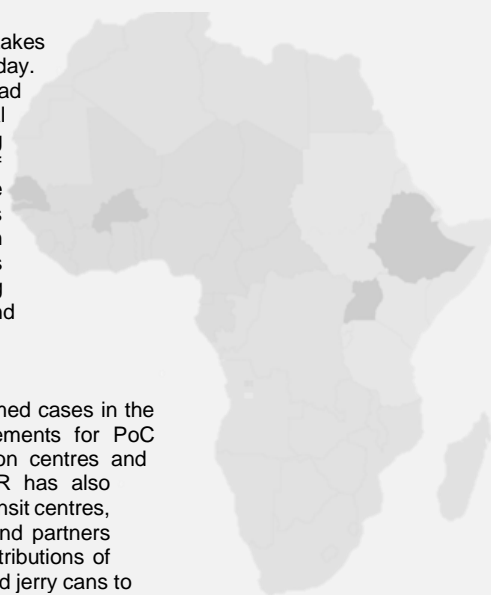
The region faces a rapid increase of confirmed cases thus leading to the closure of borders or limited access. In addition to the precarious security in the region (especially in the Sahel and the Lake Chad Basin), the restrictions on movement triggered by COVID-19 are already hindering UNHCR's ability to implement key activities that require direct contact with beneficiaries, including case management. The situation in overcrowded camps and sites makes social distancing and basic preventive measures such as handwashing very difficult to implement in many locations where the situation was already acute before the health crisis. In order to improve the situation on the ground, UNHCR has scaled-up the distributions of soaps and sanitary products in all operations, improved access to WASH facilities and supported governments with infection prevention and healthcare response, including through the provision of medical equipment and supplies. Since the health crisis affects women and girls in particular, one of UNHCR's priorities in West and Central Africa is to ensure women, girls and other groups at heightened risks of GBV are consulted on preparedness plans and interventions. To adapt to the COVID-19 crisis, online and phone consultations are being planned across the region. Moreover, field teams are increasingly restoring to remote GBV case management and interventions, including integrating urgent cash assistance for women at risk and GBV survivors. However, Clinical management service providers remain accessible through established GBV referral pathways.

### 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 also continues to evolve rapidly, with new cases reported each day. Measures by governments introduced to contain the spread of the virus lead to frequent changes regarding entry restrictions or limitations on internal movement. Securing medical supplies and PPE has proven challenging as several countries have put strict export restrictions on the number of products but initial procurement is underway. In order to comply with the physical distancing measures issued by the WHO, several operations have worked to decongest shelters and/or relocate refugees such as in Djibouti, where 570 families (around 4,500 individuals) were identified as living in overcrowded shelters. In a number of operations, including Uganda and Kenya, isolation facilities have been identified in camps and refugee hosting areas.

### Southern Africa

The Southern Africa region has currently the greatest number of confirmed cases in the continent, with the pandemic evolving rapidly. In camps and settlements for PoC throughout the region, UNHCR and partners are establishing isolation centres and training health workers on how to identify and refer cases. UNHCR has also reinforced measures at points of entry to refugee camps, IDP sites and transit centres, including temperature-screening and handwashing stations. UNHCR and partners are limiting the number of people present at any given time during distributions of sanitation and core relief items (CRIs), such as blankets, kitchen sets, and jerry cans to lessen the risk of contagion. The new arrangements are communicated through awareness-raising efforts, designating special times for the most vulnerable, and extended distribution times.



### Americas



Many refugees and migrants from Venezuela face stigmatization and negative perceptions from host communities, associated with a fear of spreading the virus. Despite current curfew and quarantine measures in force in countries throughout the region, many PoC have no choice but to remain on the streets, often because the crisis has cost them their jobs and they can no longer afford rent. This affects in particular those relying on daily incomes and work in the informal sector.

Through weekly meetings of the Intersectoral Coordination Group (ISCG), the Regional Platform, led by UNHCR and IOM, is identifying priority activities for the sectorial response to COVID-19 in the region. UNHCR is producing guidance on shelters and reception centers, and operations are seeking additional shelter to fill the gaps amidst increasing evictions. UNHCR also prepares existing or new shelters to adapt to the containment measures and distributes soap, hand sanitizer or sanitary items in Mexico, Ecuador and Chile.

### Europe

UNHCR continued to provide support to the efforts led by national authorities to ensure the inclusion of refugees and other PoC in national COVID-19 preparedness and response plans. UNHCR is also putting forward concrete and practical recommendations to States to support them in maintaining access to territory, registration and safe reception conditions for asylum-seekers, while at the same time protecting public health. A number of countries have adopted measures to train or allow qualified refugees to perform certain public health functions.

Outreach to refugee communities is being enhanced across all operations through hotlines, social media, digital platforms and other means of communication. In Italy, for example, UNHCR and INTERSOS have launched a digital capacity building platform for refugee-led organizations on topics such as project management, communication and international protection during the health crisis.

UNHCR is currently scaling up support on the Greek Aegean islands to assist the Greek government with mitigating the risk of COVID-19 spreading rapidly to overcrowded reception centres where thousands of asylum seekers including elderly and vulnerable are living in squalid conditions, with some of the Reception and Identification Centres (RICs) hosting up to ten times the intended number of people. UNHCR is coordinating with authorities and already provided core relief items, cash card top ups, communication with and mobilisation of communities and established medical response facilities.

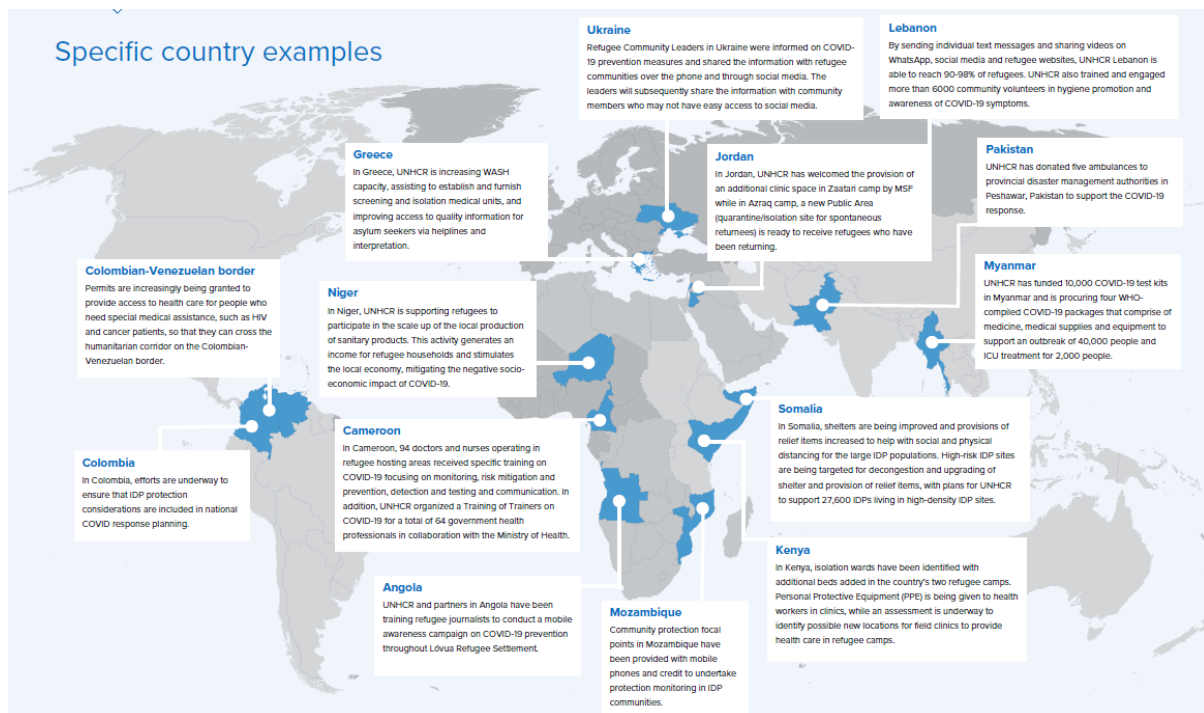
## Coordination and partnerships

UNHCR is in constant exchange with its partners to further strengthen cooperation to meet the growing challenges of the pandemic and to ensure the effective and seamless implementation of activities and measures on the ground. Operations continued to work closely with partners to share information and adapt and enhance the delivery of activities to persons of concern. At Headquarters, UNHCR was one of the organizations which, from the outset, was instrumental in promoting regular consultations with NGOs by organizing weekly virtual meetings on COVID-19 to discuss various overarching topics such as preparedness and response, protection and partnership agreements.

## Workforce and capacities

Country offices are working with governments and partners to ensure continuity of essential and life-saving services. While most partners are teleworking, those providing essential services in camp and camp-like settings continue to operate on site, albeit with reduced capacity. This is vital to ensure that provision of food, health care, water and other critical assistance is not disrupted. To overcome travel restrictions, UNHCR has launched the concept of virtual deployments to provide remote emergency management services to operations.





## Financial Information

On 25 March, the UN Secretary General launched the COVID-19 Global Humanitarian Response Plan (GHRP). 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. UNHCR's funding requirements will increase in the next revision of the GHRP, according to the needs.

## Contact

Lea Moser, [moserl@unhcr.org](mailto:moserl@unhcr.org)

## 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>

Coronavirus emergency appeal – UNHCR's preparedness and response plan (revised 27 March 2020):

<http://reporting.unhcr.org/sites/default/files/COVID-19%20appeal%20-%20REVISED%20-%20FINAL.pdf>

Global Focus COVID-19 Situation (including regional sitreps):

<http://reporting.unhcr.org/covid-19>

UNHCR Cash Assistance and COVID-19:

<http://reporting.unhcr.org/sites/default/files/CashCOVID19.pdf>