

COVID-19 SUPPLEMENTARY APPEAL 2021



December 2020





Contents

| | |
|--|----|
| Introduction | 4 |
| Summary of financial requirements | 6 |
| Monitoring | 8 |
| Reducing vulnerability through cash-assistance | 10 |
| Protecting incomes and livelihoods | 15 |
| Preventing and responding to gender-based violence | 22 |
| Communicating and engaging with communities | 27 |
| Restoring education | 32 |
| Promoting mental health and psychosocial well-being | 37 |
| Exceptional activities linked to public health and social measures | 42 |
| Partnerships | 45 |
| Annexes | 48 |

Left: Congolese asylum-seekers line up to undergo security and health screening in Zombo, near the border between Uganda and the Democratic Republic of the Congo.

© UNHCR/Rocco Nuri

Cover: World Refugee Day 2020 is celebrated in Boa Vista, Brazil.

© UNHCR/Lucas Novaes

Introduction

In the absence of a universal roll out of vaccines which are under development or going through approval, or in the absence of widely-available effective treatment, COVID-19 will continue to have significant implications on people of concern to UNHCR, especially in poorer countries in which the majority of the forcibly displaced are hosted.

The economic downturn has meant that many people of concern, particularly urban populations, have lost or seen a major reduction in their source of income and are struggling to meet their basic needs. UNHCR monitoring carried out since the onset of the pandemic indicates that over 74% of refugee households, as well as most IDP households, are able to meet only half or less of their basic needs. With the World Bank predicting the deepest global recession since the Second World War, these needs will likely deepen, further compounding vulnerabilities.

With the second wave of the pandemic already being felt across many countries, border closures are likely to continue to affect access to asylum and territory. Protection incidents have markedly increased, with some UNHCR offices receiving ten times the number of usual calls for protection. The pandemic has led to a serious global spike in gender-based violence

among people of concern with increased levels of intimate partner incidents, a heightened risk of violence for women engaging in the sale and exchange of sex, and a higher risk of child marriage and teenage pregnancy. Gender inequalities are deepening, with many women and girls seeing their access to assistance and services limited even further and their unpaid care responsibilities increasing.

And of course, COVID-19 has disrupted education around the world, with the impact of school closures expected to continue for decades. Before the pandemic, of the 20.4 million refugees under UNHCR's mandate, an estimated 7.4 million were of school age, of whom some 48% were out of school. The pandemic could cause this number to rise, as those who are enrolled fail to return to school, are unable to pass examinations, or drop out due to economic pressures or early marriage and pregnancy.

How is UNHCR responding?

UNHCR has taken a two-pronged approach to its COVID-19-related planning: ongoing COVID-19 programming, particularly in the health, WASH, shelter, camp coordination and camp management and protection sectors has been ‘mainstreamed’ into the Global Appeal. Some \$469 million is included within the Global Appeal. This includes about \$174 million linked to the exceptional socio-economic and protection impacts of COVID-19, and about \$295 million of requirements linked to COVID-19-related health, WASH, shelter and other protection activities.

In addition to those activities, the supplementary appeal focuses on \$455 million of needs related to the exceptional socioeconomic and protection impacts of COVID and a few critical health, WASH and shelter needs for which there was no possibility to mainstream into the Global Appeal. These specific needs are described in more detail in this supplementary appeal.

Considering activities already mainstreamed into the Global Appeal, plus supplementary needs, the total ‘ask’ for COVID-19-related activities in 2021 will be approximately \$924 million. Funds received will be used to bolster UNHCR’s response across the entire spectrum of forced displacement, including refugees and IDPs, and stateless persons.



UNHCR and partner staff help to relocate Ethiopian refugees from Hamdayer border reception centre in Sudan to Um Rakuba camp.

Summary of financial requirements

UNHCR’s emergency response to COVID-19 was launched in March 2020 through the Global Humanitarian Response Plan, which was an inter-agency effort coordinated by OCHA. UNHCR’s total requirements for COVID-19 were \$745 million, and as of the beginning of December, the appeal was funded at 64% (\$477 million).

For 2021, about half of UNHCR’s COVID-19-related needs have been mainstreamed into its Global Appeal. These included:

- Continuation of public health services
- Water, sanitation and hygiene activities
- Regular cash assistance programmes
- Regular education programming
- Provision of shelter
- Provision of core relief items
- All protection activities including adaptation of protection procedures to ensure continuity during COVID-19 (such as interviews, case management, and documentation)
- Advocacy for the inclusion of refugees and IDPs in national health and education systems as well as social protection schemes
- Fulfilling leadership and coordination accountabilities at global and country level where appropriate for protection, shelter and camp coordination and camp management.

However, with the pandemic evolving, and needs still emerging, UNHCR has in addition focused on a supplementary and limited set of activities related to exceptional socio-economic and protection impacts related to COVID-19. These activities focus on individuals who are newly-vulnerable due to loss of income or livelihood or were already vulnerable but whose situation has further deteriorated and may need additional support. Specific attention has been paid to activities that focus on women and girls due to heightened gender inequality linked to COVID-19.

\$469 million

has been mainstreamed into the 2021 Global Appeal.

\$455 million

are supplementary needs included in this appeal.

Bringing the total COVID-19-related requirements in 2021 to

\$924 million

Mainstreamed, supplementary and revised total needs for COVID-19-related activities by region/global | USD millions

| Region/Global | ExCom approved budget (mainstreamed*) | Supplementary budget | Revised total requirements |
|---|---------------------------------------|----------------------|----------------------------|
| East and Horn of Africa and the Great Lakes | 72 | 94 | 166 |
| Southern Africa | 19 | 20 | 39 |
| West and Central Africa | 66 | 25 | 91 |
| The Americas | 41 | 74 | 115 |
| Asia and the Pacific | 87 | 45 | 132 |
| Europe | 33 | 14 | 47 |
| Middle East and North Africa | 151 | 128 | 279 |
| <i>Field operations sub-total</i> | 469 | 400 | 869 |
| Global stockpile, outbreak response, vaccine delivery support | - | 50 | 50 |
| Business continuity | - | 5 | 5 |
| <i>Global sub-total</i> | - | 55 | 55 |
| TOTAL | 469 | 455 | 924 |

* Figures for the mainstreamed portion of the budget are tentative and will be reviewed as operations finalize detailed planning for 2021 over the coming weeks. This amount also includes a portion of requirements related to the exceptional socioeconomic and protection impacts of COVID-19 for which budgetary space within the ExCom-approved budget has been identified.

Supplementary needs for COVID-19-related activities by theme and by region/global | USD millions

| Region/Global | Reducing vulnerability through cash assistance | Protecting incomes and livelihoods | Preventing and responding to gender-based violence | Communicating and engaging with communities | Education | MHPSS | Exceptional activities | Total |
|---|--|------------------------------------|--|---|-----------|-----------|------------------------|------------|
| East and Horn of Africa and the Great Lakes | 22 | 17 | 6 | 5 | 31 | 11 | 1 | 93 |
| Southern Africa | 5 | 3 | 2 | 1 | 5 | 2 | 3 | 20 |
| West and Central Africa | 8 | 6 | 3 | 1 | 5 | 1 | - | 24 |
| The Americas | 19 | 15 | 5 | 8 | 5 | 4 | 18 | 74 |
| Asia and the Pacific | 20 | 3 | 3 | 3 | 1 | 2 | 14 | 45 |
| Europe | 12 | - | 1 | 1 | - | 1 | - | 14 |
| Middle East and North Africa | 88 | 5 | 4 | 4 | 8 | 6 | 13 | 128 |
| <i>Field operations sub-total</i> | 173 | 50 | 24 | 24 | 55 | 26 | 49 | 400 |
| Global stockpile, outbreak response, vaccine delivery support | - | - | - | - | - | - | 50 | 50 |
| Business continuity | - | - | - | - | - | - | 5 | 5 |
| <i>Global sub-total</i> | - | - | - | - | - | - | 55 | 55 |
| TOTAL | 173 | 50 | 24 | 24 | 55 | 26 | 104 | 455 |

Monitoring

By February 2021 UNHCR will report against the COVID-19-related indicators listed below, covering the impact of UNHCR's response from March to December 2020.

The 2020 results will serve as the baseline for this supplementary appeal and UNHCR will report progress against these indicators throughout 2021. The report on UNHCR's response to COVID-19 covering March to September 2020 can be accessed [here](#).

| Indicators | |
|------------|---|
| 1 | Number of 3plies/medical masks procured |
| 2 | Number of people (including children, parents and primary caregivers) provided with mental health and psychosocial support services |
| 3 | Number of countries reporting incidents of COVID-19-related xenophobia, stigmatization or discrimination against refugees, IDPs or stateless persons |
| 4 | Number of people who have accessed protection services |
| 5 | Number and proportion of countries where GBV services are maintained or expanded in response to COVID-19 |
| 6 | Number of people affected by COVID-19 who have received livelihood support, inputs and technical assistance |
| 7 | Number of refugee children and youth supported with distance/home-based learning |
| 8 | Number of refugee children and youth in humanitarian and situations of protracted displacement re-enrolled in pre-primary, primary and secondary education levels following the re-opening of schools |
| 9 | Number of refugee children and youth out of school due to mandatory school closures |
| 10 | Number and proportion of countries inhabited by IDPs, refugees and migrants with feedback and complaints mechanisms functioning |
| 11 | Number and proportion of countries where areas inhabited by refugees, IDPs, migrants and host communities are reached by information campaigns about COVID-19 pandemic risks |
| 12 | Number of refugees, IDPs and other people of concern receiving new or additional cash assistance related to the impact of COVID-19 |
| 13 | Number of countries including refugees into their national COVID-19 vaccination plans |

For more information

Global Focus is UNHCR's main operational reporting portal for donors and other key partners. The site provides an overview of the protection risks that refugees and other populations of concern to UNHCR face across the world, as well as regularly updated information about programmes, operations, financial requirements, funding levels and donor contributions.

A dedicated [COVID-19 situation page](#) offers the latest information on key funding and reference documents, as well as the latest thematic, global, regional, and operational information and updates.



[Global Focus
COVID-19
Situation
page](#)



UNHCR and WFP staff carry out a distribution of food, hygiene kits and relief items for refugees at Kakuma camp in Kenya, while encouraging social distancing.

© UNHCR/Samuel Otieno

Priorities for supplementary assistance

A Nicaraguan asylum-seeker holds her new pre-paid card, which she can use to buy food, rent and medicine in Panama.

© UNHCR/Angela Florez

Reducing vulnerability through cash assistance

Expansion of cash-related activities to empower and provide protection and assistance

Supplementary funds requested: **\$173 million**

Situation analysis

A struggle for sheer survival

Post-distribution monitoring (PDM) by UNHCR of cash assistance in thirteen countries¹ during COVID-19 highlights that a majority of cash recipients indicate a high satisfaction with cash assistance, that they could find what they needed in the market and that cash has helped to mitigate some of the pandemic's negative impacts. However, the results paint a bleak picture of the well-being and protection of refugees and others of concern with 74% of them meeting only half or less of their basic needs, and 83% engaging in one or more negative coping mechanisms to meet their basic needs. Even pre-COVID-19, PDM in nine

countries suggested that only 4% of the targeted population was meeting their basic needs and 53% were meeting less than half.

Loss of income coupled with limited access to social assistance

COVID-19 has had a disproportionately negative impact on the displaced, who often enjoy limited human rights and depend on humanitarian assistance and/or informal labour. They rarely have access to the scaled up social assistance of governments. In Africa, the pandemic has exacerbated an already fragile situation where assistance has been reduced globally due to funding shortfalls over the past few years. Refugees in at least eleven countries² are receiving rations of 80% or less than the minimum standard required to meet

¹ Azerbaijan, Belarus, Costa Rica, Greece, Guatemala, Iraq, Jordan, Lebanon, Malaysia, Montenegro, Serbia, Turkey, Uganda

² A Cameroon, Chad, CAR, Nigeria, Ethiopia, Uganda, South Sudan, Kenya, Tanzania, DRC, Malawi, Angola and Zambia. Refugee Food Assistance Update September 2020

food needs and, have limited opportunities to meet their needs. In the Americas, COVID-19 has hit the livelihoods of people of concern in low-wage informal employment, who have little or no savings or access to loans, and often do not qualify for government social protection schemes such as unemployment benefits or social allowances. In March, the average monthly wages of surveyed Jordanian and Syrian workers were reduced by more than 40%, and in Turkey a protection survey revealed that over half of respondents had lost their jobs. In Malaysia, 80% of refugees reported a loss of income.

A rise in protection risks

The shortfall in assistance and the inability of people of concern to provide for themselves due to restrictions have resulted in many people engaging in negative coping mechanisms. In UNHCR's PDM, 83% of surveyed households, ranging from 48% to almost 100%, engaged in one or more negative coping mechanisms to meet their basic needs, a clear increase from pre-COVID-19 times. Turkey, Malaysia, Montenegro and Uganda reported figures above 80%. In Jordan, food-related coping mechanisms have become more frequent in the past six months, particularly amongst Syrians. In the surveyed countries, reducing spending to buy food is the most common coping strategy (66%), followed by taking loans and skipping payments.

In urban areas where refugees access (informal) income, households commonly reported selling livelihoods assets, closing down businesses and using up savings. The subsequent decapitalization will impact on the socioeconomic wellbeing of the households long beyond the pandemic's end. More severe coping mechanisms, such as begging or moving to less protected shelter, are less common but remain at a concerning 9% and 10%. Extreme negative coping mechanisms, such as child labour, is reported by 5% of

households, and early or forced marriage and/or recruitment of children into armed groups, have been documented by protection monitoring across regions. These protection risks demonstrate a need for continued investment in humanitarian assistance coupled with robust protection interventions and case management.

UNHCR cash response to COVID-19

The COVID-19 response has demonstrated that UNHCR is fit for purpose to deliver cash at scale and rapidly. Moreover, almost all refugees prefer cash as modality or in combination with in-kind, with 88% having access to the key services and items they need in the market.

In collaboration with governments and other partners, more than 65 UNHCR operations have launched new cash initiatives and/or expanded existing cash assistance, reaching some 4.7 million vulnerable people by the end of October 2020. While the main aim is to work towards inclusion of refugees and other vulnerable people in the social assistance efforts of governments, access remains limited. UNHCR's cash assistance complements government efforts by contributing an additional safety net for vulnerable refugees and others of concern.

While the volumes are far from sufficient to meet all the basic needs of vulnerable people, cash assistance is an efficient means of getting support to affected people fast, providing protection, empowering families to meet their basic needs, and mitigating some of COVID-19's negative socioeconomic impacts. UNHCR operations are adapting existing cash assistance, introducing new approaches and technology, designing new cash grants and targeting criteria to assist new vulnerable populations, developing exit strategies, increasing the use of digital payments, adjusting systems and complaints and feedback mechanisms and, where appropriate, aligning cash assistance with government social assistance.



A Syrian refugee shows the SMS he has received alerting him that his monthly cash assistance is ready for collection in Amman, Jordan.

© UNHCR/Omohammed Hawari

Cash will be used to further the following key objectives and outcomes, which will be prioritized in 2021 beyond regular programming.

With food, rent, utilities, hygiene and health topping the list of expenditure by people of concern, UNHCR will help meet basic needs through the distribution of unrestricted cash assistance. This is cash that a recipient family can use in any way it sees fit to meet its basic needs, and allow for access to services such as health and education. This type of assistance can also help and mitigate negative socioeconomic impacts amongst the most vulnerable during longer periods of time to maximize its effect, not only as a one-off payment.

Cash will also be used to achieve specific protection outcomes resulting from the pandemic in areas such as gender-based violence, child protection and community-based protection alongside investment in services, solid case management and mainstreaming of protection in cash assistance.

Emergency grants will help to mitigate COVID-19 transmission and restrictions. This will include assistance to mitigate transmission of COVID-19 and subsequent restrictions such as cash for WASH, for relocation or emergency accommodation, or for accessing the internet and communications around COVID-19.

Livelihoods grants will be provided to reduce dependence on humanitarian aid. Top up grants for a limited number of refugees coupled with accompanying activities will contribute towards sustainable solutions and self-reliance, leveraging UNHCR's existing cash transfer mechanisms to promote financial inclusion.

Linking cash with social protection, where possible UNHCR will support governments with cash assistance to refugees and others of concern as part of the national social protection response and align cash, where appropriate, with social assistance schemes³.

³ Aligning Humanitarian Cash Assistance with National SSN in Refugee Settings [\[link\]](#).



PLANNED ACTIVITIES

Highlights from the field

Africa

Cash assistance is integral to the response across Africa. In Cameroon, a socioeconomic impact study in urban areas found 79% of refugees had lost whatever small jobs they had had and 93% of people of concern are not able to cover their needs. UNHCR will thus focus on a socioeconomic response, strengthening child protection and supporting education through distance learning opportunities during the pandemic. Cash assistance will be an integral part of this approach, with 90% of households benefitting.

In the Democratic Republic of the Congo, a range of cash assistance initiatives are planned. In Kasai, for example, a five-person household needs an average of \$160 per month to fulfil their most basic needs. Through \$800,000 in additional funding, UNHCR can provide monthly income support of \$50 to 1,200 very poor households including GBV victims, those impacted by COVID-19, and those whose livelihoods have been decimated. This assistance would be planned

to last a year to cope with price spikes and increased needs due to lack of economic opportunities.

Across the East and Horn of Africa and the Great Lakes, UNHCR was able to expand assistance beyond camps to urban refugees, asylum seekers and other people of concern, and to deliver assistance directly in a timely and effective manner, with reduced risks of fraud. Cash assistance empowered people of concern and allowed host communities, who are part of the supply chain and business owners, to benefit as secondary and tertiary beneficiaries. In the case of Kenya, UNHCR is contributing towards financial inclusion of refugees through bank accounts in both Kalobeyei and Kakuma.

The Americas

Multi-purpose cash grants with a targeted age, gender and diversity approach can help meet the basic needs of an increased number of vulnerable families, many at risk of eviction or homelessness, with a special focus on

supporting mental health. In Ecuador, for example, cash assistance will help address unmet needs that were increased by COVID-19, including multipurpose cash to vulnerable households, sectoral cash for persons with specific protection needs (targeting LGBTI+ persons at risk, survivors of GBV, people living with HIV, people with severe health conditions) and cash for shelter to vulnerable households at risk of eviction.

Asia and the Pacific

In Pakistan, and based on lessons learned in 2020 from implementing cash assistance, the operation will continue to support 70,000 extremely vulnerable refugees, targeting those who lost their jobs due to the COVID-19 pandemic, single parents, unaccompanied children, and persons with disabilities. The operation will provide a one-time cash assistance of 12,000 Pakistani rupees (approximately \$75) to each household to cover 3 months support. This support will help them meet their basic needs and mitigate protection risks, including exploitation of vulnerable individuals, domestic violence, GBV and child abuse. In addition, there will be advocacy with the provincial and federal governments to ensure the inclusion of registered Afghan refugees into the Government's socioeconomic assistance programmes.

Europe

Many people of concern lost their jobs, and UNHCR anticipates that coping mechanisms, livelihood strategies, and employment opportunities of refugees and asylum seekers will continue to be impacted in 2021. Refugee and asylum seekers will undoubtedly be disproportionately affected as host economies contract and people are forced to rely on pre-existing community networks and social capital. The vulnerability

of refugees and asylum seekers is therefore expected to increase dramatically, particularly in Eastern Europe, the Western Balkans and the South Caucasus, the latter having been affected by conflict. Enhanced direct cash transfers to existing beneficiaries and/or newly vulnerable people of concern, would significantly mitigate the anticipated hardships people will face while advocacy for inclusion in mechanisms of social protection and support for economic inclusion will continue.

Middle East and North Africa

Across the region, people of concern featured heavily in the informal economy, and many were reliant on cash support from humanitarian organizations. A December 2020 study by the World Bank and UNHCR has revealed the extent to which both refugees and host community have been pushed below the poverty line in the Kurdistan Region of Iraq and Jordan, as well as in Lebanon which is also contending with massive inflation. The report estimates that 4.4 million people in the host communities and 1.1 million refugees or IDPs were driven into poverty in the immediate aftermath of the crisis, and for Jordan this only represents data available for three governorates. The study also shows that cash assistance delivered by host governments and UNHCR, in response to COVID-19, has partly mitigated the poverty impact, concluding that such cash programmes would need to be scaled-up in 2021 to effectively address the needs.

Cash was also used in Iraq, to support IDPs who are returning in the context of COVID following camp closures in November 2020. In Yemen, additional funding will immediately provide UNHCR an opportunity to expand its multipurpose cash assistance in 2021 to target an additional 66,000 vulnerable refugee (21,000) and IDP (45,000) households, including host-community families (over 363,000 individuals), who fall among the four prioritized risk groups for cash assistance.

A shoemaker who's lived in Côte d'Ivoire as a refugee since 2003 battles financial hardship during COVID-19 pandemic.



Protecting incomes and livelihoods

Scaling up of income generation, income protection or other livelihoods initiatives

Supplementary funds requested: **\$50 million**

Situation analysis

Around the world, 70% refugees live in a country with restricted right to work; 66% live in countries with restricted freedom of movement; and 47% live in countries with restricted access to bank accounts. Even after the pandemic ends, forcibly displaced people will take a long time to recover from the socioeconomic impact of COVID-19 on their livelihoods. The forcibly displaced are among the most vulnerable to the socio-economic impact of the virus since many are informal workers and/or work in sectors such as hospitality, manufacturing and retail, all of which were hit by the pandemic. The ILO estimates that earnings for informal workers

will decline by 82% in low- and lower-middle-income countries, with women and young people disproportionately affected.

In CAR, an estimated 80% of refugees and asylum seekers have lost their income. In the Americas, in Colombia, which is hosting some 1.72 million Venezuelan refugees and migrants, the poverty rate jumped from 18% in late 2019 to 32% in May 2020 and an increase in extreme poverty from 4.5% to 16.7% for the same period. It is estimated that multidimensional and monetary poverty in Colombia will increase in 2020 compared to 2019, when it was at 10.9%. Data for May gathered by the Economic Commission for Latin America and the Caribbean revealed a poverty rate of 32%, a large increase compared to 18% the previous year, and an

increase in extreme poverty from 4.5% to 16.7%.

In Asia and the Pacific, in the Islamic Republic of Iran, 95% of surveyed Afghan refugee households reported decreased income due to COVID-19. A third of households' main breadwinners were also reported to be unemployed—half because of COVID-19—and 96% of contacted households were relying on negative coping mechanisms, with 70% reducing their food expenditures. In Afghanistan, food insecurity levels, worsened by the COVID-19 crisis, are now similar to those during the 2018 drought. Some 17 million people will be in crisis or emergency food insecurity from November 2020 to March 2021, 5.5 million of whom will be in 'emergency' level food insecurity.

In Europe, due to repeated lockdowns, integration programs and trainings were put on hold and refugees disproportionately lost their livelihoods, owing to atypical work contracts, high representation in the service sector and their relatively recent hiring in comparison to local co-workers.

In the Middle East and North Africa, around 80% of Syrian refugees were already living below the poverty line in some countries, with whole new segments which have now slipped below it. In Jordan, 92% of surveyed refugee respondents in May had less than 50 dinars (\$70) of savings left, while in June 40% had debts of more than 100 dinars per capita, and more than 90% reported having to implement at least one negative coping strategy such as reducing expenditure on health and education. In Yemen, in July, a verification survey to assess the socioeconomic impact of COVID-19 on IDP families reached 17,856 households. Half of them reported disruptions in work and livelihoods, and nearly 40% had no income at all. Poverty does not allow internally displaced

people the option of social distancing. Many must exit their homes to look for labour opportunities, regardless of the risk. Many also opting to relocate once again in search of cheaper accommodation in often further unsafe areas.

Data from UNHCR field operations shows previously successful value chains are either no longer profitable or are inaccessible to refugees, while familiar market linkages have been disrupted. Many jobs have been lost and training opportunities halted. For some, agricultural crops and stocks are gone due to limited mobility or restricted market outreach. Food insecurity is increasing, including in cities where the price of food has increased due to inflation, or where food rations have been cut. For many urban refugees, evictions and increased homelessness due to unpaid rents are now a harsh reality. The World Bank has estimated COVID-19 will cause the fourth-worst global recession of the past 150 years, likely to push between 88 and 115 million people into extreme poverty in 2020, setting back poverty reduction by around three years

Yet, despite the challenges, the pandemic has also led to some emerging opportunities and good practices. It has led governments in many countries to introduce special measures to authorize the hiring of foreign-qualified health workers to fill shortages of medical doctors and nurses. In Mexico, UNHCR is working with federal authorities to speed up the recognition of qualified and experienced refugee and asylum seeker health workers to join the country's emergency recruitment pool. Throughout the world, forcibly displaced people and stateless people have stepped up and contributed to local economies, labor forces, and the frontline healthcare response. Refugee entrepreneurs have also been using their skills to produce community masks and hygiene products.

Senior trained Afghan refugee artisans work in Pakistan on creations to be sold by MADE51.



Livelihoods support will be used to further the following key objectives and outcomes, which will be prioritized in 2021 beyond regular programming.

Short to medium-term interventions can help cover immediate needs, support access to employment and financial services, and increase collection and analysis of data for planning and monitoring purposes. This, while UNHCR and partners advocate inclusion of populations of concern into national social protection schemes and services, expansion of partnerships with development actors and the private sector. Through a stepped-up livelihoods response, the organization is working to reinforce capacity at regional and operational level, define new ways of working, modify approaches and prepare for future waves of the pandemic. The immediate focus, however, is to safeguard productive assets and protect incomes through consumption

support to the most vulnerable, business start-up capital to existing small and medium-size enterprises and new entrepreneurs, revive market linkages for business owners and farmers, and immediate food security through investments in agricultural production.

Start-up capital, even if limited in scale, will help refugees scale up production of masks and soap. This production not only increases the availability of such essential items within communities, but also empower refugees and transform their livelihoods. Refugee entrepreneurs have found emerging market opportunities but need injections of cash to pay off increased debt from months of limited activity or to explore or scale new opportunities.

Consumption and enterprise support will help prevent economically active refugees from depleting their savings or selling their assets, and will help them to build resilience. Additionally, micro and small- to medium enterprises urgently need to mobilize financial support for long-term working capital loans and risk-sharing schemes such as guarantee facilities through banks, microfinance providers and investors. Digital finance also needs to be accelerated for easier access to mobile banking transactions as well as to use digital data to support value chains, for example in agriculture.

Twelve UNHCR operations⁴ have requested support to expand or fine-tune their existing knowledge of market linkages and value chain assessment. This is due to radical changes in market structures as a result of lockdown measures, disruptions of transport services or changing consumer priorities. To support existing and new entrepreneurs to innovate and tailor their activities to emerging needs, there is a need to better understand developing market trends through analysis of local and regional markets and value chains.

Through the flagship MADE51 programme, which provides global market opportunities for refugee artisans by partnering with local social enterprises, refugees have been producing facemasks and other equipment for frontline workers since the first months of the pandemic. To further respond to the impact of COVID-19 on refugees engaged in the handmade sector, MADE51 created an online shop to ensure market linkages exist even as retail spaces shut down. Further impact can be made through promoting and growing this platform, which requires supporting social enterprises to pre-order from refugee artisans in order to build stocks for direct-to-consumer fulfilment. In addition, MADE51 can expand impact by including new refugee groups (new countries or new locations in current countries), which requires investing in the World Fair Trade Organization partnership, as well as by pursuing innovative new partnerships to enhance marketing opportunities.

Agricultural input and food security were important sectors prior to COVID-19, and in which UNHCR had planned to increase efforts,

especially in farming, it being one of the activities less affected by the regulations put in place by governments, and one in which an increasing number of refugees have become involved. To limit food insecurity amongst refugees and IDPs, and while securing additional incomes while other employment or business opportunities are affected, an integrated response is needed. UNHCR will ensure support through additional inputs to reduce the risk of losing productive assets, support utilization of existing land and equipment, and develop linkages with local and regional markets. Partnership with WFP and international financial institutions to address both urgent needs and find sustainable solutions to food is prioritized.

Several operations are expanding agricultural interventions to enhance refugees' self-reliance in response to the pandemic's impact on nutrition and livelihoods. Kitchen gardens, community gardens and hydroponics have been intensified⁵ and small ruminants distributed⁶ to increase refugees' self-reliance. In Liberia and Eswatini, for example, the government secured additional land and UNHCR provided additional inputs, while in Bangladesh, seeds were distributed by FAO through a food security partner in Cox's Bazar.

The pledges made at the Global Refugee Forum present a good opportunity to support further such efforts. For example, Costa Rica pledged the full socioeconomic inclusion of refugees; Qatar pledged 5 million jobs for refugees in the Middle East and North Africa, and the German P4P programme in the same region could be used to address the immediate needs for cash transfers and creation of short term jobs to cushion the job loss of Syrian and Iraqi refugees. In Cameroon, a partnership agreement was signed between the Government, ILO and UNHCR for the inclusion of refugees in employment programmes. Through the pledge made at the Forum by the Poverty Alleviation Coalition, UNHCR is engaged with the World Bank and 13 NGOs to increase the income of 160,000 refugee and host community households. Recognizing the economic impacts of COVID-19, the Coalition has continued to deliver economic recovery and self-reliance programmes during lock-downs.

⁴ Burkina Faso, Burundi, Cameroon multi-country office, CAR, India, Iraq, Nigeria, Philippines, United Republic of Tanzania, Tunisia, Uganda, Nepal.

⁵ Notably in Maban (South Sudan), Kiziba (Rwanda), Goudoubo (Burkina Faso), Cross River/Benue (Nigeria), Tindouf (Algeria) and in the West Nile, Mid-West and South-West of Uganda.

⁶ In the north of Uganda, at Kiryandongo camp, and in the camps in Sila, Chad.



PLANNED ACTIVITIES

Highlights from the field

UNHCR is stepping up livelihoods interventions to respond to the disproportionate socioeconomic impact of COVID-19 and to respond to the High Commissioner's request on triggering livelihoods opportunities in the field and positioning livelihoods as a central piece of any COVID-19 response. The activities proposed by the majority of operations are: agricultural inputs, irrigation and market linkages, business incubation, including seed capital for recovery and/or reactivation of small businesses, technical support to small businesses, financial inclusion, consumption support, access to connectivity and digital tools, strengthened alliances with private actors, and provision of vocational training on digital markets.

Africa

Stepped-up livelihoods strategies are being prepared in the three regions in Africa. This includes technical support to the operations, as well as high level advocacy to ensure that

refugees are included in the responses of other humanitarian and development actors such as multilateral development banks, bilateral partners, governments, private sector, UN agencies and civil society, and that UNHCR's own programmes are funded to fill critical gaps. Enhancing access to finance and loans is another critical enabler for economic recovery.

In Kenya, UNHCR will be targeting up to 50,000 vulnerable refugee and host community households, including families with disabilities, small business owners, casual labourers, female-headed households, women and youth groups and those residing in urban areas. While camp relocation will remain the last and inevitable resort for people of concern ultimately unable to meet their needs in urban areas, there are refugees that require a one-time cash grant to be able to re-establish their livelihoods, prevent the loss of productive assets, and protect against an additional shock of the loss of social capital. In parallel, UNHCR will continue to explore the integration of the

urban refugee data with the Government's social protection Single Registry with a view to include vulnerable persons of concern in the same circumstances as Kenyan nationals into ongoing social "safety net" assistance programmes. The priority will be the inclusion of older refugees and persons living with severe disabilities.

In Southern Africa, in Zambia, business capital support through a digital payment model for approximately 2,000 individuals and support to artisans (women at risk and youth) will be provided. Small livestock multiplication and vegetable and poultry value chains will be developed through partnership with private sector entities. In Malawi, UNHCR is planning to invest in solar irrigation to support increased food production by refugees and host communities. Graduation Approach participants, who are all extremely poor households, will receive continued consumption support to ensure their basic needs while participating in livelihoods activities.

In West Africa and Central Africa, UNHCR will support strengthening of resilience capacities of micro and small businesses with the aim of supporting the use of innovative approaches and harnessing new technologies to effectively resist to the multidimensional shocks of the pandemic. UNHCR will also support skill development to increase productivity to remain competitive on the markets and provide cash grants to targeted households to prevent depletion of assets and savings.

The Americas

Throughout the region, UNHCR is adopting a two-track approach in 2021. First, it will increase its assistance to meet the most basic needs of the most vulnerable refugees, IDPs and others of concern. Secondly, it will redouble efforts to promote inclusion of

refugees and others of concern into national systems and the labour market as the only viable solution in the medium- to long-term. Refugee employment and entrepreneurship in high-demand sectors is being facilitated through collaboration with governments, private sector and development actors. In response to the pandemic, employment of refugee doctors and health workers has been enabled throughout Latin America.

In the Bolivarian Republic of Venezuela, UNHCR is supporting resilient livelihood recovery initiatives in the agricultural sector by generating inputs, building and strengthening capacities for the reactivation of priority agri-food chains and strengthening sustainable family farming, while considering agro-climatological risks. In Guatemala, UNHCR is strengthening small businesses through injections of seed capital, building up the capacity of people of concern for the labour market through remote/virtual technical vocational training and promotion of an enabling business environment that allows for the inclusion of refugees and asylum seekers in existing mechanisms through joint campaigns with the Ministry of Labour and the private sector

Asia and the Pacific

In Afghanistan, in view of the crippling effect of COVID-19 on the economy, UNHCR will prioritize investments in livelihoods activities such as business start-up grants and business incubation activities and cash-based interventions to provide a lifeline to displaced persons who have lost their means of subsistence. These activities will be mostly concentrated in the priority areas of return and reintegration where returnees are living side by side with displaced people and local communities. The Pakistan operation will scale up vocational and technical skill development training for refugee youth to increase employability. Key activities include

supporting 600 families with the provision of various in-kind kits to home-based businesses as start-up capital. Priority actions also involve marketing for 60 skilled women groups and technical training for 600 refugees in agriculture.

Europe

A high proportion of refugees in Europe are working in the service sector, which was hard hit by COVID-19-related restrictions. Many have atypical work contracts, are among the last hired, and businesses have needed to be put on hold due to lockdowns imposed in some countries in 2020. While in many states in the region refugees have been able to at least partially access existing services and mitigation programmes, those who lost their livelihoods risk becoming destitute. In Bulgaria, Georgia, Malta Romania and Ukraine,

UNHCR support will focus on business start-up and strengthening, in coordination with specialized entrepreneurship programmes and financial service providers, to enhance economic and financial inclusion.

Middle East and North Africa

In Egypt, UNHCR will support 425 severely-affected refugees and asylum-seekers who lost their jobs, or who were unable to sustain their businesses as well as people whose economic situation deteriorated due to COVID-19 through wage employment, self-employment, and work in the artisanal sector. In Morocco, UNHCR will support 150 refugee projects that have been strongly affected by the crisis with cash injections, to ensure that this previously self-reliant and autonomous group does not fall under the poverty line and continues reliance on humanitarian assistance to survive.

A UNHCR partner trains refugee women in gender-based violence counselling. Here, a South Sudanese refugee is seen conducting a counselling session with a client during a home visit in Kakuma camp, Kenya.

© UNHCR/Samuel Otieno

Preventing and responding to gender-based violence

Prevention of and response to the increasing number of cases of gender-based violence linked to COVID-19 and subsequent movement restrictions

Supplementary funds requested: **\$24 million**

Situation analysis

One in three women has been subjected to gender-based violence (GBV) globally and forcibly displaced women and girls are among those most at-risk. The COVID-19 pandemic has only exacerbated these risks.

Data indicates that GBV has dramatically increased during the crisis, and gender equality and GBV reduction gains achieved over the past decades risk being reversed. Assessments with forcibly displaced communities and host communities point at increases in intimate partner violence and sexual violence. In Zimbabwe, for example,

calls to GBV hotlines increased by 70% since lockdown began; in Columbia the national domestic violence helpline reported calls increased by 153%. The Global Protection Cluster reported increases in GBV in at least 27 countries and the sale or exchange of sex as an economic coping mechanism in at least 20 countries. Data also points at increasing risks of child marriage, early pregnancy and exploitation for forcibly displaced adolescent girls. Reports also underlined heightened risks of GBV (in particular, violence by family members) faced by LGBTIQ+ refugees and IDPs during the pandemic.

Access to GBV services remains seriously hampered in many countries, in particular for survivors locked down at home with their abusers. Reports have highlighted gaps in terms of access to safe shelters, activities for women and girls' empowerment, and livelihood and cash assistance for GBV survivors. Access to reproductive health services has also been hampered in some locations for women and adolescent girls, particularly marginalized women and girls. Little to no public transportation has also prevented many women and girls in accessing GBV services. Underfunding of key public services such as the national protection system supporting GBV survivors in many operations also constitutes a major challenge. Reduced oversight and staffing in some reception facilities/accommodation also results in increased risk. People of concern also face specific issues of access, either practical or when they are not included in national service provision. For example, information about where and how to report and seek help may not reach survivors in general, but

this is even more so in relation to people of concern.

To respond to the increased risk of gender-based violence especially in contexts where movements are restricted, UNHCR operations adapted existing programming based on priorities outlined by forcibly displaced and stateless women and girls. A key part of the adapted programming includes the revision of referral pathways to incorporate remote services and bolstering community-based protection mechanisms. Many operations created or expanded the capacity of 24/7 emergency hotlines and other communication channels for survivors. Life-saving GBV case management services are now provided remotely in many operations while emergency cash assistance is being used to support survivors and women at-risk of GBV. Operations broadened their engagement with trained community outreach volunteers especially women, who informed survivors about GBV services and conducted referrals where requested.

Support for the prevention and response to, and mitigation of, gender-based violence will be address the following key objectives and outcomes, which will be prioritized in 2021 beyond regular programming.

Strengthening availability, accessibility and quality of GBV case management, including remote case management and response programming, requires a range of interventions. Staffing and programmatic capacity must be expanded to ensure all survivors can receive appropriate support through static, mobile or remote GBV services. This includes increasing the number of available caseworkers as well as case management supervisors. Staff care support must also be expanded. Resources are

needed for context-specific program adaptation to ensure accessibility of GBV services such as technological innovations, adaptation for low-tech context. Continuous capacity development and guidance must be prioritized with a focus on program adaptations such as remote case management, data protection for remote programs, including strengthening the capacity of community groups and volunteers to facilitate access to GBV services.



Refugees at Kawergosk camp in the Kurdistan region of Iraq, support 16 Days of Activism Against Gender-based Violence campaign.

© UNHCR/Fraz Alkhateeb

Options for the safe accommodation of GBV survivors need to be enhanced, as does legal assistance and psycho-social support for GBV survivors, cash-based interventions for GBV survivors and people at risk of GBV, and the provision of dignity kits.

Expanding prevention activities will see increased support to safe spaces for women and girls to bolster empowerment activities including economic empowerment, with modalities to be adapted to current public health measures. It will also include expanding and adapting activities led by forcibly displaced women and girls as well as other community-based activities; and expanding and adapting engagement programmes for men and boys to promote gender equality and positive family dynamics, reduce stigma and prevent GBV generally; and expanding and adapting targeted prevention activities for adolescent girls, including child marriage prevention.

A third pillar of GBV prevention and response is strengthening national systems, inter-agency coordination and partnerships with women-led organizations and forcibly displaced women/girls led groups as well as conduct quality analysis on GBV. This calls for strengthening both national systems' emergency capacities on GBV prevention, risk mitigation and response, and inter-agency GBV coordination mechanisms in refugee settings. Support will be enhanced for women-led organizations for GBV prevention and response activities. This may be through capacity strengthening, cross-learning and by enhancing and supporting the role of women- or girl-led organizations within GBV coordination in refugee settings. The quality analysis through GBV assessments and safety audits to inform programming will also be improved.

GBV risk mitigation will also be enhanced across all sectors/clusters such as health, WASH, shelter, basic needs.



PLANNED ACTIVITIES

Highlights from the field

Africa

UNHCR in Ethiopia will strengthen the provision of dignity kits for women and girls of reproductive age, financial support in form of cash transfers to support small businesses managed by GBV survivors which have been affected by the COVID-19 pandemic. In Burkina Faso, UNHCR will use community networks to disseminate prevention messages focusing on intimate partner violence, sexual exploitation, early and forced marriage and other GBV risks. Cash assistance will be used to provide dignity kits to 30,000 women from the IDP, refugee and host communities in targeted regions, and cash will also be key in assisting some 6,000 people at risk and SGBV survivors. In the Democratic Republic of the Congo, monthly cash grants of \$100 for 6 to 12 months will be provided, a particularly important measure for pregnant teenagers abandoned by their families and women who want to leave abusive partners, whilst in Zambia, GBV activities will strengthen and capacitate local law enforcement. This will

include the construction of a fence around the safe house in Mantapala, the construction of permanent housing units in three settlements for female police officers due to the increased number of GBV survivors, and the establishment of mobile courts to address local GBV incidents.

The Americas

Across the region, additional specific activities will be exceptionally introduced into programming or broadened to meet additional needs arising from COVID 19 and accompanying containment measures, such as expanded programmes to respond to the marked increased in GBV. In Ecuador, for example, support will be provided to GBV partners for the provision of specialized assistance, including access to safe spaces and shelters, access to justice and psychosocial and mental health support. Additionally, UNHCR will work with community-based protection mechanisms such as grassroot organizations and peer networks on GBV prevention and risk mitigation activities.

In El Salvador, assistance for GBV survivors will be reinforced through mobile clinics to address survivors' physical safety, health concerns and psychosocial needs, in close coordination with community leaders, partners and national institutions.

Asia and the Pacific

The operation in Pakistan will strengthen its prevention, risk mitigation and response to gender-based violence by establishing support systems through community centres. Outreach will be enhanced to inform communities about GBV services, and remote case management and provision of specialized services including mental health and psychosocial support, medical and legal assistance will be strengthened. The operation will also enhance access to safe shelter for survivors whose lives are at risk. Training on GBV safe disclosures and referrals will be conducted for refugee structures including women committees and gender support groups.

Europe

In Europe, working in collaboration with existing protection monitoring and referral mechanisms was crucial in 2020, especially to ensure continuity of essential protection services such as prevention of and response to GBV. In 2021, UNHCR will continue its protection monitoring activities and collaboration with authorities and service providers in the region to assess and

implement risk mitigation measures, identify and refer the most vulnerable asylum seekers and refugees (including remotely when movement is restricted) for appropriate support, and to identify incidents including gender-based violence and coordinate a response including to referral mechanisms.

Middle East and North Africa

In Jordan, where some GBV services have been suspended and others have shifted to remote modalities, UNHCR is working to develop innovative approaches to support survivors and those at risk of GBV. Referral pathways through mobile applications (Amaali) are being upgraded to include online messaging with operator and direct reporting of cases of sexual exploitation and abuse. Moreover, UNHCR is developing a new approach for awareness raising and information dissemination through online platforms. To combat the increase in cases of intimate partner and domestic violence, UNHCR will provide case management and psychosocial support services to survivors both in person and remotely. Additionally, UNHCR will develop a transformative prevention program to prevent intimate partner violence. In Lebanon, due to increasing needs as a result of the pandemic and Beirut blast, additional resources for case management for approximately 1,740 beneficiaries will be required in 2021, and for expanding the capacity of emergency safe shelter for GBV survivors.



Communicating and engaging with communities

Mechanisms for accountability to affected people, risk communication and community engagement to ensure people of concern have access to information and are at the center of decision-making and implementation of measures

Supplementary funds requested: **\$24 million**

Situation analysis

The pandemic has brought to the forefront the significant contribution that communities make to their own protection and well-being. It has highlighted the importance of information as a form of assistance in and of itself as, with access to accurate information, people have been able to make informed decisions about how to protect themselves and their families. Furthermore, it has brought into stark focus the heightened vulnerability of affected

communities during emergencies to misconduct, including sexual exploitation and abuse, and the need to ensure safe and accessible feedback mechanisms that connect across humanitarian actors. Bringing these pieces together, it is imperative to strengthen efforts to ensure accountability to affected people (AAP), meaning, taking account of, giving account to, and being held to account by, the people UNHCR seeks to assist.

A daily part of work in the field, communicating with communities was a source of innovation by UNHCR staff over the year. Current efforts are focused on enhancing risk communication and community engagement (RCCE) measures related to COVID-19, ensuring people of concern have access to timely and accurate information and are fully at the centre of decision-making and implementation of measures to respond to the impacts of COVID-19.

However, the response to COVID-19 also highlighted areas where improvements can be made, including by using evolving technologies. UNHCR also needs to build on its on-going community-based protection and risk communication and community engagement work, which can be done through focusing on three areas. Firstly, enhanced community engagement and participation; secondly, further developing communication methods to ensure that all members of the community are reached; and thirdly, strengthening how UNHCR receives, responds

to and shares feedback and complaints across the humanitarian architecture.

The importance of these priority areas is evidenced by the response to date, where communities—including leaders, community mobilisers, volunteers, and community-based organizations—have taken the lead when humanitarian actors were limited by movement or physical distancing constraints. Furthermore, as the situation moves towards possible additional waves and/or the introduction of vaccinations, two-way information (including feedback and response mechanisms) will be crucial to share information, address rumours and mistrust, and combat stigma, hate speech and discrimination. With an increased recognition of the critical role communities have played, this offers an unprecedented opportunity to better support and capacitate community-led organizations in prevention programmes, response activities—including vaccination programmes—and the identification of those at high risk.

Support for communicating and engaging with communities will address the following key objectives and outcomes, which will be prioritized in 2021 beyond regular programming.

A strengthened AAP/RCCE approach to analysis of data and organizational adaptation requires the development of means for greater digitalization of data in prioritized operations, with specific reference to feedback from the community on the response to COVID-19 for sharing with AAP/RCCE and other humanitarian partners. UNHCR will develop means to share anonymized feedback data between relevant partners for collective analysis of feedback data, closing the feedback loop and for adjusting and enhancing on-going COVID-19 responses and

developing new programs (using shared customer relationship management systems or agreeing upon specific data sets to share to enhance the volume of feedback data received for analysis). If data cannot be shared, at a minimum, analysis of data needs to be shared between partners to ensure COVID-19 responses are coordinated and in line with the needs of the affected community, including allowing RCCE efforts to be adjusted in line with possible misconceptions or rumours.



Djuba is a 75-year-old pastor who fled the Democratic Republic of the Congo and found safety in Kakuma refugee camp, in Kenya. With churches closed due to the COVID-19 lockdown, he used his bicycle to both preach to his parishioners and share information with them.

© UNHCR/Samuel Otieno

UNHCR will work to strengthen community engagement and partnership with non-traditional partners to enhance AAP/RCCE. This will involve working with locally-led organizations run either by people of concern or host communities to engage with networks, working groups on AAP/RCCE and non-traditional actors to ensure they are central actors in the COVID-19 response. This would include addressing barriers for organizations led by people of concern to meaningful partnership and increasing the opportunities for them to access available resources to prevent and respond to COVID-19 as well as its socio-economic consequences

Strengthened accessibility and inclusion for digital solutions for AAP and RCCE (two-way communication) will see UNHCR review and evaluate digital solutions established at the onset of the pandemic to better understand issues related to accessibility and inclusion (age, gender and diversity considerations) and to look how accessibility and inclusion can be further enhanced in relation to digital solutions. UNHCR will also support the digital inclusion of marginalized groups with less access to digital technology to enable them to receive information and content in the format that they can, and prefer to, access and engage in communication initiatives.

UNHCR and partner staff undertake a consultation meeting with internally displaced women during a multi-sectorial assessment exercise at displacement sites in Ancuábe district, Cabo Delgado, northern Mozambique.



PLANNED ACTIVITIES

Highlights from the field

Africa

In Sudan UNHCR will use supplementary funding to further enhance feedback and data mechanisms to ensure available measures for reports of sexual exploitation and abuse in a safe and confidential manner. Rwanda will focus additional resources on enhancing communication with those of concern traditionally excluded from regular communication channels, and in Uganda, further support will go towards better understanding how to communicate effectively with people with disabilities and older persons. In Angola, Burkina Faso, Cameroon and the Republic of Congo additional support will be needed to strengthen feedback and response mechanisms to analysis data across different sources with increased needs related to secondary impacts of COVID-19 amongst communities translating into increased feedback, complaints and information provided by communities through various channels, with Chad and Ethiopia looking to expand access to connectivity across all age, gender and diversity groups.

The Americas

In Panama and Belize, by enhancing analysis of feedback and information coming from the community, operations will develop communication campaigns targeting the public and awareness-raising addressing negative perceptions on refugees and asylum seekers. Ecuador specifically is trying to enable connectivity for both refugees and host communities by the expansion of public Wi-Fi networks and providing support to connectivity centres. In Peru, additional resources have been requested to implement solidarity initiatives identified by the communities themselves, seeking to enhance social cohesion among refugees, migrants and host communities and ensure community engagement to mitigate impact of COVID-19, reduce negative psychosocial effects related to isolation, combat xenophobia and exclusion, and strengthen social networks. In the Bolivarian Republic of Venezuela, UNHCR is looking to support community-led programs to monitor health and the socio-economic

situation within communities and integrate them into information systems to guide decision-making at the local level.

Asia and the Pacific

In Pakistan, the operation in Pakistan will use additional support to engage with and mobilize influential women and youth leaders to listen to feedback and gather information from refugees and to formulate innovative initiatives to address negative perceptions and stigma. Additional support will also be used to enhancing training of existing refugee community structures, outreach volunteers, religious leaders and partners on RCCE, and a focus will be on ensuring multiple communication channels to reach at-risk communities. In India, the operation will enhance engagement with a range of groups to support the joint identification and implementation of assistance needs and solutions.

In Bangladesh, in cooperation with WHO, UNHCR has also established a system of active community-based surveillance through a network of 1,515 community health workers for case identification and targeted counselling. Hygiene promotion is a key to alleviate the pressure on the already overstretched health system and most of the WASH facilities are below standard. A home-based care system has been developed for use in a high transmission scenario to provide care for mild cases and protect the health

facilities from being overwhelmed. Intensive messaging and community engagement are supported by all sectors to better provide information to refugees and increase trust in the health care system.

Europe

A focus for many countries in Europe will be to continue to strength communications with refugees and displaced communities, in support of government efforts, through existing communication channels; to enhance the use of digital and online platforms (such as the UNHCR help page and various social media channels); and to enhance accessibility of information material for children and youth, persons with disabilities and older persons. In several countries, measures will also be taken to enhance connectivity and access to technical equipment for refugees and other persons of concern.

Middle East and North Africa

In Lebanon requires additional funding to support different needs surveys to obtain feedback and views from affected communities on variety of different subject to ensure programming continues to be done in-line with the needs of the community despite COVID-19 restrictions. Both Lebanon and Syria need additional support to expand community-based health initiatives, including establishing additional community centres that focus on community mobilization and resilience.

Restoring education

Measures specifically linked to restoring access to education for girls and boys due to COVID-19

Supplementary funds requested: **\$55 million**

Situation analysis

The impact of school closures on learning

The COVID-19 pandemic led to school closures impacting the education of 1.6 billion learners in 150 countries. Closures affected refugee and host community children in similar numbers, with UNHCR estimating that 91% of refugees enrolled in formal education programmes have been impacted by closures. IDPs also face challenges in enrolling their children in schools, due often to a lack of civil documentation and/or discrimination. In spite

of the introduction of emergency distance learning modalities by many governments, refugee children and youth have often been unable to benefit fully from these initiatives, as they lack the necessary hardware and connectivity, and in some countries they live in areas not reached by radio and television broadcasts. Levels of literacy in the language of instruction also limit the extent to which parents are able to assist and support children learning at home.

Full and partial school closures have resulted in the loss of a full academic year in some countries. In many others, the pace of learning has slowed for those not in key examination grades, and levels of reading, writing and mathematics are likely to decline. Of the 1.8 million refugee children impacted by school closures in 31 countries, less than 45% were able to access distance or home-based learning⁷. This means they risk falling further behind, particularly as school closures have also disrupted support services such as extra tuition and language classes. In addition, 260 million children are missing out on school meals globally, a number which includes forcibly displaced children, and the suspension of school feeding programmes will affect their nutrition and health status.

Increased dropouts and the generational impact of COVID-19

Of the 20.4 million refugees under UNHCR's mandate, an estimated 7.4 million are of school age. Even before the pandemic 48% of refugee children were out of school, with this number set to rise as children fail to return to school, are unable to pass examinations, or drop out due to economic pressures or early marriage and pregnancy. Lessons drawn from other pandemic responses that included extended school closures have shown that girls are less likely to return to school and are at greater risk of falling behind. Data modelling by UNHCR and the Malala Fund estimate that 50% of all girls enrolled in secondary education could drop out, rising to 100% where current enrolment is below 10%.

As schools begin to re-open and students return to school, significant investments are needed in school infrastructure to allow them to operate in accordance with recommended hygiene and safety guidelines, for infection control and prevention. Many refugee-hosting schools lack basic cleaning supplies and have

insufficient handwashing stations. Overcrowded classrooms also make it difficult to implement physical distancing protocols. UNHCR data collected from schools in refugees camps and settlements showed that 13% of refugee-hosting schools do not have sanitation services at all, and around 20% do not have handwashing facilities or access to water. Fear of contagion, particularly in settings without adequate WASH facilities, lead parents to keep their children away from school.

Globally, the World Bank suggests a potential loss of \$480 billion in lifetime wages due to learning losses. These losses in earning potential will also be reflected amongst refugee populations. Disruptions to higher education programmes, increased drop out and failure to complete full education cycles at primary and secondary level will have devastating long-term implications for the resilience and earning potential of refugee communities.

UNHCR's overall response focuses on three main areas. Firstly, engaging with national planning and preparedness, and focusing on including refugees in the national response. This also involves putting in place activities such as language support or re-broadcasting to ensure materials made available by host governments are accessible to refugees. Secondly, ensuring continued access to learning during school closures, including through radio broadcasts and connected education. A key aspect of this was continuing to pay teacher salaries and incentives to ensure that the education workforce are able to support children and their families as well as mitigating teacher attrition. Thirdly, working toward preparedness of schools, including putting in place WASH facilities and preparing teachers, students and communities to develop and use social distancing, phased return or other protocol options.

⁷ GHRP data.



An English teacher from the Ugandan host community visits South Sudanese primary school children in Tank 27, Omugo refugee settlement, to teach lessons through a home learning class to keep children engaged.

© UNHCR/Esther Ruth Mbabazi

Support for education will address the following key objectives and outcomes, which will be prioritized in 2021 beyond regular programming.

Support schools to reopen safely and operate in accordance with health protocols, including having adequate WASH facilities, cleaning materials and reusable face masks. UNHCR will also support schools to remain open where health conditions permit and mitigate the risk of spread of COVID-19 through increased access to health services and information campaigns.

Whilst schools are starting to reopen there is expected to be a phased return (e.g. in many countries schools are opening first for exam grades then will expand to others) and children are likely to have to blend school attendance with learning at home. UNHCR will help mitigate learning loss by expanding investments in online and offline distance

education, or alternative solutions, including remedial and catch up classes, along with ensuring refugee children have access to education support initiatives introduced locally. Work will also include a focus on remedial or catch up education, recognizing that refugee children are less likely than host children to have accessed remote learning during school closures.

Education activities should also be linked to financial support through unconditional cash grants for the most vulnerable. Recognizing that adolescent girls are the most vulnerable to drop out, put in place specific interventions which target them in a way which links to wider protection approaches.



PLANNED ACTIVITIES

Highlights from the field

Africa

The focus is on safe school operation (WASH rehabilitation, provision of PPE), and remedial programmes to make up lost learning time. As an example, in Burkina Faso, UNHCR will support distance learning for refugee, IDP and host community students, providing radios, solar lamps, school material and furniture, and capacity building for teachers in the Sahel region on COVID-19 prevention.

The Americas

Funding in the Bolivarian Republic of Venezuela will support back-to-school activities which are required both in terms of the post-COVID-19 re-opening of schools and as part of the overall emergency response to the Venezuela situation. In Guatemala, the operation plans to support online educational programmes and resources while lockdown continues; support safe reopening of schools

where possible; and increase WASH facilities in schools in key host communities to help prevent further COVID-19 outbreaks and provide training in hygiene and health in collaboration with the ministries of education and health.

In Asia and the Pacific

In Pakistan, the operation will support refugee village operate in accordance with government health protocols through the provision of PPE and hygiene material to teachers and students, allowing them to maintain a safe learning environment. Priority interventions will also include the provision of supplementary learning materials and distance learning solutions for refugee students; and construction/maintenance of classrooms and WASH facilities to expand the capacity of educational facilities accessed by refugees and host communities in line with government policy on social distancing.

Europe

Most countries are seeking to avoid complete cessation of schooling following initial hard lockdowns. The focus will be on refugee-hosting areas and facilities hosting asylum seekers, with the emphasis on continuation of translation support for parents engaging with schools and protection support.

Middle East and North Africa

Specific education gaps in Jordan include capacity building training for educators on e-learning methods to facilitate remote and blended teaching as well as the provision of equipment, electricity and connectivity of refugee students. The Ministry of Education also needs support with establishing multipurpose rooms in schools. These facilities will help support educators to prepare lessons in addition to serving as a resource for the provision of blended instruction. Remedial classes aligned with the curriculum (virtual or face to face) also continue to be a priority. UNHCR and partners will support the development of e-learning material including

teacher toolkits (building on the existing Learning Equality partnership) to support the provision of education in refugee and host communities.

In Egypt, with COVID-19, education related costs have further increased, as students are asked to access online learning resources. In 2021, UNHCR will expand support to education grants of 45,000 students to cover additional expenses related to e-learning. In Algeria, refugees and persons of concern who did not have access (or could not afford the costs) to either internet or the required hardware to access these services, were deprived of access to online education/learning opportunities. UNHCR will support in the access of refugee children and youth to online education/learning opportunities by establishing Wi-Fi connectivity in all UNHCR-rented apartments to allow refugee learners to access online courses; and provision of internet data packages to support access to online learning activities for those who are not accommodated in UNHCR apartments.

A Rohingya refugee and volunteer from Myanmar, shares information with women in her community in Kutupalong camp about services available for gender-based violence survivors.

© UNHCR/Hasib Zuberi



Promoting mental health and psychosocial well-being

Expanding mental health and psychosocial support services linked to increased prevalence of mental health issues related to COVID-19

Supplementary funds requested: **\$26 million**

Situation analysis

Increase in complex and severe mental health issues

The consequences of the prolonged COVID-19 pandemic, deteriorating socio-economic conditions, protracted displacement and the critical shortfall in solutions to displacement are leading to widespread despair among refugees. In the first six months of the pandemic, UNHCR and partners provided

more than a 321,000 people, including children, with mental health and psychosocial support services. Many more, however, are falling through the gaps with, pre-COVID-19, it being estimated one in five adults (22%) had a mental health condition, double the prevalence in non-refugees.⁸

⁸ Charlson, F., et al. (2019): New WHO prevalence estimates of mental disorders in conflict settings ([link](#)). The Lancet, 394(10194), 240-248.

Alarming, some field reports have pointed to a rise in suicide attempts since the onset of the pandemic, including among those living in protracted situations of displacement. For example, the number of suicide attempts among refugees in Uganda increased significantly with 210 attempts reported this year compared to 129 last year. In Lebanon, calls to the UNHCR National Call Center from refugees thinking about suicide or self-harm also increased in the past few months, and in Greece, self-harm attempts were increasingly reported in the UNHCR Samos Protection Helpline during the second COVID-19 lockdown.

A rise in protection risks

The shortfall in assistance and the inability of people of concern to provide for themselves and for their families due to restrictions have resulted in a large part of the population engaging in negative coping mechanisms, with increased incidences of gender-based violence and child protection concerns. Refugees with severe and complex mental health conditions face increased protection concerns and may be subject to neglect and abuse in institution and community settings. In Iraq, for example, 73% of IDPs surveyed in camps and 57% in urban and rural areas reported that the severity of protection issues affecting communities in general increased since the beginning of the pandemic

Mental health and psychosocial support in UNHCR

The need to provide mental health and psychosocial support services (MHPSS) to displaced populations was critical before the pandemic and is historically a severely under-resourced issue. UNHCR integrates MHPSS within its health, protection and education work. However more support is required to sustain and boost these programmes given increased needs, and given the increased focus—operational, media, and from key donors and other stakeholders—and understanding of the issue.⁹

UNHCR's MHPSS response to COVID-19

The COVID-19 pandemic and associated issues related to livelihoods, social cohesion, access to services and domestic violence mean UNHCR has reinforced its focus on MHPSS and adapted its modalities to assist those forcibly displaced through:

- Community messaging to adults and children about coping with distress
- Training first responders in psychological first aid and basic psychosocial skills
- Providing psychological support through helplines
- Increasing capacity to provide psychological therapies for refugees
- Ensuring continuous care for persons with severe mental health conditions
- Ensuring that people with severe protection risks continue to receive psychosocial support
- Attention for mental health and wellbeing of refugees supporting others in their community

⁹ UNHCR (2013) Operational Guidance for Mental Health and Psychosocial Support Programming in Refugee Operations ([link](#)); UNHCR (2018) Mental health and psychosocial support in UNHCR Emergency Handbook ([link](#)); UNHCR (2019) UNHCR's approach to mental health and psychosocial support in displacement ([link](#))



Support for MHPSS will address the following key objectives and outcomes, which will be prioritized in 2021 beyond regular programming.

- ▶ Training first line responders, including community outreach volunteers, community health workers and protection first responders in assisting people in distress, using tools such as [Basic Psychosocial Skills for COVID responders](#) or [Psychological First Aid](#). Training and supervision requires competent staff, usually through an MHPSS partner or Ministry of Health.
- ▶ Strengthening MHPSS within protection programmes to improve protection outcomes such as building/sustaining MHPSS capacity in case management, and integrating MHPSS aspects throughout the work in community-based protection, GBV and child protection.¹³
- ▶ Establishing brief psychological interventions such as [Problem Management Plus](#) or [Interpersonal Therapy for Depression](#). Providers can be social workers, psychologists, community volunteers or nurses, who can be based within health facilities or in community. These interventions can be integrated in health or protection programmes or implemented by dedicated MHPSS partners.
- ▶ Strengthening identification and management of mental health conditions within general health care using the [mhGAP Humanitarian Intervention Guide](#). PPAs for delivery of primary health care must include a mental health component. General health workers (nurses, doctors) can be trained and regularly supervised by mental health professionals in coordination with ministries of health.
- ▶ Assisting people with severe or complex mental health conditions usually requires a dedicated MHPSS partner or deployment of (part time) mental health specialist (psychiatric nurse, psychiatric clinical officer or psychiatrist) within a general health care setting.
- ▶ Integrating [MHPSS and social and emotional learning](#) in refugee education programmes.

¹³ Global Protection Cluster, (2020), [MHPSS and protection outcomes: Why joint action to improve mental health and psychosocial wellbeing of people affected by conflict, violence and disasters should be a priority for all protection actors](#) - Policy Discussion Paper



© UNHCR/Lilly Carlisle

Manar Bashara is a Jordanian psychologist at the mental health clinic in Azraq refugee camp. Every day she sees around five patients to provide support and counselling.

PLANNED ACTIVITIES

Highlights from the field

Africa

The main focus across operations is on capacity-building and community support. In Republic of Congo, where the pandemic has compounded mental health issues which were already complicated by food security, UNHCR will bolster access to MHPSS through training health and mental health care workers, strengthening case detection and management through integrating mental health and psychosocial services into primary health care systems and improving the mental health referral services for both mild and severe conditions.

Similarly, in other resource-constrained settings such as in the Democratic Republic of the Congo, community-based identification and emergency management can be set up by training existing community health promoters. With appropriate training and supervision, community-based structures can become hubs for MHPSS while more specialized institutions have a role in training, supervision and

management of people with complex mental health conditions.

In Niger, MHPSS activities will focus on strengthening community support and support to help people cope with the additional stress related to the COVID-19 pandemic and the delay in resettlement programmes, while in the United Republic of Tanzania, mental health integration in general health services will be strengthened through capacity building. A specialized partner will provide community-based MHPSS services, including Interpersonal Therapy for Depression through national psychologists and community psychosocial workers.

The Americas

MHPSS was already an under-resourced area of humanitarian assistance. UNHCR will strengthen MHPSS components within protection programmes and support partners (NGOs and government) and promote

access to services. For example in Peru, UNHCR will strengthen MHPSS, scaling up the provision of MHPSS through dedicated hotlines implemented by specialized partners; strengthening the capacity of local community actors and community outreach workers on psychosocial support and methods to enhance social cohesion among refugees, migrants and host communities; and implementing solidarity initiatives identified by the communities themselves, seeking to reduce negative psychosocial effects related to isolation.

Asia and the Pacific

Afghan refugees in Pakistan with specific needs (including for mental health and psychosocial support) in refugee villages and urban areas will be prioritized, with a focus on social protection and promoting access of refugees and members of host communities to services including MHPSS. For example, UNHCR will cooperate with government and other partners to integrate MHPSS services in the health care system through increased training and supervision of staff in clinics as well for community health workers, village health committees and Shura and through strengthening community based protection networks and provision of psychological first aid.

Europe

The pandemic resulted in an increased prevalence of mental health issues, particularly for people of concern in reception centers, and particularly where movement in and out is restricted. In Greece, UNHCR plans to strengthen support activities, including remote support to people in the community through the Psychosocial Support helpline and community psychosocial workers. Support to State authorities aiming at the timely identification of people with mental health issues for their appropriate referral to state health services will be a key priority. Emergency support to asylum seekers and refugees and liaison with mental health actors for their referral for long-term care to the mental health services will continue.

Middle East and North Africa

In Algeria, UNHCR has witnessed an increase in family disputes, domestic violence, gender-based violence, and threats to self-harm and harm to others in urban areas. To help address these needs, UNHCR will continue remote psychological consultation services for people with pre-existing MHPSS conditions. In the Sahrawi refugee camps, where the concept of MHPSS is new, UNHCR will scale up interventions beyond health and education to sectors such as social affairs and youth.



© UNHCR/Louise Donovan

Exceptional activities linked to public health and social measures, and business continuity

Front-line health workers prepare for action in the newly opened UNHCR Severe Acute Respiratory Infection (SARI) Isolation and Treatment Centre.

Exceptional activities linked to public health and social measures, and business continuity

Supplementary funds requested: **\$104 million**

Situation analysis

Exceptional health, WASH, and shelter activities: **\$49 million**

With access and support to public health programmes critical to pandemic response efforts, UNHCR will continue to support the inclusion of people of concern into national health services and response plans and strategies, including into health insurance schemes. With disease prevention hinging on firmly entrenched physical distancing and WASH practices, work will continue on the provision of such services in refugee, IDP and host community settings. In 2021 UNHCR will

continue to support the provision of strengthening the WASH services as well as its community outreach on hygiene best practices across its operations.

Refugees and IDPs often live in densely populated areas with inadequate housing, living conditions that compromise health outcomes and increase protection risks (including risks of gender-based violence) and making refugees and IDPs particularly

vulnerable to the virus. In emergency situations, and in new displacement situations, UNHCR will improve living conditions through repairing, upgrading and extended existing shelter to reduce density, and provide options for the most vulnerable. A focus will be on those living in temporary collective accommodation where they are most vulnerable.

An example of what this looks like comes from Northern and Central America. UNHCR will support the rehabilitation of health facilities in communities, and support local shelters and communal facilities with equipment and material to continue the response for people of concern, enhance COVID-19 prevention measures, identify alternative spaces to decongest the shelters, and ensure existing shelters are maintained.

Vaccine administration and support, essential stockpile, and future outbreak response: \$50 million

Vaccination will hopefully be an important tool to increasingly control the pandemic in 2021. UNHCR is committed to the COVAX allocation principles and will continue to advocate globally, regionally and at country level to ensure people of concern are included in national vaccination plans and roll outs and that, where necessary, external funding is made available to support this.

In many settings, UNHCR may be required to support the national system in the administration of vaccines. This might include supporting cold chain in refugee settings, transportation, ensuring the availability of trained staff and facilities where vaccinations will be administered, and supporting communication with communities in line with government messages. It has been estimated by WHO that the cost of delivering vaccine to each individual, excluding the cost of the vaccine itself, will be approximately \$10 per person.

Despite the very promising and recent developments with the availability of vaccines, the most effective responses to the pandemic are the availability of personal protective equipment (PPE), testing for COVID-19, and physical distancing. UNHCR will maintain a small global stockpile of key items and reserve transport and related requirements (insurance, inspection, clearance and demurrage) to

respond rapidly to needs and safeguard against the ongoing shortage of PPE and instability of the global markets.

Countries have made significant progress in COVID-19 preparedness. UNHCR operations and health partners have done tremendous work to strengthen existing health programmes to ensure the continuation of primary health services and life-saving secondary health care, including for non-communicable diseases, maternal and child health, HIV, TB and mental health and psychosocial support. Gaps do remain at national and subnational levels, however. Whilst countries will continue to mainstream preparedness and response within public health programming, UNHCR will need to respond to situations where the transmission of COVID-19 increases rapidly and existing health response capacity is exceeded. This would require further rapid scale up of medical response capacity such as set up of additional COVID 19 isolation and treatment centers, further strengthening existing health facilities to absorb the additional patient load while maintaining quality of care.

An Afghan refugee returnee uses a handwashing station, installed to prevent COVID-19 transmission in Sheikh Misri New Township, Nangarhar province, Afghanistan.



Moreover, continuation of access to health support is essential to prevent deaths and respond to the needs of women, girls, men and boys. Support to national health systems such as integrating refugee health services into the national system, supporting access to health services for host populations and support to referral hospitals will be undertaken. Additionally, support will be provided to refugees to be able to enroll in national health insurance schemes and Recruiting and training additional health workers, further increasing the resilience of and engaging communities actively in social preventive measures by scaling up the

community health workforce have also been identified as operational priorities.

Ensuring business continuity: \$5 million

UNHCR anticipates that COVID-19 will have negative impacts on its operations through most of 2021 given the challenges implicit in a global rollout of vaccines. UNHCR will continue to invest in ensuring business continuity in 2021, including IT solutions to facilitate teleworking, and measures to ensure the health and well-being of staff members.



© UNHCR/Santiago Arcos

Ministry of Health doctors carry out COVID-19 tests on staff, refugees and host community women at the Hogar de Nazaret women's shelter in the port city of Guayaquil, Ecuador.

Partnerships

The pandemic has underscored the need to enhance and diversify partnerships in line with the Global Compact on Refugees. The aim of forging new partnerships has been to ensure inclusion of refugees in national health and socio-economic responses where possible and to capacitate others to take targeted action to prevent, respond to and mitigate the impact of the pandemic on forcibly displaced and stateless populations where necessary.

In April 2020, UNHCR was the first UN agency to issue new guidelines to implementing partners allowing them greater flexibility to make discretionary budget allocations and reducing reporting requirements. UNHCR also issued guidance to operations to accelerate the release of financial installments and allowed partners to charge the UNHCR projects for costs already incurred in respect of activities that could not be completed due to the pandemic such as social distancing measures or travel restrictions. Weekly online consultations harmonized approaches and

allowed for real-time exchange of information. Faith-based organizations collaborated with UNHCR in a global campaign to evidence and promote their role in providing psychosocial support for persons of concern since the start of the COVID-19 pandemic.

By the closure of the 2020 accounts in March/April 2021, UNHCR expects to have disbursed between \$1.3-\$1.4 billion to local, national, and international NGOs. This includes both funding specifically earmarked for COVID-19 activities as well as funding towards other activities as many of UNHCR's partners provide support for key services such as protection monitoring, GBV, child protection and health, all of which are critical components of the pandemic response. Furthermore, UNHCR has allocated 19% to partners through new COVID-19 activities, and many existing agreements will incorporate more flexible measures such as those which enabled the pandemic response in 2020.

In addition to its traditional partnerships, UNHCR increasingly relied on local actors and tried to capacitate frontline workers, including refugee-led organizations. One example of an innovative practice is the Prevention of Sexual Exploitation and Abuse (PSEA) Community Outreach and Communications Fund, which UNHCR set up in partnership with ICVA, and which supports frontline responders and civil society organizations to strengthen community awareness of SEA issues and ensure beneficiaries have access to reporting channels. The Fund drew on lessons from the Ebola response, which showed sexual exploitation and abuse increases during a pandemic. The initiative generated unprecedented interest, with over 1,600 applications for funding submitted. Eligible applications were reviewed by an expert interagency group that included IOM, Oxfam, UNICEF, Translators without Borders, and the Communicating with Disaster Affected Communities Network, in addition to UNHCR and ICVA. The first grants were allocated to projects aimed at reaching groups at heightened risk, including women and girls with disabilities, minorities with different sexual orientation and gender identities, and geographically isolated communities.

In addition to the new PSEA Fund, in August UNHCR launched an innovation award focusing on refugee-led organizations to assist them in reaching their communities and providing them with financial support to continue to develop projects that had been launched to mitigate the effects of COVID-19.

Beyond funding, the Global Youth Advisory Council (GYAC), with the support of UNHCR and the Women's Refugee Commission, have also coordinated with young refugees and IDPs to share verified information around COVID-19 and leadership, training and capacity building resources for youth. GYAC further started a #ForYou campaign to highlight contributions of refugees and other forcibly displaced persons in the frontline of

COVID-19 responses in line with its pledge made at the 2019 Global Refugee Forum.

In May 2020, UNHCR signed a new MOU with the WHO to strengthen and advance public health services, including combatting COVID-19. UNHCR also signed up to the WHO-run Solidarity Fund and received an initial \$10 million specifically to help country offices ensure risk communication reached refugees. An innovative 'Blueprint' initiated in 2020 with UNICEF will accelerate joint efforts under a transformational agenda in line with the Global Compact on Refugees, focused on promoting and protecting the rights of refugee children and the communities that host them through supporting their inclusion and access to services. Starting in more than ten countries which host 20% of the world's refugee population, the Blueprint will see intensified collaboration between UNICEF and UNHCR to ensure access to essential services such as education, clean water, sanitation and hygiene, and strengthen the national systems that deliver these services.

To ensure a stronger focus on national first responders, UNHCR also signed a new MOU with IFRC, with specific provision on better cooperation with national Red Cross/Red Crescent societies and UNHCR country offices. Building on these relationships, and as vaccines become available, UNHCR and Gavi, the Vaccine Alliance, are also concluding an MOU which will be signed in January 2020, with the overall goal of ensuring refugees and other forcibly displaced can access vaccines on par with nationals. There are many lessons to learn on the partnership front from the experience of 2020. The ambitious reform of project partner management will continue, and the new partnerships that have been formed will be cemented. Given the increased socioeconomic pressure on refugees and hosts, UNHCR will rely on partnerships with international financial institutions to continue to support refugee-hosting countries to enable them to include the forcibly displaced in their response, including in more equitable social safety net programmes.

The Global Compact on Refugees is more applicable today than ever before. It provides [the tools](#) for a whole-of-society response to the immediate and longer-term impacts of the pandemic for displaced and stateless populations. Of particular relevance to this supplementary appeal, it promotes the use of cash assistance in appropriate circumstances, supports access to livelihoods, education and health and psychosocial support, and takes a strong position on preventing and responding to gender-based violence.

The Global Refugee Forum held in December 2019, in support of the Global Compact, generated an historic set of commitments from Member States that can also support the response to the pandemic. For example, Azerbaijan, Costa Rica, Djibouti, Mexico, Mauritania, Malawi, Montenegro, and Uganda, among others committed to universal access to health care and to including refugees in

their national health systems. These are remarkable commitments that require and deserve the support of the international community, whilst supporting UNHCR with the needed resources to strengthen its catalytic role.

UNHCR has identified [pledges](#) made at the Forum directly relevant to those key COVID-19-related activities and collaborated with pledging entities to find ways to accelerate their implementation and/or adapt their scope to overcome challenges in the ground. For example, with the support of UNHCR in matching the Government of Malawi's pledge to include refugees in its National Development Agenda and the financial pledge by the Global Partnership for Education, the Government was able to benefit from a \$10 million grant and adapt its pledge and include refugees in its COVID-19 education response.



A UNHCR staff member makes flowers with adolescent girls at the Naf Adolescent Club in Kutupalong settlement, Cox's Bazar, Bangladesh.

© UNHCR/Vincent Tremeanu



UNHCR
P.O. Box 2500
1211 Geneva 2
Switzerland

For information and inquiries
please contact:
DRRM
hqfr00@unhcr.org
HQGARS@unhcr.org

