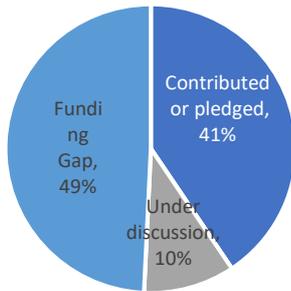


## Financial requirements

### USD 255M

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



### Total contributed or pledged:

### USD 103.5M

United States \$64M  
 Japan \$23.9M  
 UN CERF \$6.9M  
 European Union \$6.2M  
 Canada \$1.8M  
 Private donors \$0.7M  
 (among them España con ACNUR \$0.3M)

### Unearmarked contributions:

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Switzerland 16.4M | Private donors Spain 13.2M

*Contributed without restrictions on its use, unearmarked funding allows UNHCR critical flexibility in how best to reach refugees and other populations of concern who are in the greatest need and at the greatest risk.*

**204** countries with confirmed COVID cases

**96** countries hosting persons of concern impacted

Figures as of 31 March, 2020

## UNHCR COVID-19 Preparedness and Response

### Highlights

- Following the declaration of a global pandemic by WHO on 11 March 2020, UNHCR declared a Global Level 2 Emergency for the COVID-19 situation on 25 March 2020, activating emergency procurement procedures, simplified partner selection processes and giving country teams maximum flexibility in providing assistance.
- While UNHCR is preparing and scaling-up its readiness and response in all countries with persons of concern (PoC), particular attention is given to situations where the pandemic is 'an emergency on top of an emergency'; among them Bangladesh, DRC, Iraq, the Sahel, South Sudan, Syria, Yemen, and the Venezuela situation.

### Global Overview

Over 80% of the world's refugee population and nearly all of the world's internally displaced people (IDPs) are hosted in low to middle-income countries, many of which have weaker health and water, sanitation and hygiene (WASH) systems. Many refugees and IDPs live in camps or similar settings, or in poorer urban areas with limited public health facilities. They face specific challenges and vulnerabilities that must be taken into consideration when planning for COVID-19 readiness and response operations. While so far only few cases of COVID-19 have been reported among refugees and IDPs, there is a serious risk of the virus spreading rapidly across these communities.

Drawing on extensive experience in responding to emergencies, UNHCR is closely collaborating and advocating with Governments to ensure that PoC to the organization are included in national COVID-19 preparedness and response plans, including efforts to address the growing stigmatization and misinformation.

UNHCR is focusing on protecting all forcibly displaced populations, prioritizing situations and contexts – formal and informal – with large populations of refugees, IDPs, stateless persons and other PoC by ensuring that systems and services are shored up, reinforced and can be quickly adapted. Immediate interventions to prevent infections are prioritized, including increasing the distribution of shelter material, core relief items, such as jerry cans, as well as WASH materials.

UNHCR ensures accountability to affected people by scaling up communication with existing and strengthened community networks, offering guidance and fact-based information on prevention measures, such as handwashing, social distancing, and where to access healthcare services. Cash-based assistance is used as a quick and efficient means of providing people with support, thereby empowering families to make the best decisions on how to care for themselves.

## UNHCR Response

### Progress to date and Impact

- Where mobile networks and/or internet connectivity allow, operations are putting in place systems to enable continuation of remote registration and refugee status determination (RSD) processes.
- UNHCR operations in many countries have already begun procurement of personal protective equipment (PPE), hygiene materials and medical items where needed, to support PoC and also support host countries in terms of reinforcing their medical facilities and equipment.
- UNHCR operations are providing information in multiple formats and local languages to address the needs of particularly vulnerable people, among them older people and people with pre-existing conditions that are particularly susceptible to COVID-19.

### Gaps and Challenges

- Border closures may affect the ability of asylum-seekers to access protection and assistance. On 19 March, UNHCR issued a [statement](#) highlighting this challenge.
- Travel and movement restrictions in many countries are affecting the access of humanitarian actors to people in need.
- Overcrowded camps, and densely populated urban areas, where many PoC live, make social distancing difficult and access to water points can be challenging.
- PoC to UNHCR are often vulnerable to economic shocks and face immediate effects on livelihoods, access to education, and ability to meet basic food and shelter costs.



#### Public Health

COVID-19 is first and foremost a public health crisis, and within that crisis, refugees and other forcibly displaced populations are

at greater risk as the pandemic evolves. Barriers to accessing national health services due to exclusion from public health care, high costs and administrative hurdles, as well as overburdened health services in camps and similar settings, may hamper the early detection, testing, diagnosis and care of refugees and other forcibly displaced populations. To address these issues, UNHCR works with Ministries of Health in affected countries and WHO to ensure refugees and other displaced people are included in national surveillance, response and planning activities for COVID-19. In addition, UNHCR operations provide PPE for health workers, renovate and enhance health facilities to reduce congestion and identify or construct isolation and case management facilities.



#### Protection

The restrictions on movement introduced to prevent the spread of the virus could lead to unprecedented challenges for the refugee protection

regime, such as the closure of avenues to asylum or people being forced to return to situations of danger. Maintaining continuity and quality in the delivery of essential assistance and services, including protection services, in the face of these restrictions requires innovative mechanisms and established networks within communities of PoC, as well as host communities. Many operations have strengthened communication with communities and already introduced innovative measures for remote protection monitoring, RSD and remote case management and are now working fully remotely or in a phased manner. Several external and internal guidelines have been developed to train UNHCR personnel in remote registration and RSD, such as the remote participation of interpreters in interviews.



### Education

Many States have announced or already introduced school closures due to COVID-19. In view of the suspension of educational institutions in several countries, UNHCR is assessing alternative educational opportunities and distance-learning measures in coordination with national governments to ensure that refugees, IDPs and returnees can continue their education. This includes, inter alia, the development of a platform for teachers and parents to host all connected education tools and learning materials that have been developed by UNHCR and implementing partners in the last years.



### WASH

To slow down the spread of the virus, access to WASH services in the areas affected by COVID-19 is key. As well as reinforcing outreach campaigns and communication with communities on prevention, social distancing and general hygiene practices, UNHCR is also working with partners to enhance water and sanitation capacities at hospitals, clinics, reception and transit facilities, schools and other communal facilities. These include handwashing facilities, enhanced water supply, sanitation as well as adapted management of medical waste.



### Shelter

Since overcrowded shelters pose a major risk for the spread of COVID-19, UNHCR has undertaken measures to fast-track expanded shelters and is in the process of improving the quality of existing shelters in key locations. In Iraq, for example, distribution of critical assistance in camps has been changed to a tent-to-tent modality to avoid large gatherings and food rations have been increased to reduce the frequency of the visits to the tents.



### Cash-based Interventions

Cash-based assistance will be used as a quick and efficient means of getting assistance to people during COVID-19, for example in Afghanistan, where UNHCR is utilizing 'mobile money' wallets for cash distribution to vulnerable asylum-seekers and refugees. Cash will be particularly useful in enabling people to make necessary purchases such as rent/food or other basic needs in case of a lockdown, mitigating some of the negative socio-economic impact of COVID-19 on families and communities.

## Updates from Regional Bureaux

### Middle East and North Africa

National health systems across MENA continue to be the primary responders to the needs of all recognized refugees but there are serious concerns that the potential impact of the virus will be magnified in conflict-affected countries including Syria, Yemen and Libya. The situation in camps and informal settlements or congested areas is also of concern, including adequate water, sanitation, and shelter, as well as provision of medical assistance.

UNHCR's access to PoC is limited due to travel and movement restrictions and measures as a result of the COVID-19 outbreak. Registration, RSD and resettlement interviews have been reduced or suspended in various operations.

### Asia & the Pacific

Due to lack of testing facilities, limited health services and the approaching cyclone and monsoon season, the spread of the virus could have a serious impact on PoC in Bangladesh. The inter-agency COVID-19 preparedness and response plan is updated on a rolling basis and UNHCR has undertaken key preparedness activities as part of inter-agency efforts, including risk communication and community engagement messaging. Within the available resources, UNHCR was able to carry out immediate supply of sanitation and hygiene items and has re-prioritized activities for initial COVID-19 assistance but will rely on additional funding for further deviation.



Although the nearly one million refugees in Iran have access to the same health services as the host community and are covered under the national health care system, hospitals and health centers are struggling to cope with the extremely high number of people who need urgent assistance due to COVID-19.

To support the COVID-19 response in the Islamic Republic of Iran, UNHCR has airlifted some 4.4 tonnes of much needed medical aid items.

### West and Central Africa

Most PoC to UNHCR in West Africa live in overcrowded communities, in poor shelter conditions in camps and settlements in remote areas, with already overstretched health and WASH systems. In most of the countries in the region, PoC have access to national health services. However, major gaps exist in the region, including a limited number of trained health personnel in emergency response, case detection management particularly in remote areas hosting refugees and IDPs. In addition, the health situation is already fragile, characterized by the persistence of diseases such as malaria, measles and diarrhea.

Cash-based Interventions and communication with communities is being enhanced to share information about COVID-19 addressing some of the rumors and myths. In addition, UNHCR is reviewing the Ebola crisis response across the region to identify and articulate lessons learned and best practices to inform our response to this new emergency. Previous epidemics illustrate the value of engaging with women, including refugee women and girls when communicating about risks.

### East and Horn of Africa and Great Lakes

All governments in East Africa and the Horn have put in place quarantine measures and varying levels of social distancing to prevent the spread of the coronavirus, with government restrictions on travel and public activities continuing to change as the situation unfolds. In-person registration and RSD activities are suspended in several countries. UNHCR's PoC are included in most national preparedness and response plans.

The repatriation of Somali refugees from both Yemen and Kenya has been postponed. UNHCR is procuring PPE and other sanitary/medical items for camps in Eritrea and convened in Djibouti a virtual meeting with stakeholders and service providers to establish a SGBV individual case management committee, to ensure continuity in the context of COVID-19.

### Southern Africa

In the Southern Africa region, most refugees are accommodated in densely populated settlements or crowded urban areas or located in areas where it is difficult to obtain hygiene items or medical support. Some important activities have been postponed including voluntary repatriation from Angola and ROC to DRC as well as from ROC to Central African Republic.

In close coordination with governments and partners, UNHCR is establishing community-based surveillance, protection monitoring and reporting networks in refugee camps and urban areas to mitigate potential protection risks for PoC. UNHCR is also increasing the provision of primary and secondary health care and infection prevention in health facilities.



### Americas



refugees and other PoC facing risks of eviction, loss of income and lack of shelter.

UNHCR is currently assessing the scope and impact of the new border measures introduced to contain COVID-19 and is coordinating joint contingency planning exercises with partners including the extension of shelters. The management of shelters is increasingly challenging, with greater demand for safe spaces as people continue to arrive irregularly or lose their jobs and homes and many service providers close their doors. UNHCR hotlines in various countries report that anxiety is rising among

### Europe

Access to territory, including through resettlement, is widely affected by border closures, travel and entry ban across Europe. A few states have adopted measures, such as health screenings and quarantining to continue a level of access to territory for people seeking international protection. Several countries in Europe have implemented preventive measures in reception centers, such as information provision on social distancing, hygiene promotion, and use of sanitizers.

UNHCR is supporting preparedness, prevention and response measures in Greece, upon request of the government, in particular to prevent a potential outbreak in the reception centers on the islands. Critical cash-based interventions are under consideration to facilitate continued support to the most vulnerable while maintaining social distancing.

## Coordination and partnerships

With WHO as the designated UN coordinator for the global COVID-19 response, UNHCR is leading the COVID-19 response in countries where there is a refugee response plan or a refugee and migrant response plan (together with IOM), in close coordination with WHO. UNHCR is supporting government efforts and coordinating their response with a range of stakeholders, including UN agencies, NGO partners, humanitarian and development organizations, civil society and the private sector.

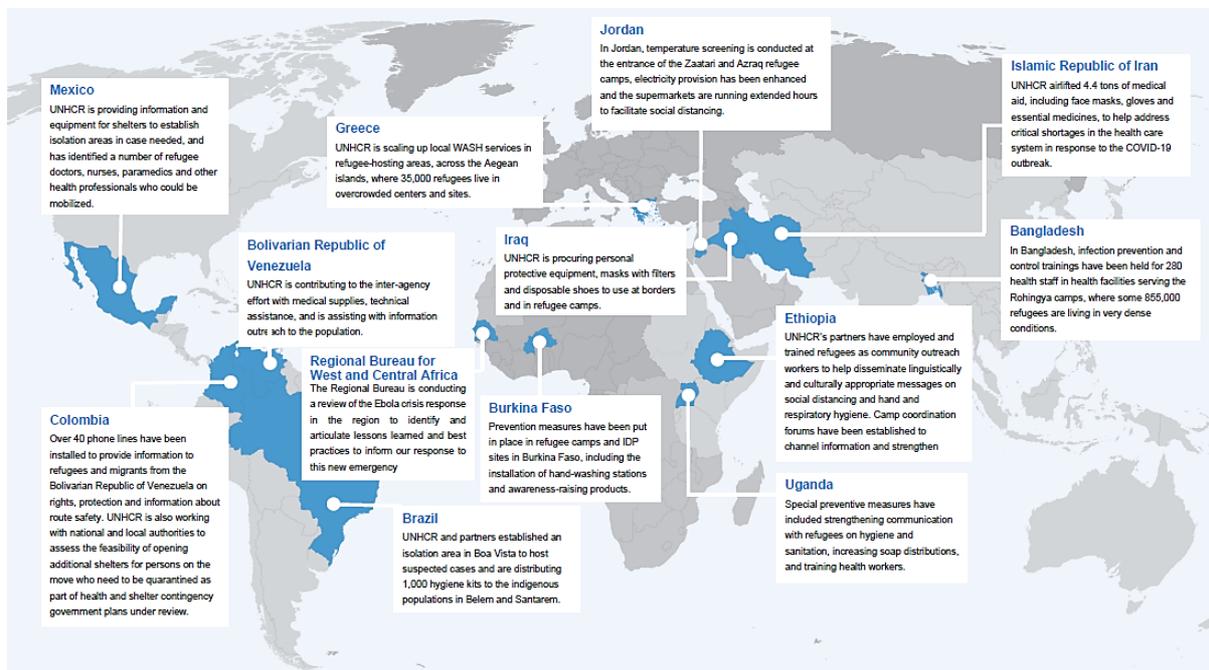
UNHCR is working with partners and supporting government efforts to 'flatten the curve' of COVID-19 transmission, advocating that all PoC should be included in national COVID-19 surveillance and response planning and activities. In contexts where there are existing Humanitarian Response Plans or Refugee Response Plans, humanitarian coordination on COVID-19 is taking place within existing coordination mechanisms.

UNHCR along with other agencies have issued or contributed to IASC COVID-19 guidelines, for example on delivering humanitarian assistance in camps and camp-like settings.

## Workforce and capacities

Ensuring the safety of UNHCR's workforce and partners, through which UNHCR delivers critical protection and assistance and which face many of the same challenges, is constantly being factored in to UNHCR's engagement. UNHCR has introduced teleworking for many operations with only a reduced physical presence of essential personnel in the offices. Teleworking will be expanded as the operational context and practical circumstances require. Where travel restrictions were introduced, R&R for international personnel will be delayed. UNHCR has also established modalities of work in the essential, critical, and lockdown phases and also methods by which essential and critical services should be maintained as access to camps becomes more restricted.

## Country Specific Examples



## Financial Information

On 25 March, the UN Secretary General launched the COVID-19 Global Humanitarian Response Plan (GHRP). UNHCR seeks USD 255 million to boost preparedness, prevention and response activities to address the immediate public health needs of refugees and host communities prompted by the spread of COVID-19. More detailed information on UNHCR requirements within the GHRP was shared in a revision of the 10 March initial UNHCR appeal, which is available through the below link. The amount presented in the appeal does not represent the magnitude of UNHCR's engagement to support governments' efforts in responding to COVID-19 pandemic. This is a fast-moving situation and UNHCR is also looking at reprioritizing certain activities in operations. The full amount of UNHCR's operational engagement will be updated as required.

## Contact

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## Links

Global Humanitarian Response Plan COVID-19 (launched 25 March 2020):  
<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

Coronavirus emergency appeal – UNHCR's preparedness and response plan (revised 27 March 2020):  
<http://reporting.unhcr.org/sites/default/files/COVID-19%20appeal%20-%20REVISED%20-%20FINAL.pdf>