UNHCR COVID-19 Preparedness and Response

Highlights

- As of 10 May, over 3.8 million COVID-19 cases have been confirmed, with the United States and European countries most affected. Several country operations have reported cases of COVID-19 among persons of concern, but so far, the number of cases remains low with no reported sustained transmission in high-density refugee or internally displaced areas.

- Last week, over 1 million masks were delivered to Bangladesh, Kenya, Uganda, Greece and Iran, while a shipment to DRC is expected this week. One million pairs of gloves are ready for shipping to Djibouti, Chad and Cameroon. UNHCR organized airlifts to Bangladesh, Greece, Kenya, Uganda and Iran, with a total of over 6 tons of personal protective equipment and medical supplies.

- On 7 May, the first revision to the COVID-19 Global Humanitarian Response Plan was launched, with briefings from UNHCR, OCHA, WHO, WFP and Oxfam principals, seeking USD 6.7 billion through December 2020.

- UNHCR joined WHO and other key agencies in drafting the IASC Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings.

- Together with several organisations, UNHCR developed the IASC Interim Technical Note on Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response.
Global Overview
Throughout its response to the COVID-19 pandemic, UNHCR has put the people it serves at the centre of its response with full participation in prevention and response activities. With restrictions on movements and access to refugees, asylum-seekers, internally displaced people and stateless persons across the globe, UNHCR field operations are leveraging new technology and expanding partnerships with community leaders, influencers and volunteers through a community-based protection approach to ensure continued participation, inclusion, communication, feedback and response. Many of the people served by UNHCR have stepped forward to offer their support: refugee leaders and volunteers are playing a crucial role as important first responders by demonstrating handwashing and physical distancing, and helping to distribute posters, soap and other essential items. Refugees and internally displaced people produce soap and personal protective equipment, cook free meals for health workers, occupy information centres and participate in massive volunteer work in their host communities. Those with medical qualifications are involved globally.

While some COVID-19 response initiatives by refugees and internally displaced people are thriving and supporting communities, many persons of concern are facing a severe economic crisis due to the pandemic. As COVID-19 spreads, millions of people, including refugees and internally displaced people, who depend on informal work are being plunged into poverty, which will worsen if restrictions on freedom of movement continue to make such work unprofitable. Rent and food bills are becoming increasingly difficult to pay. As an example, in one country in the Middle East, the number of refugees who have received threats of evictions has risen from 5% prior to the pandemic to 40% in April. Several refugees also report that they do not have enough food, which limits consumption. Basic health systems, which have already struggled, will come under additional pressure. UNHCR operations continue to expand livelihood opportunities and cash assistance to mitigate the negative socio-economic impact of COVID-19 on persons of concern.

UNHCR Response
Progress to date and Impact
- Across all major refugee operations and despite challenges, UNHCR is working to provide emergency assistance including shelter spaces and the inclusion of refugees in national public health responses, in social safety nets and any assistance plans.
- In response to the socio-economic impact of COVID-19, UNHCR has expanded its cash-based interventions across all regions.

Gaps and Challenges
- The crisis has exacerbated already dire humanitarian needs globally. Timely and flexible support from governments, private sector and individuals for ongoing humanitarian operations remains critical.
- There are reported incidents of xenophobia, stigmatization and, in few cases, targeted attacks against persons of concern.
**Strengthen protection and community engagement**

Several worrying protection trends are emerging, especially in countries with ongoing conflicts, such as in Syria, Lake Chad Basin and in many other operations, with a spike of armed clashes in March. Vulnerable groups, among them children and survivors of gender-based violence (GBV) are particularly affected since they have fewer ways to cope with the situation. According to WHO, up to 1 billion children were affected by some form of violence or neglect last year, making them particularly vulnerable to this crisis. In addition, according to the UN Policy Brief of the Impact of COVID-19 on children, 42-66 million children are likely to meet the criteria for living in extreme poverty as a result of this crisis. The risks of GBV are increasing, since survivors are often stuck in the same space as their perpetrators and access to survivors is challenging due to the restrictions of movement. Protection clusters are providing cash to support protection objectives, e.g. in Yemen and Myanmar, by directly linking it to case management and identifying those most in need through an assessment of vulnerability criteria.

In the context of COVID-19, accountability to affected people has never been more important. Due to physical distancing, UNHCR had to leverage diverse channels and modalities of communication and rapidly scale up emerging practices to ensure UNHCR’s workforce, partners and communities can continue to deliver during this exceptionally challenging time. Systematic, meaningful community engagement in the communication of risks, prevention, services and treatment during outbreaks continues to be crucial.

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

UNHCR re-examined its preparedness checklist of public health and WASH activities in 38 countries. The checklist was used to assess to which extent country operations have put in place key measures in preparedness to respond to COVID-19 outbreak. Levels of preparedness increased from 45% in March to 83% on average by the end of April. The results showed that laboratory and case management are among the areas that need to be further scaled-up.

The COVID-19 situation requires an adapted and stepped-up approach in mental health and psychosocial support (MHPSS). UNHCR integrates MHPSS within its activities for health and protection through direct implementation or through partners. Measures include community messaging to deal with personal crises, capacity building of community-based personnel in MHPSS, training of first responders in psychological first aid, remote psychological support training for UNHCR personnel and partners, and increased capacities to provide psychological therapies for persons of concern with mental health issues such as depression, anxiety and bereavement. UNHCR has trained psychologists in remote group counselling and individual psychotherapy and strengthened MHPSS services to meet the growing needs expressed by refugees and asylum seekers in various countries, including Bangladesh, Tanzania, Lebanon and Tunisia.
Ramp up cash assistance, reinforce shelters, provide core relief items in congested urban and camps settings and improve self-reliance

UNHCR operations around the world continue to report that families regularly approach them with concerns that the socio-economic impact of this crisis is depriving them of livelihoods and making it difficult for them to afford food and essential goods. UNHCR is addressing those critical needs by providing in kind and cash assistance to refugees and internally displaced persons, both in and out of camps. To ensure a coordinated approach between operations worldwide and partners on livelihoods, UNHCR developed a Livelihoods Short Guidance on COVID-19 Response.

During the reporting period, the Global Health, Shelter, Protection, Camp Management and Camp Coordination Clusters hosted a webinar on approaches to isolation, quarantine and prevention measures during the COVID-19 crisis. The webinar discussed practices being piloted or considered in the field and challenges faced by humanitarian actors and displaced communities in effectively implementing such measures. The value of using designated community facilities to isolate and treat patients was highlighted, as was the challenge of shielding or isolating people in high-density households. Additionally, the importance of strengthening screening capacity in places where the capacity to conduct polymerase chain reaction (PCR) tests is limited was stressed.

Regional Updates

Middle East and North Africa (MENA)

Across the MENA region, a number of countries, including Tunisia, Jordan, and Lebanon began announcing their plans for a progressive ease of lockdown and curfew measures. While national curfews are still limiting UNHCR’s physical access to persons of concern, UNHCR in Libya was able to resume activities at Tripoli’s Community Day Centre and the Serraj Registration Centre, after authorities granted humanitarian waivers on 26 April allowing UNHCR and partner staff to move outside curfew hours.

Due to the full or partial closures of schools and education facilities, impacting in Syria more than four million primary and middle school students, several countries in MENA progressively implemented an array of solutions, such as activating national online learning platforms, providing TV and radio-based learning, as well as using more home-based learning paths. While these solutions boosted innovation, equity in access to online learning is a major concern for children and youth from refugee, stateless, and internally displaced communities, due to the considerable digital divide. In addition, school closures are impacting nutrition, with many now missing out on school-feeding programmes. Protection concerns for children are heightened, due to emotional distress caused by lockdown or confinement, and there is an increased risk of child abuse, neglect, violence or exploitation because of financial difficulties arising from shelter-in-place policies. An extension of school closures in the longer-term could also threaten to erode future school enrolment, particularly for girls.

UNHCR in MENA is supporting the expansion of learning opportunities at all levels, through connected education, to ensure that persons of concern are not left behind. For instance, Iraqi
authorities are conducting efforts to roll out e-learning courses across Iraq, and UNHCR is working with the Education Cluster and other UN agencies to spread awareness of this effort and identify ways to support displaced families in accessing e-learning opportunities. In southern Yemen, UNHCR is raising awareness among refugee communities to ensure that families are alerted to these new educational modalities that have been set up by the Ministry of Education through a distance learning platform that offers access to primary and high school curricula. The platform also offers psychological support materials to provide parents and students the tools to help them cope with the situation.

Asia and the Pacific

In the Pacific Island States, the ability of some countries to respond to the pandemic has been compounded by the effects of the recent tropical cyclones that affected several countries in the region. On an exceptional basis, UNHCR provided three-month cash assistance support to its persons of concern in Fiji and Samoa who have been assessed as vulnerable.

The situation of Afghan refugees remains dire throughout the region. In Pakistan – the second largest refugee-hosting country in the world – Afghans have lost their only source of income as daily wage earners due to the general lockdown. In Iran, the nearly one million Afghan refugees, the majority of whom live and work side by side with their hosts, also find themselves under immense economic hardships, despite commendable and enhanced efforts by the government of Iran, UNHCR and other humanitarian actors on the ground. Although greatly reduced in number, undocumented Afghans continue to spontaneously return to Afghanistan. 43% of 163 returnees interviewed stated fear of COVID-19 as their main reason for return, while 44% cited lack of employment opportunities. However, the accumulated number of spontaneous returns, which rose to 10,000 per day in March, has now decreased to 1,500-2,500 per day. The decrease can be attributed to a number of factors, including the increase in cases of COVID-19 in Afghanistan, stricter rules imposed on returnees, and restrictions on movement which renders travel to the border more difficult.

UNHCR in Afghanistan is updating its contingency plan to reflect the possibility of mass return of Afghan refugees from Pakistan due to lack of work/labour opportunities in Pakistan as a result of the COVID-19 pandemic.

West and Central Africa

The West and Central Africa region has seen a 260 percent increase in new confirmed COVID-19 cases in the past two and a half weeks to a total of 18,180 on 06 May 2020. Although very few cases have been reported so far among the close persons of concern in the region, the risks of transmission are high due to weak healthcare systems and precarious living conditions in most hosting areas. UNHCR operations are supporting governments to address the crisis in displacement areas with particular attention given to women, girls and persons with specific needs.

COVID-19 has had a negative impact on food insecurity, loss of livelihoods, increased risk of stigmatization for the forcibly displaced population in the region. The socio-economic impact is already being felt in urban areas among refugees involved in the informal trade, increasing their vulnerabilities, and dependency on humanitarian support. Adding to the combined effects of conflict and displacement, the recent increase in climatic shocks such as recurring droughts and crop pests has
dramatically disrupted the crop and livestock production. In addition, more than 140 million children are affected by school closures across the region, including displaced children who are integrated in national education systems in all the countries.

To mitigate the negative impacts, UNHCR operations are increasing the communication with communities, with a focus on strengthening community-based protection mechanisms, ensuring continuity of learning and preparing for the reopening of schools, strengthening health and WASH services, and introducing innovative approaches to ensure the best possible response for UNHCR’s persons of concern despite access limitations related to movement restrictions introduced in the region.

**East and Horn of Africa and the Great Lakes**
The number of reported cases continues to increase, partly because more testing is being carried out by governments across the region. Djibouti, Somalia, South Sudan, Tanzania and Sudan observed considerable increases this past week. With 3.6 million refugees residing in camps and settlements across the region, UNHCR and partners, in collaboration with the Ministry of Health and WHO, ensured that the in-camp health services are equipped to deal with the identification and case management of mild to moderate COVID-19 cases while establishing a referral system to the secondary hospitals in the vicinity, if available.

The movement restrictions, price hikes and economic recession experienced by all countries in the region have severely impacted the urban population who, for the majority, was self-reliant often through employment in the informal sector. Poverty has now increased and many city dwellers, including refugees and internally displaced persons, are no longer able to cope. Inadequate shelter and food supplies are also among the key challenges that refugees are facing. The latter is particularly evident in camps in the Tigray and Somali regions in Ethiopia where refugees had to close their small-scale businesses to prevent the spread of coronavirus, thereby losing their livelihoods and income.

In two countries, an increase of child labor and child marriages can be observed due to the closure of schools. The limited activities in women-friendly spaces could lead to increased psychosocial distress and hinder case reporting. Together with protection partners, UNHCR has stepped up interventions for child protection and prevention of sexual and gender-based violence.

**Southern Africa**
UNHCR’s helpline in South Africa has responded to over 1,000 calls requesting urgent assistance since the beginning of the lockdown in late March. Some 95 percent of callers were previously self-sufficient. With the closure of schools and increased economic pressure on families in the DRC, a growing number of displaced children in Ituri Province are begging on the streets, exposing them to possible sexual violence, kidnapping or economic exploitation. There is a risk that they will not return to school because their families now depend on the income from begging. Closure of child-friendly spaces in internally displaced sites in Mozambique during the national lockdown has led to an increase in protection risks for children.

UNHCR is working with the government and partners to find alternatives and solutions and information campaigns to raise awareness among refugees, internally displaced populations and host communities about COVID-19 prevention and response measures are ongoing throughout the region. In Angola,
for instance, community mental health and psychosocial support personnel have been asking refugees in the settlements about their knowledge, perceptions and behaviours in response to COVID-19 to identify risks and practices, and social and cultural norms, in order to design further interventions and campaigns. In the Republic of the Congo (ROC), UNHCR and partners organized awareness-raising sessions for out-of-school girls and primary school students at risk of SGBV during the national lockdown as well as support for government home schooling efforts to prepare pupils for exams. In the DRC over 75,000 people have been reached through sensitization sessions on COVID-19.

Europe
On 1 May, UNHCR called for greater coordination, solidarity and responsibility-sharing, in view of the increased movements of refugees and migrants in the Mediterranean Sea. Despite the extremely difficult circumstances faced by many countries at present due to COVID-19, rescue at sea is a humanitarian imperative and an obligation under international law.

Some countries continue working on expanding capacities in reception centres, for example in Belgium, where additional space for 400 people is being created to decongest the regular centres. Advocacy to prevent risks of tensions and escalation in reception centres is pursued by many country offices (for example in Cyprus, Malta, Serbia and Spain). Where unaccompanied children are held with adults in large centres, advocacy interventions focus on transfers and referral of these children to adequate care arrangements (for example in Serbia).

If COVID-19 would spread in the areas along the contact line, the virus would have a devastating impact in Ukraine. Several factors contribute to the situation of heightened risk in the localities situated within five kilometers of the contact line in government-controlled areas of eastern Ukraine. The population includes a large proportion of aged persons (at least 41 percent) who suffer from the insecurity, lack of services, stress and economic downturn associated with the armed conflict. The infrastructure for prevention of the spread of the virus, such as enough clean water for hygiene and response (medical facilities) has been weakened by the conflict. Due to the introduced quarantine measures, which included the closure of public transportation, the mobility for the mainly rural communities is severely limited.

UNHCR enhanced the connectivity of persons in ‘contact line’ locations to access information and medical services and increased capacities of health facilities through quick impact projects on both sides of the contact line in eastern Ukraine.

Americas
As cases of COVID-19 affecting refugees and migrants increase in Brazil, Colombia and Venezuela, there are fears of spreading among indigenous communities due to dire socio-economic conditions and lack of proper protection and isolation procedures.

In the region, UNHCR and its partners are adapting all services and prioritizing the needs of those at higher risk, which imply the reallocation of funds to new requirements in terms of shelter, cash assistance or to enhance remote services. Operations are also working to ensure a progressive resumption of activities in line with countries’ health response and preventive measures in place.

In order to raise awareness about COVID-19 and prevent potential discriminatory behaviour,
UNHCR has established community-based prevention activities. Key messages from WHO, the Pan American Health Organization and national authorities have been disseminated in all operations and have been adapted to different formats by some operations to ensure that they are more accessible to the communities they serve, including translating them to Spanish and other languages (e.g. Creole, Portuguese). Additional materials for specific groups are also being developed by UNHCR. In several countries such as Brazil, Colombia, Ecuador, Panama and Venezuela, UNHCR is implementing peaceful co-existence initiatives to strengthen relations between persons of concern and host communities to mitigate the impact of the COVID-19 pandemic on communities, reduce the negative psychosocial effects related to isolation and combat xenophobia and exclusion.

Coordination and partnerships
The 8th virtual NGO consultations focused on Localization and COVID-19 prevention and response, featuring speakers from ICVA, the Global Refugee-led Network (GRN) and IFRC. Amongst the key elements for a successful transformation towards localization in times of COVID-19, speakers highlighted the importance of strengthened local leadership, capacity-sharing, enhanced coordination and the important role of local actors in terms of local advocacy for principled action as well as access and rights of local communities, especially in times when international actors face restricted access due to the global movement restrictions. Learnings from Ebola response also show the unique role of local faith-based actors. Key challenges faced by local actors remain limited direct funding and often, local actors still feel that they are treated as sub-contractors. The role of refugees and refugee-led organizations was particularly highlighted since they are often the ones responding first to the needs of their own community during this global health crisis.

UNHCR’s Regional Bureau for Southern Africa and the United States Department of State’s Bureau of Population, Refugees and Migration (PRM) hosted on 29 April a virtual briefing on the COVID-19 response in the region, with more than 70 government and private sector partners participating. UNHCR and the US Government talked about the importance of “stay and deliver” or Duty to Serve and responding to the pandemic while continuing to address the needs of refugees. The US Government also underscored the importance of education in humanitarian situations in a post COVID-19 world.
UNHCR launched the Telling the Real Story project website. Telling the Real Story is an interactive community-based platform disseminating stories about the extraordinary journeys of refugees with a collection of authentic stories, told by refugees and migrants themselves. Latest updates also include stories on awareness-raising and communication with communities on COVID-19.

Workforce and capacities
UNHCR provides measures for the safety and welfare of the workforce during this global health crisis, including activated teleworking arrangements. To ensure continuity of certain services while some of UNHCR’s activities are reduced due to movement restrictions, UNHCR is conducting a general effort to adjust some activities towards strengthening community-based protection mechanism and enhancing the capacity and self-reliance of refugee and internally displaced communities should the COVID-19 crisis intensify and limit UNHCR’s operational access for a prolonged period. As lockdown measures are gradually lifted in some regions, various UNHCR offices have started resuming suspended activities.

While UNHCR proceeds with the procurement of personal protective equipment and medical items, supply chain options at inter-agency level are enhanced following the establishment of the UN Supply Taskforce.

Financial Information
On 7 May, the first revision to the COVID-19 Global Humanitarian Response Plan was launched, seeking USD 6.7 billion to support global humanitarian response through December 2020. UNHCR seeks additional USD 490 million adding up to a total amount of USD 745 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 will be available in the 11 May revision to the UNHCR Coronavirus emergency appeal, available through the below link. The amount presented in the appeal does not represent the magnitude of UNHCR’s engagement to support governments’ efforts in responding to COVID-19 pandemic. UNHCR reached out to all partners involved in inter-agency refugee response plans to update and reprioritize these plans. The funding requirements have increased in accordance with partner consultations and the evolving situation.
GLOBAL COVID-19 EMERGENCY RESPONSE
11 May 2020

USD 745M
Requested for UNHCR’s COVID-19 response globally until the end of the year:

Total contributed or pledged to the COVID-19 appeal:
USD 230M
Including:
- United States $64.0M
- Germany $38.0M
- European Union $31.8M
- United Kingdom $24.8M
- Japan $23.9M
- Denmark $14.6M
- CERF $6.9M
- Canada $6.4M
- Ireland $3.3M
- Sweden $3.0M
- Sony Corporation $3.0M
- Finland $2.4M
- Education $1.8M
- Cannot Wait Private donors $1.7M
- Qatar Charity $1.5M
- Australia $0.8M
- Monaco $0.2M
- Portugal $0.1M
- Liechtenstein $0.1M
- Slovakia $0.1M

Unearmarked contributions to UNHCR’s 2020 programme:
Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors Spain 20M | Switzerland 16.4M | Private donors Republic of Korea 10.5M

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

More information:
- Global Focus COVID-19 Situation page (including UNHCR’s Coronavirus emergency appeal and sitreps)

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Malawi
To support continued access to education during the national lockdown, UNHCR’s education partner in Malawi has provided laptop computers and internet data bundles to 15 students and six teachers involved in the Digital Inclusion programme supporting tertiary education so they can continue their studies online during school closures.

Somalia
In Somalia, the Protection cluster is reinforcing its IDP monitoring with a questionnaire covering risks which may be triggered or aggravated by the COVID-19 situation. The questionnaire includes risks relating to violence, arbitrary limitation of movements, eviction, access to assistance, and will be used to inform response measures.

Bangladesh
In Bangladesh, community psychosocial volunteers conduct COVID-19 awareness messages in small groups ensuring physical distancing.

Iraq
In Iraq, Psychological First Aid training were done for primary healthcare personnel, camp management, NGO staff and community outreach volunteers.

Mozambique
UNHCR and partners in Mozambique provided community volunteers in 10 internally displaced neighbourhoods in Sofala Province with training on how to involve internally displaced populations affected by last year’s Cyclone Idai in COVID-19 prevention activities. The volunteers were also trained in protection, case management, child protection and sexual and gender-based violence.

El Salvador
Under the Protection Cluster, UNHCR co-leads the response to deported persons with protection needs after they exit quarantine centers in El Salvador. Psychosocial support is provided through social media mental health campaigns and online psychosocial care to deportees, including unaccompanied children returned from Mexico, Honduras, Guatemala and the United States.

Côte d’Ivoire
In Côte d’Ivoire, the Ministry of Foreign Affairs and UNHCR chaired a donation ceremony held at the Direction d’Aide et d’Assistance aux Réfugiés et Apatrides (DAARA) on 30th April. The government provided a budget allocation of USD 37,000 to include refugees and asylum seekers in the national plan for the prevention and response to the situation of COVID-19.

South Sudan
In South Sudan, UNHCR and the Lutheran World Foundation are working closely with Internews to communicate important messages on child protection messages to children, parents and caregivers via radio.

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Malaysia
UNHCR is working closely with partners and refugee women-led initiatives in Malaysia to expand the availability of hotline services, remote psychosocial support and establish community focal point systems. It is also working to support the access to second-line health care especially for child deliveries and emergency cases as many refugees are not able to afford healthcare now.

Jordan
In Jordan, UNHCR has supported the Ministry of Education in its efforts to roll-out two online learning platforms that enable refugees and host communities to access online learning opportunities. In consideration of financial barriers to access materials online, both learning platforms have been zero-rated by mobile phone operators in Jordan.

GLOBAL COVID-19 EMERGENCY RESPONSE Specific country examples

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Ukraine
As a result of advocacy with Vodafone Ukraine, conflict-affected persons in Donetska and Luhanska near the “contact-line” were able to receive free phone credit top-ups to enable better access to critical information. Similar efforts to improve connectivity of persons of concern are being undertaken in other countries, for example in Serbia and Spain.

France
In France, a network of refugee volunteers is working with UNHCR and NGOs to promote virtual activities for persons of concern to maintain social ties during confinement.

Guatemala
In Guatemala, refugees and asylum seekers who have lost their income due to the COVID-19 emergency will be prioritized for inclusion in the “Empleos Verdes” initiative and will be trained in agriculture and environmental science to work in FUNDACECO’s ecological reserves as groundkeepers.

Niger
In Niger, UNHCR partnered with “Raised Fists”, an artist collective of seven committed singers, to raise awareness on the COVID-19 pandemic in Niger. The result of this collaboration is the song Protect your Life, with lyrics in Djemra, Haoussa, Tamaték and French in order to reach the whole population within West and Central Africa. The video clip features several refugees living in Niamey who are contributing to prevention through the production of soap and bleach, with the support of UNHCR and its partners.

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