

### COVID-19 emergency preparedness and response plan

### 643

CASES OF COVID-19 REPORTED BY TUNISIAN AUTHORITIES

> 4,494 REFUGEES AND ASYLUM SEEKERS

### \$1.5 million

NEEDED IN ADDITIONAL FINANCIAL REQUIREMENTS FOR THREE MONTHS

### **UNHCR's focus**

ON REFUGEES AND ASYLUM SEEKERS GIVEN ITS MANDATE

Figures as of 09 April, 2020 or latest available data While the progression of the coronavirus (COVID-19) pandemic continues in Tunisia and globally, UNHCR is stepping up its support to urgently address preparedness and response gaps that increasingly impact refugees, asylum seekers and their host communities over the next months. Additional needs for the COVID-19 response are estimated at USD 1.5 million for a three-month period.

Since the first COVID-19 case was detected in Tunisia on 2 March, more than 643 cases have been officially reported by the Ministry of Health across the country, as of 9 April. While there are no confirmed reports of refugees in Tunisia having tested positive for COVID-19, this vulnerable group is deeply affected by the measures the Government is taking to mitigate the spread of the virus, especially those accommodated in UNHCR collective shelters who are at greater risk as the oubreak evolves.



The Government of Tunisia has adopted vital and evidence-based public health measures to help control the spread of COVID-19.

The country-wide lockdown has hit services very hard, including the tourism, trade and transportation sectors that account for more than a quarter of all jobs in the economy.

This health crisis is a reminder that to effectively combat any public health emergency, everyone—including refugees and asylum seekers—should be able to access health facilities and services. If the virus further spreads—especially into areas hosting refugees and asylum seekers—it could affect hundreds of people, bringing with it a setback to the lives of refugees and local communities alike, as well as to the local integration ambitions of refugees. The virus can only be eliminated if we all join forces.

On 25 March, UNHCR declared COVID-19 a **Global Level 2 Emergency** as per its internal policy, activating emergency procurement procedures and giving country teams maximum flexibility in providing assistance.

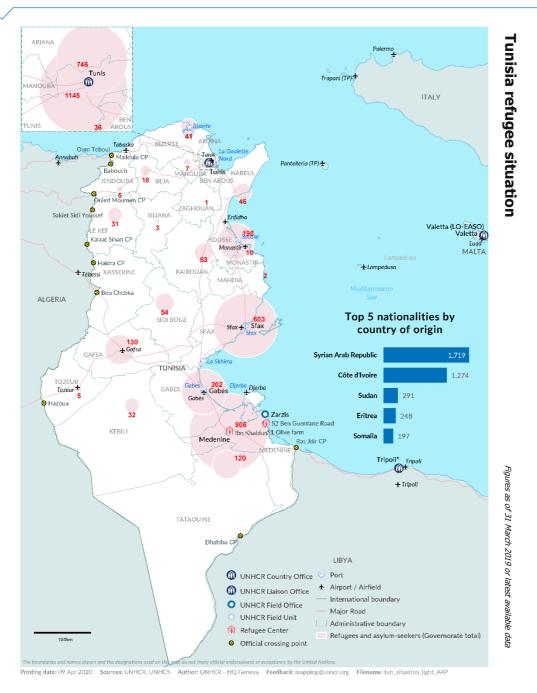
# Social and economic impact on refugees and asylum seekers

Amidst existing socio-economic grievances already exacerbated by the deterioration of the situation in Libya, Tunisia is being severely impacted by COVID-19, both in terms of prompting the scaling of a public health response and protection of vulnerable populations, requiring mitigation of broader social and economic impacts.

Like for many Tunisians and other residents, COVID-19 is having a significant impact on vulnerable refugees and asylum seekers. Country-wide containment measures have resulted in loss of income, especially for daily workers and those working in the informal sector, also limiting market access while a spike in prices of basic goods has been observed. Refugees and asylum seekers are exhausting their savings and are unable to cover rent, food, medicine and other essential needs. In fact, they are at risk of increasingly resorting to negative coping mechanisms such as lower food consumption and selling off assets. In the event of an outbreak among refugees and asylum seekers, the social cohesion between refugees and local communities will be at stake.

Protection consequences are starting to emerge. Many fear being stigmatised if they are infected and that intercommunal tensions may rise further. Reported cases of sexual and gender-based violence are being surfaced through UNHCR helplines. In addition, the closure of all private and public schools has affected attendance of refugee and asylum-seeking children who are already enrolled. Without school, children may be at increased risk of negative behaviours such as existing forms of hazardous child labour and begging for example, and their families need more support to stay safe.





## Key challenges

- Border closures, import/export and port restrictions, fuel/commodity price fluctuations affecting UNHCR and partners' ability to contract commercial service providers.
- Travel restrictions, lack of transport options, and access impediments limiting the scope of response by UNHCR and partners.
- Lack of comprehensive data and analysis to better monitor the potential implications of COVID-19.
- Delivery of COVID-19 essential medical supplies delayed and not meeting expected requirements due to shortages.



### Priority needs and areas of intervention

While it is complex to predict how the pandemic will affect refugees and Tunisians' lives in the next few months, UNHCR's current strategy is built around **two main scenarios over a period of three months**:

- The pandemic is contained in the weeks leading up to June and does not affect refugees and asylum seekers
- There is an increase in the rate of infection and spread accelerates drastically affecting several refugees and asylum seekers within the coming three months

### **SCENARIO 1 (CURRENT SITUATION)**

Ramp up multipurpose cash

**assistance.** Preserving refugees and asylum seekers' abilities to meet their food and other basic needs such as medication and rent through a monthly cash allowance. Through existing cash support mechanisms, refugees/asylum seekers will receive assistance through the Tunisian Post in two categories: UNHCR-sheltered beneficiary (200TND/person) and nonsheltered beneficiary (250TND/person). Additional 50 TND/family member will be provided to both categories.

Enhance infection prevention and control measures. Ensuring adequate access to medical consultation (permanent presence of doctors in the three UNHCRmanaged shelters) and hygiene supplies (hand sanitizer, gloves, disinfectant and face masks); enhancing and procuring additional cleaning equipment and services for disinfection and regular cleaning, particularly in reception centres, collective shelters and accommodation in Tunis, Medenine and Zarzis. Strengthen risk communication, community engagement, critical protection case management, including monitoring and psychological support. Ensuring refugees have access to information on hygiene and prevention through the use of existing and new communication tools/platforms (bulk SMS, awareness raising sessions, expanded hotlines and digital platforms such as Facebook, enhanced internet connectivity for refugees in shelters) and adapting communication/ sensitization materials to suit local linguistic and cultural needs (printing of leaflets and posting of awareness information/videos); monitoring (hotlines/Facebook) and referral mechanism among partners for cases in need of support and/or suffer health issues.

### SCENARIO 2 (COVID-19 OUTBREAK)

- Continue activities under scenario 1 (except one-off interventions)
- Provide comprehensive medical, nutritional, and psychosocial care for positive cases of COVID-19. Advanced care for people with severe respiratory symptoms including oxygen therapy; treatment of secondary bacterial infection; physiotherapy; and other aspects of case management, surveillance and contact tracing and referral systems.

Support enhanced isolation measures and procure additional medical/essential supplies. Identifying additional isolation spaces such as rented houses or apartments; access to medical items become even more critical in COVID-19-affected areas, particularly in slowing the rate of the virus' spread.



### Estimated number of beneficiaries

Most persons of concern to UNHCR live in **urban settings** across Tunisia's seven large regions, while a small number (12%) is accommodated in UNHCR-managed shelters and apartments. The current population include Syrians, Sudanese, Eritreans, Somalis, Ivoirians and small numbers of other sub-Saharan African populations. Within these groups the screened-in profiles will be **vulnerable families**, **unaccompanied children** and **single adults** who were victims of severe human rights abuses in Libya including torture and SGBV survivors. Close to **50% of them have specific needs**.

During 2019, UNHCR registered more than 2,000 new refugees and asylum seekers in Tunisia, resulting in **a threefold increase within one year** of the overall number of refugees and asylum seekers (standing at 4,494 of them registered as end of March 2020)– two-thirds of whom arrived in 2019. This is due in part to increased crossings of refugees from Libya into Tunisia by land and from disembarkation of boats carrying a mix of migrants and refugees.

Age category	# individuals registered	# individuals with specific needs	
0-17	1,212	485	
18-59	3,191	1,599	
60+	91	65	
Total	4,494	2,149	

## Coordination and partnerships

In line with the <u>Global Compact on Refugees</u>, UNHCR is working closely with the United Nations Country Team, the World Health Organisation (WHO) and the Ministry of Social Affairs to promote the inclusion of refugees and asylum seekers in national preparedness and response measures, in particular in health and national cash assistance programmes. UNHCR and the International Organisation for Migration (IOM) have developed guidance for United Nations agencies and partners to support the provision and monitoring of services to refugees and migrants.

At the moment, UNHCR will rely on existing partnerships – with the Tunisian Council for Refugees, the Arab Institute for Human Rights and the Tunisian Association for Management and Social Stability, who have the capacity to stay and deliver, – and the strong ties between UNHCR and the authorities at central and regional level. UNHCR will constantly review partners' capacity to respond in the event of an outbreak among the refugee population and may reprioritize activities with partners considering the changing circumstances.



### Funding the response

UNHCR Tunisia estimates the immediate needs for the COVID-19 prevention and response efforts at **\$1.5 million for a three-month period** (scenario 1) to scale-up or implement new interventions. **COVID-19 response requirements are in addition to UNHCR's regular programming needs.** To date, only 26% of UNHCR's \$8.8 million financial requirements for its operations in Tunisia in 2020 have been funded.

Given the rapidly changing realities, UNHCR is assessing and responding to emerging needs in an agile manner. While thanking donors who have generously contributed with unearmarked and softly earmarked funding, UNHCR looks for maximum flexibility in the form of unearmarked funds.

The overall response approach is line with the Government's and the World Health Organization's (WHO) response plan. UNHCR's plan will be continuously revised and updated as the situation evolves.

### **COVID-19 RESPONSE FINANCIAL REQUIREMENTS** | SCENARIO 1 (3 months)

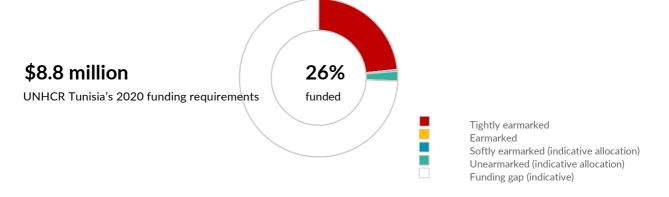
Sector	Requirements (US\$)	
Cash-based interventions / Basic needs		
Ensuring persons of concern particularly vulnerable to the pandemic receive assistance in the form of multi-purpose cash	1,425,000	
Public health		
Procurement of supplies and infection prevention and control in shelters (medical supplies and consultations, hygiene kits, and other NFIs)	45,000	
Protection		
Risk communication and engagement and provision of psychosocial support; establish help line and outreach platforms; key messaging on basic COVID facts, transmission details, social distancing, hand hygiene	30,000	
Grand total (incl. 6.5% indirect support costs)	1,500,000	



### COVID-19 RESPONSE FINANCIAL REQUIREMENTS | SCENARIO 2 (3 months)

Sector	Requirements (US\$)
Cash-based interventions / Basic needs	
Ensuring persons of concern particularly vulnerable to the pandemic receive assistance in the form of multi-purpose cash	1,465,000
Public health	
Procurement of supplies and infection prevention and control in shelters (medical supplies and consultations, hygiene kits, and other NFIs)	45,000
Comprehensive medical, nutritional, and psychosocial care for persons of concern tested positive with COVID-19	660,000
Protection	
Risk communication and engagement and provision of psychosocial support; establish help line and outreach platforms; key messaging on basic COVID facts, transmission details, social distancing, hand hygiene	30,000
Grand total (incl. 6.5% indirect support costs)	2,200,000

#### FUNDING UPDATE | 2020



#### LINKS

UNHCR Operational Data portal - UNHCR Global Focus Website

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