

UNHCR COVID-19 Preparedness and Response

Highlights

- On 30 June, UNHCR launched a [global online platform on the protection impact of temporary measures in response to the COVID-19 pandemic](#), including access to territory and national asylum systems.
- [UN chiefs urged sustained support to Syrians on the eve of the fourth Supporting Syria and the Region conference in Brussels](#) as the impact of COVID-19 wreaks havoc on economies and threatens to further destabilize the region. Pledges for both Syria and the region in the amount of 5.5 billion USD were raised for 2020 and an additional 2.2 billion USD in multi-year pledges.
- In a [high-level event](#), UNHCR sought sustained support for Afghan refugees and refugee-hosting countries as support becomes even more urgent in the wake of the COVID-19 pandemic and a deepening regional socio-economic crisis.
- Since the beginning of the COVID-19 response, over 56,800 household level handwashing taps have been installed in Bangladesh; 13,824 hand washing devices at latrine blocks and almost 120,000 refugee households have been provided with soap rations; over 23,000 refugee women have received female hygiene kits; and nearly 255,000 latrines and sanitary installations have been disinfected with chlorine solution.
- UNHCR Pakistan's COVID-19 cash assistance program is targeting 70,000 vulnerable refugee households. Some 22,000 families have been identified and approved for cash assistance. To date, over 5,000 families have collected their assistance.



Ecuador. To incorporate COVID-19 prevention support into existing services for refugees and asylum seekers, UNHCR provides hygiene kits to women survivors of sexual and gender-based violence.

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Global Overview

The social and economic impacts of COVID-19 have heightened the risk of sexual and gender-based violence (SGBV) among people of concern to UNHCR. Protection cluster operations report that mental health and SGBV are on the rise in almost all operations. 19 of 21 protection clusters report an increase in SGBV; 12 report that this has severe impacts on affected populations. In the Sahel, SGBV is endemic and includes widespread abuse and exploitation, trafficking, forced and child marriage, unwanted pregnancy, and increasing instances of rape and other forms of sexual violence as conflicts persists. This situation has been further aggravated by the spread of COVID-19, which disproportionately impacts women and girls who traditionally care for sick family members and are exposed to negative family coping mechanisms in times of crisis, like child marriage. In Chad, UNHCR's most recent monitoring showed that more than 71 per cent of refugee women who reported experiencing physical violence identified their husband/partners as the perpetrators. In Afghanistan, movement restrictions and the increased presence of male family members at home is reportedly restricting women's ability to seek SGBV support. Colombia has reported a 153 per cent increase in calls to the national helpline for domestic violence between 25 March-11 June, believed to be directly linked to isolation measures. In Iraq, a sharp increase in domestic violence is reported as 40 per cent of health service providers indicated an increase in the number of women survivors seeking help.

Despite the challenging working conditions, UNHCR prioritizes assistance to survivors of SGBV. Focusing on prevention and response through awareness raising and provision of comprehensive support to SGBV survivors, UNHCR is working with partners to implement strong referral mechanisms and strengthen health and support structures (including new mobile health services) in main hosting areas which have historically been underserved. In Burkina Faso, for instance, protection committees developed awareness sessions benefitting over 900 individuals on SGBV, social cohesion, child protection and hygiene and sanitation. In Zambia, refugee leaders, women's and men's networks have been trained on COVID-19 prevention measures and SGBV referral pathways. They are passing on this knowledge to other community members via outreach centres.

UNHCR Response

Progress to date and Impact

- Since the operational environment in response to COVID-19 has shifted along with the needs, UNHCR has adapted its response as there is a rise in needs due to the impact of the pandemic on economic and social factors, moreover than health.

Gaps and Challenges

- In the Sahel, the arrival of COVID-19, as well as the ongoing conflicts and the unprecedented spread of desert locusts, which are ravaging crops across the Sahel and threatening months of food insecurity, are pushing communities further into despair.
- Despite movement restrictions, cross-border movements, including spontaneous returns, in West and Central Africa and the Americas continue, often through unofficial border entry points. These returns without assistance and appropriate protection and health control measures may put both the refugees and their communities at risk.

Regional Updates

Middle East and North Africa (MENA)

In Syria, Sayeda Zainab, an area of rural Damascus which was locked down for about a month due to COVID-19, refugee needs remain high. The economic situation in north-west Syria is similar. The crisis, combined with the COVID-19 pandemic and closure of some commercial crossings, is especially compounding the protection situation of displaced communities, which already faced obstacles in accessing livelihoods. Due to difficulties in addressing basic needs, households are at risk of adopting negative coping mechanisms, which often disproportionately affect children. Increases in sexual and gender-based violence (SGBV) and child rights violations have also been reported by partners. In addition, partners are concerned that persons with disabilities, particularly women and girls, are at an increased risk of experiencing violence, abuse and neglect.

In total since the start of the COVID-19 crisis, more than 614,000 individuals have been reached through risk communication and community engagement activities. This includes nearly 120,000 Syrians as well as refugees in Syria reached through outreach volunteers, and more than 75,000 Syrians and refugees reached through UNHCR mass communication campaigns, among other activities.

In Yemen, UNHCR has carried out a communicating with communities' survey across the country, including on the results of UNHCR's and other agencies' COVID-19 awareness-raising campaigns. In Hajjah and Hudaydah, a survey of 400 persons revealed that 87 per cent were aware of COVID-19 symptoms, precautionary

measures and how the infection was transmitted. However, 40 per cent said that they could not afford to follow the prevention measures and were only able to wash their hands. Some 90 per cent responded that access to health facilities became a challenge due to fear of infection from hospitals.

Asia and the Pacific

UNHCR faces some access restrictions in the region. Due to the government declaration of Cox's Bazar, Bangladesh, as a 'red zone' and implementation of strict lockdown, partner staff face challenges in movement and accessing the camps. As a result, partners are rotating staff who live closer to refugee camps among distribution points to maintain operations. Lockdown measures introduced by district authorities are being followed in the camps, with shops allowed to open only on Sundays and Thursdays. In Rakhine State, Myanmar, UNHCR and other agencies also continue to face access constraints which challenge implementation of COVID-19 activities (including awareness raising and distribution of hygiene items) and regular activities. Against the backdrop of armed clashes, there are concerns that the outbreak of COVID-19 in Rakhine State, Myanmar may further destabilize the situation as there are no prospects for near-term de-escalation. Rakhine State's health sector is under-resourced and overstretched, and the conflict has drawn its attention away from pandemic preparedness and response. To enhance uptake of testing and treatment and foster trust in health facilities in Bangladesh, UNHCR is working extensively to build the capacity of community-based surveillance systems in the camps in Cox's Bazar. Persons who meet case definitions receive individual counselling on testing, treatment and quarantine, and are referred to facilities. On 20 June, UNHCR in Bangladesh

opened and handed over the Intensive Care Unit (ICU) in Sadar district consisting of ten intensive care beds with life-saving lung ventilators and eight high-dependency beds. The facility is the first of its kind in Cox's Bazar.

West and Central Africa

Although the number of COVID-19 cases and fatalities might still appear relatively low compared to other regions, the pandemic is putting significant strain on countries' health-care systems, social fabric, and economies. Especially in the Sahel, the security situation continues to deteriorate rapidly, causing humanitarian needs to reach unprecedented levels. Conflict, climate shocks, endemic poverty, and chronic vulnerabilities are exacerbated by the COVID-19 pandemic, creating an additional burden on governments' limited resources.

Despite movement restrictions and border closures imposed by Sahel countries in a bid to limit the spread of COVID-19, ongoing violence and the dire humanitarian situation continue to force people to flee across the Sahel, within countries and across borders. The ongoing armed conflicts have resulted in the closure of hundreds of health centers, and displaced populations are contributing to overstressing the capacity of those that remain open. In addition, the health situation is already fragile, characterized by the persistence of diseases such as malaria, respiratory infections, measles and diarrhea.

Several factors prevent effective implementation of certain preventive measures. Basic measures such as handwashing are not effective when over one-third of West Africans have no handwashing facility at home. Physical distancing is also complex on a continent experiencing the fastest urban growth in the

world, and where poor sanitary conditions generally prevail.

UNHCR continues to support regional authorities in their fights against COVID-19 through the provision of medical and sanitary material. In Chad, UNHCR built a quarantine center in Kariari and a health care center in Eastern Chad. UNHCR also completed the construction of quarantine and isolation centers in three district hospitals in South Chad. In Moissola, UNHCR provided trainings on prevention, epidemiological monitoring and COVID-19 case management to camp leaders and government security agents and nurses.

East and Horn of Africa and the Great Lakes

In 8 out of 11 countries in the region, access to territory is denied. UNHCR continues to assess the impact of border closures and travel restrictions on access to asylum as registration and refugee status determination for new asylum seekers remains difficult due to the current lockdowns. Movements continue through unofficial border crossing points where screening and provision of information is not in place. Across the region, UNHCR has appealed for special measures to be put in place, to allow for asylum-seekers to be screened, quarantined and admitted, and for UNHCR to be granted access to areas where new refugees are arriving. Progress has been made in this regard: In Uganda, preparations have been made to receive refugees from the DRC through two border entry points that were temporarily opened on 1 July to admit Congolese asylum seekers who had been stranded at the border since late May. UNHCR has worked with the government to ensure that screening, quarantine facilities and emergency assistance are in place, including the prepositioning of 5,000 test kits for COVID-19.

In Ethiopia, despite the State of Emergency's ban against large-scale movements, there have been concerted efforts by the government to decongest the overcrowded internally displaced sites throughout the country during the COVID-19 pandemic. During May and June, the government has been facilitating return movements of up to 750 households in order to decongest the internally displaced sites in the Oromia regions.

With seven countries in the region (Djibouti, Kenya, Rwanda, Somalia, South Sudan, Sudan and Uganda), proposing school reopening in September 2020, preparation is now of essence. Tanzania fully reopened all schools on 29 June and the region continues to monitor this to inform other countries as they move forward. Mapping of WASH facilities in schools has been initiated in Ethiopia, Kenya, Rwanda and Uganda to inform expansion and improvement of WASH facilities in preparation for school re-opening. A data collection tool has been developed to assess the status of WASH facilities in schools and will be administered in July by UNHCR operations in all countries in the region.

Southern Africa

Supply chain gaps and delays in the region notably affect the health sector, creating challenges for people of concern to access health care, including through national systems. For example, in Zambia, COVID-19 related procurement has been affected as suppliers do not have enough stock in the stores and cannot commit to delivering items in less than four weeks. UNHCR is working with partners and the government to support health systems to the extent possible, however challenges remain in terms of pre-positioning medicines and sourcing medical supplies and equipment in a timely manner.

In addition, slowness of COVID-19 testing is a challenge in many countries in the region. This is due to shortages of test kits or limited laboratory capacity. Gaps in testing, or delays in receiving results, is having a negative impact, especially in a context where people live in close proximity to one another, such as in camps and in some low-income urban areas. For example, in areas hosting refugees from CAR in the DRC, there are no laboratories to test for COVID-19 in Nord and Sud Ubangi provinces, and tests must be conducted in neighbouring provinces.

The number of refugees and asylum-seekers requesting assistance from UNHCR increased significantly during the most stringent levels of lockdown, notably among those who had previously been self-sufficient but started to struggle to put food on the table, pay rent, or cover the cost of utilities under lockdown. Since the beginning of the COVID-19 response, 11,190 families received cash assistance from UNHCR to help offset the economic impacts of the lockdown, and 1,200 vulnerable families received food assistance. Meanwhile, in the DRC, UNHCR has provided targeted support to vulnerable individuals and households. This includes cash assistance and the distribution of core relief items to over 16,500 families in DRC.

Europe

Across the region, further movement and border restrictions were lifted. UNHCR country offices and partners are resuming suspended activities, for example protection monitoring at borders. While access to territory and international protection generally improves and population movements resume, concerning reports of push-backs on land borders and at sea persist. Movements of populations of concern have picked up again, in some countries reaching pre-COVID-19 levels. Where this is the case, offices are intervening with

authorities. In light of a new law adopted in Hungary on 17 June which further undermines access to territory and asylum, UNHCR shared its position with the authorities and issued a [press release](#) on 29 June calling on the government to withdraw the act and bring the asylum system into conformity with international refugee and human rights law as well as EU law.

On the start of the German six-month Presidency to the Council of the EU on 1 July, UNHCR issued a [press release](#) in Brussels and Berlin recalling its [Recommendations to the 2020 Council Presidencies](#) to keep refugee protection high on the agenda. To ensure a bold and robust response to forced displacement during the pandemic and beyond, UNHCR made [concrete proposals](#) including [UNHCR's 5 Key Calls to the EU on the COVID-19 response](#).

As part of the efforts to prepare for quarantines and outbreaks, in the Reception and Identification centre (RIC) in Chios, Greece, UNHCR completed the installation of two rub halls with inner lining, flooring and partitions for a combined capacity of 30 rooms. Thirteen new WASH units were also delivered and their maintenance by the RIC management is monitored. Complementing these measures, UNHCR and authorities have set up a community volunteer team to raise awareness door-to-door and mobilize RIC residents for the appropriate use and maintenance of the facilities.

Americas

Cases of COVID-19 in the Americas remain high with particularly concerning rates in Brazil, Peru, Chile and Mexico. Central America recorded last week the highest daily registration figures in almost all countries of the sub region since the start of the pandemic (15,000 new cases in a week). Due to border restrictions, economic contraction and difficulties in earning a living, children in the region are at increased risk. As such, there are reports on difficulties for registering new-borns of refugee and migrant parents in Bolivia and Colombia. Fewer Venezuelan children are now enrolled in school (from some 206,200 in 2019 to around 128,100 in the first four months of 2020); and protection needs are of concern for unaccompanied or separated children returned to Guatemala.

Despite borders remaining closed, mixed population movements continue across the continent. Within Venezuela, official sources report around 61,000 people spontaneously returned from Colombia and Brazil as of 21 June and nearly 16,000 returnees are currently in quarantine in the 113 centres in the border states. Policies facilitating access to rights for refugees, asylum seekers and also people in mixed movements have been introduced in Brazil (to facilitate enrolment in public schools) and Curacao (to provide medical assistance to undocumented individuals). UNHCR is supporting the response providing hygiene items, sanitary equipment and improving access to water in those quarantine centres.

Coordination and partnerships

On 25 June, UNHCR together with NRC re-initiated a regional forum and exchange on economic inclusion and displacement. A monthly online exchange for practitioners and an [associated web portal](#) brings together members of regional international NGOs, UN agencies, international financial institutions, civil-society organisations and research institutes across the humanitarian-development nexus in Eastern Africa. The exchange stimulates discussions, research, and sharing of best practices related to the livelihoods and economic inclusion of refugees, returnees, other persons in displacement and their host communities. It is an open platform for discussion of partners advocating, researching, investing and realizing projects that strengthen self-reliance and resilience, reduce the need for assistance, contribute to economies, increase protection and enhance durable solutions. Upcoming virtual exchange meetings will be dedicated to topics such as livelihood adaptation during COVID-19, coordination efforts of the poverty alleviation coalition, best practices for financial inclusion and presentations of key research findings.

World Refugee Day



World Refugee Day (WRD) was commemorated around the globe, with this year's theme *Everyone Can Make a Difference, Every Action Counts*. This year, against the backdrop of the global COVID-19 pandemic, UNHCR celebrated WRD with creativity, innovation and care for the safety and wellbeing of everyone concerned. UNHCR's Regional Bureau for Southern Africa launched a [virtual photo exhibition](#) showcasing positive and powerful stories of refugees, highlighting their resilience and energy to continue their lives despite displacement.

In Turkey, UNHCR cooperated with some 30 metropolitan and district mayors, as well as representatives of umbrella organizations and a high-profile supporter to produce video messages under the themes of WRD.

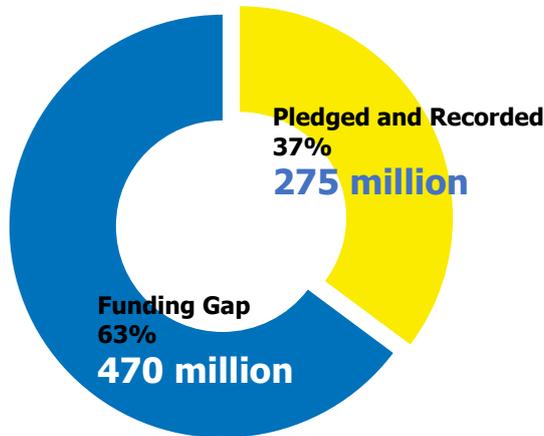
In a joint project, the Council of Europe, UNHCR, the "Foyer Notre Dame" and the City of Strasbourg have produced a [videoclip](#) introducing some refugees living in Strasbourg who contribute to combat the COVID-19 spread, including thanks to the European qualifications passport for refugees.

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 USD 745 million for all refugee and IDP operations worldwide. While the initial appeal focused on preparedness and prevention, the revised appeal is increasingly focused on response activities to address the immediate public health, protection and humanitarian assistance needs of refugees, the internally displaced and host communities prompted by the spread of COVID-19. More detailed information on UNHCR requirements within the GHRP was shared in the [11 May revision to the UNHCR Coronavirus emergency appeal](#).

USD 745M

Requested for UNHCR's COVID-19 response globally until the end of the year:



Unearmarked contributions to UNHCR's 2020 programme:

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | Private donors Spain 33.1M | United Kingdom 31.7M | Germany 25.9M | Private donors Republic of Korea 17.3M | Switzerland 16.4M | France 14M | Private donors Japan 11.7M

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

Total contributed or pledged to the COVID-19 appeal:

USD 275M

Including:

United States	\$64.0M
European Union	\$42.5M
Germany	\$39.2M
United Kingdom	\$25.3M
Japan	\$23.9M
Denmark	\$14.6M
United Nations Foundation	\$10.0M
Private donors	\$7.9M
CERF	\$6.9M
Canada	\$6.4M
France	\$4.6M
Qatar Charity	\$3.5M
Spain	\$3.4M
Ireland	\$3.3M
Sweden	\$3.0M
Sony Corporation	\$2.9M
Finland	\$2.4M
Austria	\$1.8M
Education Cannot Wait	\$1.8M
Norway	\$1.4M
UNO-Flüchtlingshilfe	\$1.1M
USA for UNHCR	\$1.0M

More information:

[Global Humanitarian Response Plan COVID-19](#)
(launched 07 May 2020)



[Global Focus COVID-19 Situation page](#)
(including UNHCR's Coronavirus emergency appeal and sitreps)



[UNHCR Covid-19 data portal](#) (including global guidance, sitreps and links to other UNHCR COVID-19 related sites)



Contact:

Lea Moser, moserl@unhcr.org

Specific country examples

Honduras

In Honduras, UNHCR supports the state to respond to the situation of returned and in transit population in temporary isolation centres in Miraflores, Tegucigalpa and Choluteca contributing with water, protection equipment and hygienic items. The office has also provided 300 families with food in Tegucigalpa and San Pedro Sula.

Mauritania

UNHCR in Mauritania continues to support distance learning for young refugees, in partnership with Save the Children and UNICEF in Mbera. Following the training sessions for trainers in April, the operation is delivering some 700 textbooks for distance learning to all the students at primary school level in Mbera camp.

Burkina Faso

As part of UNHCR's effort to strengthen the resilience and self-reliance of displaced communities and to include them in the fight against COVID-19, a four-day training took place in Burkina Faso, during which refugee women were trained by UNHCR's partner, to produce solid and liquid soap which will undergo national certification to ensure quality standards.

Argentina

A [campaign](#) to support refugees and migrants as the winter approaches was launched in Argentina. Aimed at distributing 1,500 kits with warm clothing and 3,800 blankets, the campaign is a joint effort with four Venezuelan community organizations that managed to open 30 delivery points in greater Buenos Aires.

Turkey

In Turkey, after the distribution of one-off cash assistance cards for two groups of more than 7,000 and more than 2,000 families started earlier this month, an additional list of 5,400 families is being processed for payment. UNHCR is working on a post-distribution monitoring tool to be ready in July.

Ukraine

In Ukraine, UNHCR completed an analysis to assess the impact of a one-time emergency cash assistance provided in May to some 450 refugee and asylum-seeking families. The recipients used the assistance primarily to cover rent and food expenses but acknowledged that they still faced difficulties covering basic needs as restrictions of movement remain in force and prevent them from resuming all pre-crisis income-generating activities.

Lebanon

In Lebanon, UNHCR completed the first phase of expansion works in three public hospitals. An additional ward rehabilitated by UNHCR is fully operational in Beirut with a capacity of 72 beds. Progress has been made in setting up isolation sites for people unable to isolate in their shelter or settlement or building with two sites already operational with an additional capacity of 69 beds.

Afghanistan

The UN is establishing a five-bed intensive care unit at the UN Operations Centre (UNOCA) in Kabul to provide life-saving emergency support so that humanitarian partners can stay and deliver. The Afghanistan Humanitarian Fund allocated reserve funds to kick-start the project.

India

In India, community messages on possible COVID-related support has been widely disseminated in response to refugees beginning to approach the office seeking assistance both individually and in groups.

Kenya

In Kakuma, Kenya, the Regional Bureau, in collaboration with partner organisations provided training for 61 participants of the regional 'Communicating with Communities Inter Agency Working Group' comprised of the government, UN, international and national NGOs, on collective feedback systems.

Niger

In Niger, UNHCR completed the construction of the isolation centre in Tahoua. Inaugurated by authorities on 25 June, the centre is fully operational and can accommodate up to 50 COVID-19 patients.

Republic of the Congo

In the Republic of the Congo, 573 health staff have been trained on COVID-19 prevention and response since March 2020.

Zimbabwe

Refugees and asylum-seekers continue to play key roles in COVID-19 prevention in their own communities. In Zimbabwe, 16 community health volunteers disinfected over 100 water points within Tongogara refugee camp, including boreholes and water taps, with the objective of minimizing cross-contamination at water points.

Sudan

In the East of Sudan, UNHCR conducted trainings for 140 community leaders from the Eritrean, Ethiopian and Somali refugee communities to convey information about community surveillance, promotion of infection control and hygiene, home care and support to people in self-isolation and care in quarantine, together with partners and the Ministry of Health.