UNHCR COVID-19 Preparedness and Response

Highlights

- Approximately 22.6 million persons are receiving or have received COVID-19 assistance under UNHCR’s COVID-19 response. This includes almost 997,000 individuals who received COVID-19 specific cash assistance.

- On 17 July, the second update of the Global Humanitarian Response Plan (GHRP) for COVID-19 was launched. UNHCR budgetary requirements were not increased and remained at USD 745 million covering the global response for refugees, internally displaced people and stateless.

- A tripartite agreement between the African Development Bank (AfDB), UNHCR and the G5 Sahel was signed on 23 July that provides a critical USD 20 million in funding to COVID-19 response across the five countries of the Sahel region to support COVID-19 awareness campaigns, strengthen health infrastructure, epidemiological surveillance and case management. It will also allow procurement of essential medical supplies and equipment for the prevention, control and treatment of COVID-19 patients.

- In a press release, UNHCR called on states to end unlawful detention of refugees and asylum-seekers, amidst the global COVID-19 pandemic.

Mali. Internally displaced Malian children receive solar-powered radios and school kits from UNHCR at Sarema school, to facilitate distance learning.

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Global Overview

As schools in some countries have reopened or will open from September, sometimes only for specific grades or in selected areas, many adjustments are underway to meet hygiene and physical distancing requirements. Schools in areas where refugees and internally displaced people (IDPs) live are often overcrowded, with poor infrastructure and lacking reliable access to water.

UNHCR is supporting the authorities and other UN agencies, such as UNICEF, in their efforts to ensure a smooth return to school by contributing to sensitization and capacity-building activities for teachers and safety measures against COVID-19 for students. UNHCR is also providing them with personal protective equipment and assists in the cleaning and disinfecting of school premises. In Central African Republic, where the government reopened classes on 15 July 2020, UNHCR has been providing hygiene kits to local authorities to combat COVID-19 in schools.

In areas where schools remain closed, UNHCR has promoted the continuation of learning through a variety of solutions so that children and youth can continue learning while staying at home. These solutions have included the use of internet-based materials, online communication platforms and virtual classrooms, broadcast technologies and distribution of printed materials. One of the lessons learnt from the response to the Ebola crisis was the importance of ensuring that communities remain informed about educational opportunities, school re-opening and the pandemic. For example, in Mali, UNHCR and its partners have provided 11,000 refugee, IDP and host community children with solar powered radios and school kits, equipped 12 schools with water pumps, and provided 135 schools with 405 hand washing kits.

UNHCR Response

Progress to date and Impact

- Across Southern Africa, UNHCR has reached 2 million people with COVID-19 risk communication, 299,000 households have received soap, and almost 3,900 children and youth have received distance and home learning support.
- UNHCR has stepped up its efforts in Brazil to protect tens of thousands of refugees and migrants from Venezuela and their host communities, as the Latin American country has become the second worst affected country in the world.

Gaps and Challenges

- Although the number of confirmed cases among forcibly displaced people have remained relatively low so far, the negative protection and socio-economic impact has been enormous.
- Some 40 per cent of global healthcare facilities are not equipped with handwashing stations and three billion people, including refugees and internally displaced people, lack soap and water at home to practice good hand hygiene, which makes responding to COVID-19 extremely challenging.
Regional Updates

Middle East and North Africa (MENA)
In Lebanon, as of 17 July, there have been several positive COVID-19 cases among the Syrian refugee population, identified in urban areas through contact tracing and testing after clusters of cases have been found among the local population. UNHCR has completed the first phase of expansion works in three public hospitals which will be equipped to accommodate critical COVID-19 cases. An additional ward rehabilitated by UNHCR is fully operational in Beirut with a 72-bed capacity. UNHCR is also supporting the government’s efforts to expand capacity at isolation facilities. Moreover, a polymerase chain reaction (PCR) testing campaign in informal settlements and collective shelters was completed at the end of June, with nearly 3,600 samples collected over 147 sites country-wide; all test results were negative.

Over the past few weeks, Iraq has been increasingly hit by COVID-19, with over 2,800 new infections confirmed on a single day. In this context, UNHCR in Iraq is in regular contact with authorities to ensure that all refugees, internally displaced people, returnees, and stateless persons are included in national COVID-19 prevention and response plans, particularly with regards to access to treatment and health facilities. So far, all confirmed COVID-19 cases of UNHCR’s persons of concern have received assistance from UNHCR and the respective health authorities. Contract tracing and testing has been conducted, and Camp Coordination and Camp Management COVID-19 preparedness and response plans have been activated and implemented in all affected camps, including strict movement restrictions. In addition, UNHCR in Iraq is supporting the Directorates of Health (DoH) in some governorates to conduct trainings of nurses working in camp-based Primary Health Care Centres.

Asia and the Pacific
On 30 June, the Bangladesh cabinet issued a circular announcing new public health protection measures. While general lockdown has been lifted, selected restrictive measures have been retained, including a curfew, ongoing suspension of education institutions, a ban on public gatherings, and the implementation of red zones and lockdowns in areas with widespread transmission rates, at the discretion of district administrations. Cox’s Bazar has ceased to be designated as a red zone from 1 July and restrictive measures on movement of transport and operation of marketplaces have been lifted. However, insecurity in the camps remains a serious concern. Protection incidents continue to be underreported – likely due to the reduced protection presence in the camp – while medical issues are also underreported due to distrust, stigmatization and scepticism of healthcare facilities among the population. UNHCR, its community-based protection partners, and the refugee community continue to conduct awareness-raising sessions, hygiene promotion and safe group radio listening activities in the refugee settlements.

In Afghanistan, preliminary results from the COVID-19 Protection Monitoring tool developed by the Protection Cluster highlight that 89 per cent of the respondents reported that their families/communities have lost livelihoods as a result of COVID-19 and that 60 per cent indicated that if not able to work, they have no savings to support their families. Moreover, 91 per cent of respondents indicated that they have nowhere to self-isolate, if they would be required to do so. Meanwhile, hospitals and clinics in Afghanistan continue to report
challenges maintaining or expanding their capacity to treat patients with COVID-19.

**West and Central Africa**

The pandemic is now accelerating in West and Africa, moving from the main urban centers into the remote rural areas where it will be more challenging to contain the spread of the virus. The region has seen a 41 per cent increase in confirmed COVID-19 cases in the past three weeks with almost 142,000 cases as of 20 July compared to around 101,000 on 29 June 2020. However, the number of reported cases amongst UNHCR’s persons of concern remains low.

The rainy season started across the region creating additional challenges to access, provide assistance to persons of concern and implement basic preventive measures against COVID-19 in hosting areas. In Burkina Faso, UNHCR pursues its efforts to mitigate the impact of the rainy season, which has brought some exceptionally strong winds and heavy rainfalls this year. Almost 70,000 internally displaced persons are currently residing in flood prone areas in Centre-Nord and the Sahel regions. Between March and June 2020, UNHCR has further supported around 31,000 households with shelter materials. In the Central African Republic (CAR), UNHCR and its partners installed refugee housing units at the University Hospital of Bambari to serve as a place for the isolation of suspected COVID-19 cases.

To assess the economic impact of the COVID-19 pandemic on populations including the forcibly displaced and their hosts, UNHCR is engaging in various studies with key partners. In Niger, UNHCR will conduct a joint study with ILO on the socio-economic impact. In CAR, building on a COVID-19 impact evaluation exercise conducted by UNDP, UNHCR launched a study using the same methodology but focusing on refugees. In Mali, UNHCR is finalizing its value chain study which aims at identifying livelihoods opportunities in the COVID-19 context. To mitigate the socio-economic impacts, UNHCR is pursuing its strategy to empower refugees to become front liners and COVID-19 prevention actors, by transforming their livelihood through cash for work.

**East and Horn of Africa and the Great Lakes**

In addition to the COVID-19 pandemic, the region is plagued by multiple crises including political instability, armed conflict, locusts and climate related disasters. The rainy season has led to increased humanitarian needs in Somalia, South Sudan and Sudan as a result of additional displacement due to flooding and landslides.

In Ethiopia, efforts are ongoing to address the situation of more than 8,000 new arrivals from South Sudan who have been sheltering at the newly re-opened Pagak Reception center in Gambella and a nearby school. Both facilities are overcrowded, and services overstretched. As part of the agreement reached with the government of Ethiopia to decongest the centers and start relocations to refugee camps, random sample COVID-19 testing has been initiated. Negative cases will be relocated, while positive cases will be moved to government isolation facilities. Treatment facilities in the region are quickly nearing capacity and there is an urgent need for additional quarantine and isolation facilities, as well as personal protective equipment, testing kits, and other medical equipment.

Responding to the need for up to date information on the impact of the pandemic on host communities and refugees, UNHCR and
the World Bank, in close cooperation with national statistics offices, have launched impact surveys in Kenya and Uganda. Having completed the first-round, evidence from Kenya shows that the global economic downturn has led to a substantial drop in remittances for refugee households dropping from 20 per cent in May to 7 per cent in June. In Kenya, refugees experienced a massive drop in access to employment opportunities, declining from 32 per cent before the pandemic to 7 per cent in June and only one third of refugee children in camp settings remain engaged in learning activities. In Dadaab refugee camp, Kenya, a recently concluded self-employment program targeted 100 refugees and 20 host community members resulting in an 87 per cent increase in self-employment, and over 80 per cent increase in more income and savings as a result of the program. With the COVID-19 pandemic impacting refugees’ livelihoods, the survey results will help to inform livelihoods programming going forward.

**Southern Africa**

As of 20 July 2020, there are a reported 407,198 confirmed cases of COVID-19 in the 16 countries covered by UNHCR’s Regional Bureau for Southern Africa, representing a 150 per cent increase over a three-week period. South Africa continues to report the highest number of confirmed cases on the continent, with case numbers spiking in recent weeks. The implementation of COVID-19 testing remains worryingly slow, partly due to a lack of test kits and limited laboratory capacity. This is having a negative impact on the transmission chain, especially in areas where people live in close proximity to one another, such as in camps and in some low-income urban areas. Further, COVID-19 restrictions have had severe economic impacts on vulnerable populations, including refugees, asylum-seekers and internally displaced persons.

The COVID-19 pandemic has heightened risk of xenophobic attitudes in some parts of the region, and UNHCR is supporting government measures to improve communication and counter xenophobia. This includes provision of accurate and timely evidence-based information on the possible impact of COVID-19 outbreaks in refugee settlements and surrounding host communities. For example, in Zambia, UNHCR is working with the government to counter xenophobia, dispel fears and clarify misperceptions among host populations regarding refugees and migrants and COVID-19 outbreaks. This is being achieved through ongoing community dialogues with refugees and host communities, as well as participatory assessments to gather empirical data on the socio-economic impact of COVID-19. Risk communication and community engagement is also ongoing through culturally appropriate, authorities approved information, education and communication material in local languages as well a regular community dialogues, music and radio-messaging.

**Europe**

Overall, continuous lifting of border and movement restrictions is expected to lead to a gradually better access to territory and international protection. However, in practice, a number of countries are invoking health imperatives as a justification to restrain access to both territory and asylum procedures. As border restrictions and travel bans are being lifted, access to territory and international protection continues to improve. However, worrisome reports of push-backs at land borders and at sea persist. In Greece, alleged push-backs to Turkey from the land border and the islands, both at sea and after arrival on the Greek shores, were reported. UNHCR remains highly concerned by numerous reports of push-backs while asylum claims among new arrivals are not registered. In some countries, reception
and protection capacities are pressured by higher numbers of people in need of shelter. To avoid overcrowding, some centres do not allow any further entries. In Greece, the population of concern on the islands has dropped to 31,700, and the number of asylum-seekers in the reception and identification centres (RICs) decreased to 26,900. However, the capacity of the five RICs is 5,400 individuals; the sites remain overcrowded with unhygienic conditions.

In Ukraine, UNHCR completed its rapid analysis of the protection situation of internally displaced people (IDPs) related to the COVID-19 outbreak; of 200 requests to support the most vulnerable IDPs facing serious protection risks, 72 per cent reported the risk of eviction as a result of loss of income, while 13 per cent responded that they had experienced a gradual decrease of income and deterioration in health of one or more family members.

**Americas**

The Americas continue to be the epicentre of the pandemic, with 14.3 million cases, equivalent to 53 per cent of all the cases reported globally, and over 300,000 deaths (as of 20 July). Mexico became the fourth country in terms of deaths due to COVID-19 in the world, while Chile, with over 330,000 cases, has one of the highest cumulative totals, with 16.6 individuals affected per 1,000. In Central America, confirmed positive COVID-19 cases in the region exceed 148,000, with an increase of 135 per cent in a week.

Despite mobility restrictions in the region, population movements continue in the Americas. Between 4 April and 15 July, around 52,000 Venezuelans are estimated to have returned to their country from Colombia, Ecuador, Peru and Brazil. On the Colombian border, in Cucuta, UNHCR supports inter-

agency efforts in a transitory health care centre in Tienditas, where some 500 Venezuelans are waiting to enter Venezuela. Authorities in the Dominican Republic estimate some 82,000 people returned to Haiti as of 13 July.

Many people on the move have claimed asylum. In Peru, over 14,000 asylum claims have been lodged since 22 June, when the possibility to apply remotely was introduced. In Mexico, asylum applications increased 30 per cent during June. Other countries, such as Bolivia, Uruguay and Chile, are also receiving asylum claims.

Despite pandemic-related restrictions, UNHCR is working to provide emergency assistance, including safe shelter spaces and cash-based assistance, as well as to advocate for the inclusion of refugees in national public health responses, social security programmes and emergency assistance plans. Urgent action is required to help the most vulnerable refugees and internally displaced people, particularly those in countries where they are unable to access state social welfare programmes.
Coordination and partnerships

The 17th virtual global consultation with non-governmental organisations (NGOs) addressed the socio-economic impact of COVID-19 by discussing cooperation with development partners to mitigate the negative effects. Panellists noted the devastating socio-economic impact of the pandemic, particularly in host countries with large numbers of refugees and internally displaced persons, in densely populated areas, and in countries with high levels of poverty, with existing gaps in social protection and food insecurity. They highlighted UNHCR’s stepped up response, especially through cash-based interventions in 69 operations and the cooperation with development partners such as UNDP, UNICEF, UNESCO and the World Bank. The NGO consultations of the following week focused on crisis communication and managing fundraising efforts during COVID-19 and the need to adjust to the ever-changing COVID-19 situation.

UNHCR Regional Bureau for Europe co-organized with the European Council on Refugees and Exiles (ECRE) and International Council of Voluntary Agencies (ICVA) its first virtual dialogue with NGOs in Europe on 6 July. While the discussions touched upon various issues, the impact of COVID-19 pandemic on the protection space in Europe and the required collective response to address these were also raised.

Emerging Practices

Protecting Forcibly Displaced Women and Girls during the COVID-19 Pandemic

WASH and COVID-19 field practices

Supporting continued access to education during COVID-19

Financial Information

On 17 July, the second revision to the COVID-19 Global Humanitarian Response Plan was launched, seeking USD 10.3 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 appeals are 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.
GLOBAL COVID-19 EMERGENCY RESPONSE
28 July 2020

USD 745M

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

Funding Gap 40%
297 million

Pledged and Recorded 60%
448 million

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 448M

Including:
United States $186.3M
European Union $43.5M
Germany $39.2M
United Kingdom $33.0M
Japan $23.9M
African Development Bank $19.4M
Denmark $14.6M
United Nations Foundation $10.0M
Private donors $8.1M
CERF $6.9M
Canada $6.4M
Qatar Charity $3.5M
Spain $3.4M
France $3.4M
Ireland $3.3M
Sweden $3.0M
Sony Corporation $2.9M
Austria $2.5M
Finland $2.4M
Education Cannot Wait $1.8M
UNO-Flüchtlingshilfe $1.7M
Norway $1.4M
USA for UNHCR $1.0M

More information:
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:
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**Specific country examples**

**Guatemala**
In Guatemala, UNHCR is supporting state efforts to respond to the needs of the returned population by providing refugee housing units that are being used as health monitoring areas in shelters. UNHCR has also provided cash assistance to more than 100 returnees to meet basic needs.

**Mauritania**
In Mauritania, as part of UNHCR’s efforts to support social protection outcomes, the distribution of cash to 1,024 vulnerable urban refugee households was completed. During the six weeks of distribution, the total amount distributed to beneficiaries was over USD 264,000.

**Burkina Faso**
In Burkina Faso, UNHCR also provided in-kind donations, composed of three ambulances one of which is medicalized, medicine, pharmaceutical supplies and information posters on COVID-19, to regional authorities.

**Ghana**
In Ghana, UNHCR has introduced innovative approaches to ensure continuity of basic protection services, starting with refugee status determination (RSD) and registration. In July, the first virtual RSD adjudications were carried out by the Ghana Refugee Board and a total of 81 cases were approved for the granting of status in Ghana during the COVID-19 pandemic.

**Democratic Republic of the Congo**
In the Democratic Republic of the Congo (DRC), UNHCR handed over a quarantine centre to the Kasai Province Governor in Katshongo to be used for future identified COVID-19 cases. Since the beginning of the COVID-19 response, UNHCR has established 10 isolation and quarantine centres in the DRC and provided equipment and other support to an additional 8 centres.

**Zambia**
In Zambia, UNHCR has identified 30 qualified refugee health personnel and is engaging the Ministries of Home Affairs and Health to secure their inclusion in the national response as part of the frontline health workers.

**Greece**
In Greece, as asylum offices have gradually re-started their services, the operation has supported the efforts of the Asylum Service by sending text messages to 150,000 asylum-seekers with information on procedures.

**Ukraine**
In Ukraine, the operation procured over 3,000 pieces of personal protective equipment for 18 primary health care facilities along the ‘contact line’ in Donetsk oblast.

**Libya**
UNHCR and IRC recently supported the reopening of a primary healthcare centre in Tripoli, Libya which was closed by the government when a state of emergency was declared as the first cases of COVID-19 appeared in March. With support of UNHCR and IRC, a catchment area of at least 30,000 people will be provided with medical and protection services.

**Ecuador**
In Ecuador, some 200 young people have accessed online courses thanks to the initiative “Conectados Ganamos”, a programme to improve digital skills launched by UNHCR in cooperation with its partner Fundación de las Americas (FUDELA) and Fundación Telefónica Movistar. The initiative aims to improve employment opportunities or help to start small businesses.

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With the assistance of ECHO and the EU Humanitarian Air Bridge, over 95 per cent of all personal protective equipment and medical supply orders have been delivered to the Islamic Republic of Iran, with the rest expected to be delivered soon.

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