UNHCR COVID-19 Preparedness and Response

**Highlights**

- In countries receiving funds for the Global Humanitarian Response Plan on COVID-19 (GHRP), some 6.7 million people have accessed protection services, over 3.2 million refugees have gained access to health services and over 500,000 refugees have been included in national social protection schemes.

- Many countries are maintaining national education programmes, including for refugee and internally displaced children, via radio, online, and television. Due to mandatory school closures, more than 1.6 million refugee children and youth are out of school. 782,790 children and youth in 29 countries are supported with distance/home-based learning.

- The [High Commissioner for Refugees, Filippo Grandi, visited Beirut](http://example.com) to support and listen to the plight of all those affected by the devastating blast. Beyond the immediate and longer-term impact of the tragic explosion of 4 August, UNHCR is concerned about the combined effect of a severe economic crisis and the COVID-19 pandemic in the country. These three factors together are harming the most vulnerable and poorest parts of the population throughout the country.

- In a [press release](http://example.com), UNHCR welcomed Canada’s announcement to open pathways to permanent residency for asylum-seekers in the healthcare sector who have worked on the frontlines of the country’s COVID-19 response.
Global Overview

With the global spread of the COVID-19 pandemic, the needs of forcibly displaced children and their families – including equitable access to essential services like water, sanitation and hygiene, protection and education – have become even more acute. During the COVID-19 pandemic, children face mainly three dangers: 1) infection with the virus; 2) the immediate impacts of measures to stop transmission of the virus (such as school closures); and 3) the long-term impact of the resulting economic crisis on social and economic development. Child protection risks have also escalated across operations – 23 of 26 Protection Clusters report increased occurrence of incidents or heightened risks of violence against children because of COVID-19 measures. In addition, disruption of services and movement restrictions limit children’s access to life-saving services, including health, mental health and psychosocial support, as well as case management.

Meeting the increased needs of forcibly displaced children is key to securing both their safety and wellbeing now and in the future. UNHCR has continued child protection interventions during the pandemic and uses child-friendly communication methods, which have been designed in consultation with parents, caregivers and with the children themselves. In addition to working with children and communities, UNHCR also engages with authorities through policy advocacy in the context of COVID-19, such as to end immigration detention of children.

UNHCR has worked with UNICEF to develop a two-year (2020-2021) blueprint for joint action. Titled “A Fair Deal for Refugee Children”, UNICEF and UNHCR have committed to strengthen their partnership in an initial 11 focus countries and to place refugee children and their families worldwide at the forefront of preparedness, prevention and response to COVID-19. The joint work provides an important platform in this evolving context, both in the immediate term and by ensuring that national responses to the socio-economic impacts of the pandemic are inclusive of all children, regardless of their status.

UNHCR Response

Progress to date and Impact

- Over one hundred states have adapted asylum registration procedures for new applicants, including emergency cases, to the new situation or have updated the data of already-registered applicants by mail, phone, email or online.
- UNHCR and other protection actors have established 24/7 protection hotlines to take calls, followed by interventions aimed at safeguarding access to rights and services. In Colombia, for example, assistance was provided to more than 20,000 Venezuelan refugees and migrants and other persons of concern via 47 helplines.

Gaps and Challenges

- Due to loss of income in hosting countries impacted by movement restrictions, refugee involuntary returns are increasing. Incidents of xenophobia, discrimination and gender-based violence are also on the rise.
Regional Updates

**Middle East and North Africa (MENA)**
Following the deadly blast in Beirut, Lebanon on 4 August, nearly 220 people died, 6,000 people were injured and a reported 300,000 were displaced. The impact of the Beirut Port explosion has been felt across much of Beirut, creating immediate humanitarian needs on top of what were already trying times. The exposure has affected everyone, regardless of nationality or status. UNHCR is contacting all refugee households residing in affected areas and ensuring referrals for onward support. As of 22 August, UNHCR is aware that the total number of confirmed refugee deaths stands at 14 individuals, with 250 injured. The explosions hit as Lebanon faces a multi-faceted crisis. In recent months, the socio-economic situation of Lebanese, refugees and migrant workers has continued to deteriorate, with the cost of basic needs exponentially rising as a result of the deep economic and financial crisis, exacerbated by the impact of COVID-19. In addition, the number of positive COVID-19 cases in Lebanon has significantly increased over the past two weeks, with a further spike expected in the coming period.

UNHCR is mobilizing, together with other humanitarian partners to respond to the immediate needs to the most affected and most vulnerable households and individuals in Lebanon, including Lebanese, refugees and migrant workers. Efforts are focussed on shelter assistance and protection interventions which have been included in the recently launched [Inter-Agency Humanitarian Appeal for Lebanon](#), with financial requirements of USD 565 million, of which USD 35 million are UNHCR’s requirements. While health support is already covered under UNHCR’s COVID-19 Appeal, launched earlier this year, the High Commissioner during his visit to Lebanon last week committed a further 3 million USD to reinforce UNHCR’s COVID-19 response, in addition to the previously allocated 40 million USD.

The situation in Iraq and Syria is further deteriorating due to COVID-19 as cases rise. The prolongation of the COVID-19 crisis has lent itself to a further deterioration in the daily lives of Syrians. Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line. According to estimates, 9.3 million people in Syria are now considered food insecure. As part of the COVID-19 response since March, UNHCR provides cash assistance to refugees in Syria, with nearly 12,300 refugees benefitting from multi-purpose cash grants, worth a total of over USD 1 million.

**Asia and the Pacific**
In Cox’s Bazar district in Bangladesh, a gradual easing of the general lockdown measures that were in place nationwide further to a circular issued by the government has been announced. With the ease of lockdown measures, partners have started to increase their presence in camps. Testing in the camps in Bangladesh through sentinel sites has increased and reached 120 tests per day as of 10 August. This increase is largely owed to the work of refugee community health volunteers who are engaged in community-based surveillance and providing targeted counselling to refugees identified with COVID-like symptoms.

Despite limited field movements, UNHCR colleagues in Pakistan are conducting outreach missions to refugee villages and urban clusters to monitor ongoing interventions, including WASH, livelihoods, health, legal assistance, and cash assistance. UNHCR jointly with a partner has commenced WASH activities in 24 refugee villages in Pakistan to carry out information...
dissemination, support the reactivation of Water Management Committees, and distribute soap and personal protective equipment (PPEs) to refugee communities via existing community structures. Education partners are also assessing schools and meeting with local communities to prepare for school reopening, to ensure that protocols are followed and to disseminate information, education and communication materials and PPEs.

In collaboration with the governments of Afghanistan and Pakistan, UNHCR is preparing to resume facilitated voluntary repatriation of Afghan refugees from Pakistan. Once in Afghanistan, returnees will receive a cash grant covering costs for transport and initial reintegration (around USD 250 per person) and will be able to access basic services at one of three centres in Nangarhar, Kabul, or Kandahar.

**West and Central Africa**

Escalating violence has now driven more than one million people from their homes in Burkina Faso. More than 453,000 people have been displaced since the start of the year, according to the national authorities. Five per cent of the country’s entire population is now displaced in the world’s fastest-growing humanitarian and protection crisis. Attacks by armed groups in the north and east of the country have forced people to move multiple times and are set to push the numbers still higher. Most of the displaced fled the northern and eastern regions of the country, often being forced to flee multiple times. The two regions of the Centre Nord and the Sahel host some 76 per cent of all internally displaced people (IDPs). For most of them, the additional impact of COVID-19 is devastating as they are in desperate need of shelter, food, water, protection and health. Education also remains a priority, as over 2,500 schools have been forced to close after being targeted thus affecting almost 350,000 students. In response, UNHCR is rehabilitating schools and classrooms and providing distance learning opportunities. UNHCR has also supplied more core relief items and shelters to decongest the most overcrowded refugee and IDP sites. As sexual and gender-based violence becomes more wide-spread, UNHCR is redoubling its efforts to prevent, respond and mitigate the aggravated effects of confinement and overcrowding.

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

Testing and treatment for refugees continues to be a challenge in the region. In Ethiopia, the most impacted country, there is no testing capacity in the Afar and Melkadida refugee-hosting areas. Tests must therefore be sent to Addis Ababa, which delays the results. In Kenya, the turnaround time for relaying laboratory results also remains long, as there is no testing capacity in the refugee camps. UNHCR has initiated the procurement of GeneXpert machines and testing cartridges to enable testing for COVID-19 in the refugee camps and the host communities. However, there are severe shortages of test kits and machines globally. In Rwanda, construction of a COVID-19 treatment center in Nyamagabe District was completed supporting cases from Kigeme and Mugombwa refugee camps as well as in the hosting community. The establishment of additional treatment centers will continue in the remaining camps in the country.

Whereas initially many essential protection services were suspended, registration activities and refugee status determination have largely resumed either remotely or with specific COVID-19 protective measures in place. Resettlement processing is ongoing with departures taking place in several countries. Most recently in Rwanda, between 11-17
August, 27 Congolese refugee families of 56 individuals departed for resettlement. These are the first resettlement departures from Rwanda since 17 March after a temporary hold on travel following the COVID-19 outbreak.

Voluntary repatriation of Burundian refugees from Tanzania also continues with 1,270 Burundians returning between 4-18 August. Additional health screening measures and protocols have been put in place and UNHCR and partners continue to expand the reception capacity at transit centers in Burundi while reinforcing COVID-19 prevention measures including testing upon arrival.

Southern Africa

Months of COVID-19 restrictions have had severe economic impacts on vulnerable populations, including refugees, asylum-seekers and internally displaced people (IDPs). Lost income as a result of limitations on movement and economic activity has meant that the number of people requesting assistance from UNHCR has increased significantly, notably among those who had previously been self-sufficient, as they now struggle to put food on the table, pay rent, or cover the cost of utilities. At the same time, reports of rising xenophobia and stigmatization of refugees has been noted in the region, impacting on the physical safety of people of concern as well as social cohesion and peaceful coexistence with local communities. This is not limited to health stigmatization, but also linked to the increasing economic pressures in refugee-hosting areas amidst the impacts of COVID-19 restrictions.

COVID-19 screening continues to be an important activity to curb the spread of the virus in the Democratic Republic of Congo (DRC). Over the past two weeks, UNHCR and partners screened over 2,100 people for COVID-19 at the four different camp entry points in North and South Ubangi Provinces, with over 133,000 people screened in those provinces since March 2020. In addition, in Ituri and Haut-Uele Provinces, almost 7,000 individuals were screened at different entry points. Further, to support the provincial health department in its fight against COVID-19, UNHCR contributed 13,000 bars of soap, 2,000 surgical masks and 1,000 pairs of medical gloves to a hospital in Bunia, Ituri Province. This hospital is the designated COVID-19 treatment and isolation centre in the city of Bunia and located in the same municipality as two UNHCR-coordinated displacement sites. In the DRC, the region’s largest COVID-19 risk communication and awareness-raising campaign continues, reaching more than 1.3 million people since March 2020. To reach a broader audience and provide a platform for discussion, local radio stations aired 142 spots about COVID-19 in Kasai Central and Kasai Provinces, while in Tanganyika Province, 12 interactive radio programmes were held, targeting IDPs and host community members.

Europe

In the context of the COVID-19 pandemic, two thirds of European countries have found ways to manage their borders effectively while allowing access to their territories for people seeking asylum. Medical screenings at borders, health certification or temporary quarantine upon arrival are some of the measures put in place by a number of European countries. Asylum procedures have also been resumed in most states. However, in many instances, resumption of interviews in line with new health regulations and accumulated backlog present a challenge, and case processing is picking up at a slower pace than usual. This is the case in Spain, where some interview appointments are being given for 2021. To address some of these issues, Madrid local authorities have strengthened their workforce. In Italy, the
Ministry of Interior has started to implement a pilot for remote Refugee Status Determination (RSD) interviews. A first group of 35 asylum-seekers currently observing quarantine is scheduled for interviewing during the second half of August. In the meantime, UNHCR shared with the asylum authorities a checklist for remote RSD interviews, and a template to guide the interview set-up, including a confidentiality statement for non-RSD staff providing technological support in the reception facility. In Albania, UNHCR continued to support asylum authorities by submitting a list of prioritised actions on asylum for further discussion and joint action.

As cases among the general population are increasing in the Government-Controlled Area in Ukraine, new prevention measures have been put in place, including movement restrictions across the boundary line with the autonomous republic of Crimea and Sevastopol, with exceptions for students, and medical and family reasons. Humanitarian actors and civil society continue assisting those willing to cross. UNHCR delivered six tons of humanitarian assistance to conflict-affected persons and social workers in Donetsk, including household items, water containers, electrical appliances, and bed linen. Two convoys facilitated by UNHCR and OCHA also reached Luhansk. The convoys delivered 123 electric bicycles and 2,050 medical gowns for health care providers and social workers, and 21 tons of construction materials and personal protective equipment (PPEs).

**Americas**

The Americas continue to be the epicentre of the COVID-19 pandemic, with 53 per cent of the cases reported globally. Mexico and Peru have over half a million cases each, closely followed by Colombia. Chile, with over 387,000 cases, has the world’s highest cumulative incidence rate (20 individuals affected per 1,000 people) followed by Panama. Population movements continue in the Americas, even though mobility restrictions remain in place throughout much of the region. As of 10 August, Colombian authorities confirmed that around 60,000 Venezuelans have returned to their country. Reverse movements of population leaving Venezuela to Colombia or travelling towards Ecuador, Peru or Chile have also been identified by UNHCR.

In a positive development, Peru has suspended the requirement of title validation for foreign health professionals, facilitating the inclusion of Venezuelans in the response. From August 15, graduates and specialists may provide services in public establishments without requiring validation or temporary authorization from the professional boards or colleges.

Canada announced new pathways to permanent residency for asylum-seekers in the healthcare sector who have worked on the frontlines of the country’s COVID-19 response. The decision, which recognizes the contribution of refugees and asylum seekers to the health response in Canada, is expected to benefit asylum-seekers across the country who have been playing a crucial role during the pandemic.
Financial Information
On 17 July, the second revision to the COVID-19 Global Humanitarian Response Plan (GHRP) was launched, seeking USD 10.3 billion to support global humanitarian response through December 2020. UNHCR seeks USD 745 million for all refugee and internally displaced 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 in countries already facing humanitarian situations. Within the GHRP, UNHCR’s focus is on meeting the needs of refugees, stateless, the internally displaced and host communities. More detailed information on UNHCR requirements within the GHRP was shared in the 11 May revision to the UNHCR Coronavirus emergency appeal.

Innovative Practices
Savings for Transformation (S4T) in Zimbabwe
In Zimbabwe, lockdown measures have adversely impacted livelihood opportunities for refugees and asylum-seekers residing at Tongogara refugee camp, and several activities have taken place over the past two weeks to reinvigorate livelihoods and economic opportunities. UNHCR’s partner facilitated training under the Savings for Transformation (S4T) programme, for 161 participants (of which 2/3 were female) from 16 potential savings groups in the camp. The S4T programme is based on a model of member-owned savings groups composed of a small number of people who save together in a safe, convenient and flexible way. The savings groups follow a simple, transparent method to accumulate and convert small amounts of cash into savings that can then be lent to members as credit.
GLOBAL COVID-19 EMERGENCY RESPONSE
28 August 2020

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.

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)

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Total contributed or pledged to the COVID-19 appeal:

USD 460M

Including:

- United States $186.3M
- Germany $62.7M
- European Union $45.9M
- United Kingdom $31.5M
- Japan $23.9M
- African Development Bank $18.3M
- Denmark $14.6M
- United Nations Foundation $10.0M
- Private donors $9.0M
- CERF $6.9M
- Canada $6.4M
- Education Cannot Wait $3.6M
- 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
- Unilever $2.1M
- People’s Republic of China $2.0M
- Latter-day Saints $2.0M
- Charities

Funding Gap 38% 285 million

Pledged and Recorded 62% 460 million

UNHCR Covid-19 data portal (including global guidance, sitreps and links to other UNHCR COVID-19 related sites)
In Tanzania, there are more than 2,500 handwashing points across the three refugee camps. To ensure that refugees continue with the recommended handwashing practices, distribution and monitoring of soap usage at washing stations continues. During the reporting period, almost 679,000 kgs of soap bars were distributed.

In Zambia, since March 2020, almost 22,000 people in Zambia have been reached with messaging addressing sexual and gender-based violence linked to COVID-19.

In El Salvador, UNHCR delivered 500 hygiene kits to Plan Trifinio and 700 hygiene kits to the Ministry of Culture to support vulnerable population affected by the pandemic.

In Serbia, UNHCR trained a group of unaccompanied children and youth, who had assumed the role of peer educators, on COVID-19 protective measures and on gender-based violence core concepts and services.

In Jordan, UNHCR and partners, together with the national child protection systems have increased the capacity for community-level identification of unaccompanied and separated children, and organised transportation to care facilities.

In Myanmar, UNHCR and WFP held a handover ceremony of 20,000 COVID-19 testing kits to the Ministry of Health and Sports as part of a broader UN programme to provide in total over 95,000 test kits to the Government.