

Regional Bureau for Europe

UPDATE #27

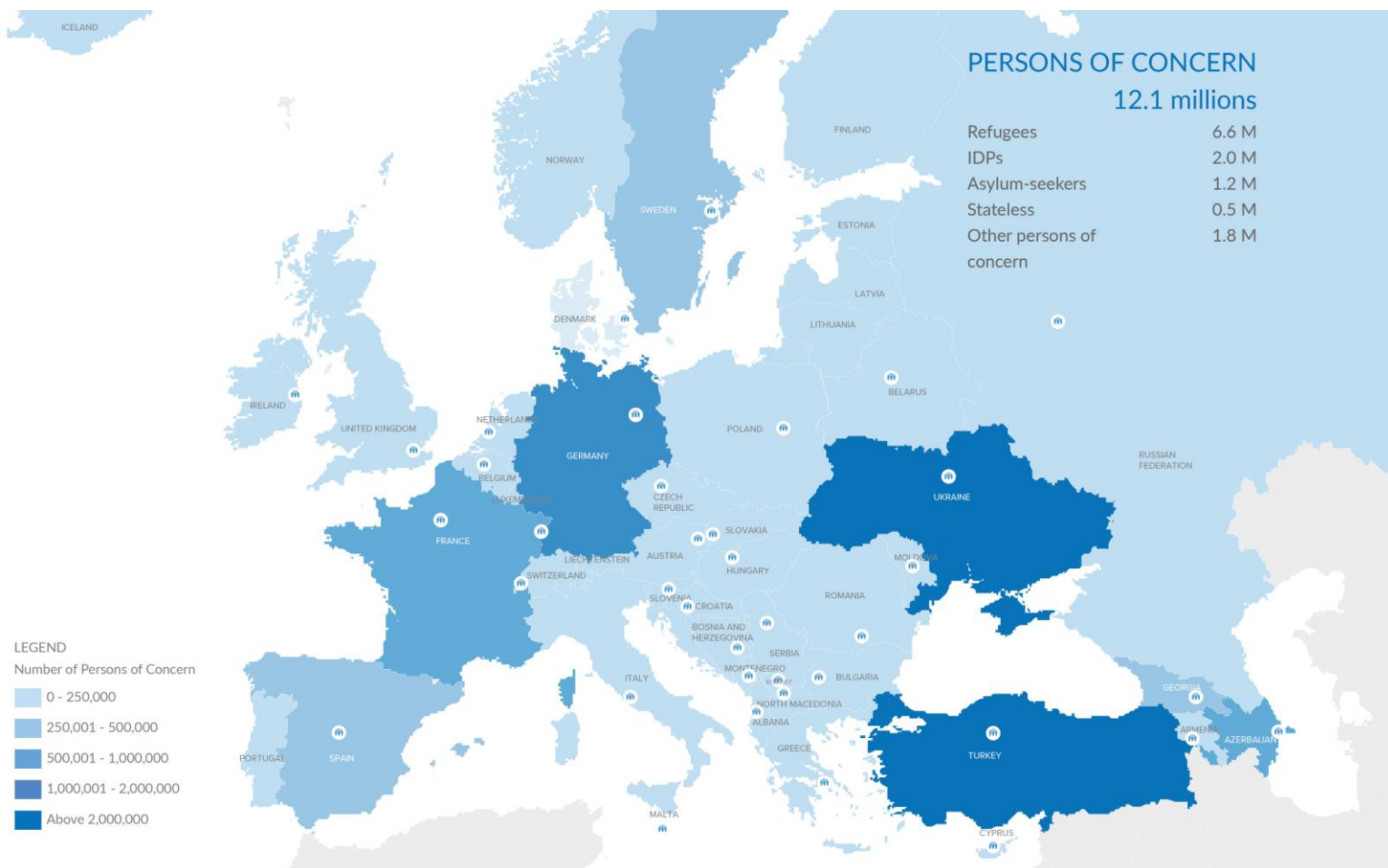
1 – 30 April 2021

Regional COVID-19 infection rates decreased moderately but steadily throughout the month. **Movement and travel restrictions** remained largely in place, with a few exceptions.

Despite tightened prevention measures limiting international travel due to the spread of new variants, **access to territory for persons of concern** was generally maintained.

Movement restrictions continue to impact UNHCR staff in country offices. To date, 35 offices are **partially teleworking** while two continue on **full telework mode**.

Populations of Concern



SOURCE: UNHCR 2020 MID-YEAR TRENDS AND ANNEX TABLE

Includes Serbia and Kosovo (S/RES/1244 (1999)). The boundaries and names shown, and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Operational Context

- All 49 countries and one territory in the region have reported COVID-19 cases among the general population. To date, 40 countries and one territory have reported cases among persons of concern at some point. Some of the concerned individuals have in the meantime recovered. However, any figures or estimates should be taken with caution due to varying approaches to testing, data segregation and reporting.
- According to WHO, daily infection rates in the European region decreased moderately but steadily throughout the month, with movement restrictions and social distancing measures generally maintained and extended into May. In April, cumulative deaths in the Europe region surpassed one million. Meanwhile, although COVID-19 vaccination rates continue to differ across the region, the roll out of vaccination programmes accelerated overall.
- In April, two UNHCR offices continued in full telework mode, and 35 offices in partial telework mode. Visits to reception centres are strictly regulated, and outbreaks in collective accommodation or detention centres have temporarily limited the ability of UNHCR and partners to access persons of concern in some countries.

UNHCR Areas of Intervention



PROTECTION

- **Quarantine measures upon arrival:** Testing and quarantine measures are in place in all countries registering significant numbers of sea arrivals. In April, 1,595 individuals arrived in **Italy** by sea, of which at least 67 reportedly tested positive for COVID-19. Compared to March, both the number of arrivals and of people tested positive to COVID-19 were lower (2,386 and 100, respectively). UNHCR followed up on the disembarkations of rescued people from NGO vessels and their transfer to one of the four operational quarantine ferries. As of 30 April, 675 new arrivals were observing offshore quarantine. Unaccompanied children and persons with specific needs were transferred to quarantine locations onshore. Concerns remain, however, related to lacking quarantine and reception capacity in case of more arrivals, in particular for unaccompanied and separated children and persons with specific needs.
- Some 1,725 persons arrived in **Spain** in April, mostly by sea, down from 2,350 persons in March. Of these, 74% reached the Canary Islands. Three people tested positive for COVID-19 among arrivals in Andalusia, and several persons reportedly tested positive in the Canary Islands but no official figures on COVID-19 test results for arrivals in the archipelago were made available. Two arrivals to Melilla's main reception centre tested positive and were quarantined as per protocol, as were 21 persons who shared spaces with them.
- **Reception conditions:** Lack of sufficient reception spaces, overcrowding and inadequate facilities in a number of locations continue to pose challenges for residents to follow physical distancing, hygiene and other preventive measures, and compound risks of contagion. Outbreaks in centres continued as in March, resulting in restrictions of movement for centre residents. In the **Czech Republic**, COVID-19 has been detected in most of the collective refugee facilities and detention centres in the country and, at the end of April, one detention centre remained quarantined, posing challenges to the provision of legal services to quarantined persons. An outbreak in an accommodation for asylum-seekers in **Latvia** resulted in several hospitalizations and quarantining of the centre. A significant increase in COVID-19 cases was recorded among residents of reception centres in **Bosnia and Herzegovina**, with some 176 cases earlier in April. After several tense weeks, preventive and reactive measures showed results and all centres had ended quarantine by the end of the month. There were no confirmed cases of COVID-19 in the reception centres or NGO shelters in the country as of end April.

- Compounding health risks and overcrowded facilities is resulting in increasing concerns regarding **mental health and tensions within facilities**, and in some cases violence. In **Belgium**, according to statistics from the authorities made public in April in response to a parliamentary query, more than 900 violent incidents took place in reception facilities in 2020, a 23% increase compared to 2019, which was explained by the impact of COVID-19 measures on reception conditions. Meanwhile, protests continue by residents of Pournara First Reception Centre in **Cyprus**, which continues to operate 60% above capacity under deteriorating conditions, hosting some 1,600 people. Some 587 persons live in the main camp, 812 in quarantine spaces and 261 in a tented area outside the camp due to space limitations in the main area.
- **Internally Displaced Persons: In Ukraine**, movements through Entry Exit Checkpoints (EECPs) remained restricted in April, with only two EECPs functioning: Stanytsia Luhanska (daily) and Novotroitske (twice a week). Meanwhile, the Schastia and Zolote EECPs were open for crossings from the GCA (government-controlled area) but remained closed from the NGCA (non-government-controlled area). Free COVID-19 testing remained available at the Stanytsia Luhanska EECP in April, but only some 60-90 people per day were tested (10% of overall crossings) due to a shortage of medical staff administering tests. Rapid tests, although not supported by WHO policies and protocols, were also available at the Stanytsia Luhanska EECP, with an average capacity of some 100 per day.



HEALTH

- **Inclusion in vaccination plans:** Persons of concern are generally included in national vaccination plans on a par with the general population. As a result, the persons of concern receiving the vaccination have been those in the priority groups called due to age, profession or accommodation in collective shelters. **Moldovan** authorities have vaccinated all asylum-seekers residing in the country's only reception centre on 2 April. Recognized refugees will be treated like citizens of Moldova and access vaccines according to a phased rollout plan. According to a survey by UNHCR in **Germany**, some regions have started vaccinating refugees and asylum-seekers living in collective accommodations. In **Azerbaijan** and **Montenegro**, vaccination of persons of concern started in April.
- **Vaccination registration** for persons of concern in reception facilities has started in **Austria** and **Luxembourg**. **Armenian** health authorities have announced changes in the national vaccination programme to make COVID-19 vaccines free of charge in the primary healthcare institutions for Armenian nationals, foreign citizens and stateless persons. **Belgian** asylum authorities have communicated that persons of concern living in reception centres would be vaccinated in the centres to facilitate access. Asylum authorities in **Romania** took a similar decision, announcing vaccination at the centres to asylum-seekers and refugees regardless of residence. The new Epidemic Law in **Denmark** has stipulated that asylum-seekers and persons staying illegally in the country will be included in the vaccination roll-out plan.
- Elsewhere, UNHCR **advocacy** continues to ensure inclusion of all persons of concern ahead of broader vaccine rollout. In line with UNHCR advocacy, the **Croatian** health authorities have recently confirmed to UNHCR that refugees, asylum-seekers, stateless persons and people at risk of statelessness will be included in the vaccination plan on a par with the general population. In **Albania**, while refugees and asylum-seekers holding a residence permit have started to receive COVID-19 vaccines within the scope of the national vaccination programme, advocacy will continue for the inclusion of asylum-seekers who have not yet received residence permits. UNHCR advocacy efforts continue in **Bosnia and Herzegovina**, where authorities had yet to confirm the inclusion of persons of concern in the national vaccination rollout by the end of the reporting period.
- Vaccinations **began** in **Armenia** during the reporting period, but **concerns emerged** over their slow rollout. In **Azerbaijan**, despite ongoing vaccinations, the COVID-19 situation remained critical, with infection rates remaining high in April and the number of deaths almost tripling compared to March.

Due to limited humanitarian access, little information is available on the COVID-19 situation in **Nagorno-Karabakh**, but media [reported](#) that vaccinations began there on 19 April.

- In **Greece**, the Government has announced it will issue a new and temporary number for all persons of concern who do not have a social security or national health system number and wish to enrol in the national vaccination scheme. As of 25 April, 1,566 asylum-seekers and refugees have reportedly tested positive for COVID-19 since the onset of the pandemic: 714 on the mainland (64 more than last month) and 852 on the islands (39 more than last month). In the meantime, some of those having tested positive have recovered.



COMMUNICATION WITH COMMUNITIES

- Communication with communities of concern continued on COVID-19 vaccine campaigns across the region, making use of different channels, as preferred and most relied on by communities of concern. In **Turkey**, UNHCR published information on COVID-19-related measures and vaccinations on its Help site and is answering vaccine-related queries through the counselling line and preparing WhatsApp trees to disseminate information on vaccinations. In the **Netherlands**, the Refugee Corona Action Committee, a coalition of refugee-led organizations, started Facebook live streams in **Arabic** and **Tigrinya**, organized by the civil society volunteers of the COVID-19 Helpdesk, including on vaccination. UNHCR partners in **Latvia** prepared a [video](#) to promote vaccination, and the UNHCR Swiss Office produced and disseminated a [video interview](#) with an Eritrean epidemiologist living in **Switzerland** on vaccination specifically for the Eritrean refugee community.
- In **Armenia**, UNHCR and WHO produced posters for asylum reception centres and other centres visited by persons of concern to inform about eligibility and registration for voluntary vaccination. Upon a decision by **Romanian** authorities to open vaccination in reception centres to resident and non-resident persons of concern, UNHCR and its partner started developing information material for the centres, social media infographics and a dedicated webpage. UNHCR **Austria** established a [Refugee Team](#) of 12 refugees from Syria, Afghanistan and Somalia to facilitate regular cooperation and two-way exchange with refugee communities, including on information on the COVID-19 vaccine.
- Meanwhile, the Refugee Advisory Board in **Bulgaria** established an anti-rumour platform to address myths and misinformation within and about refugee communities, with a [dedicated section on the COVID-19 vaccine](#). This is the first community-based rumour management initiative in the region, funded through a UNHCR Innovation project.



CASH-BASED AND IN-KIND ASSISTANCE

- **Cash-based interventions** remain important where livelihoods of refugee and asylum-seeking families have been compromised due to the pandemic and lockdown. From 19 March to 20 April 2021, UNHCR provided COVID-19 emergency cash assistance to 14 families in **Georgia**, including asylum-seekers, refugees, humanitarian status holders and stateless persons. In **Azerbaijan**, UNHCR started distribution of the COVID-19 emergency cash on 21 April to cover some 1,527 refugees and asylum-seekers without regular cash assistance. Government cash payments have continued in **Latvia**, where one-off assistance for children and persons with disabilities were distributed to people holding refugee status. Since alternative status holders were not included in this cash support, the Ombudsperson and UNHCR partners continue raising awareness on the different treatment and advocating for inclusion of beneficiaries of alternative status.
- **In-kind**: UNHCR continued delivering COVID-19-related in-kind support, where needed, to persons of concern, host communities or authorities working with them. In the absence of a WHO office in **Abkhazia**, on 8-10 April, UNHCR assisted with the delivery of medical supplies and equipment to a

hospital and a laboratory of the Sanitary and Epidemiological Service. In **Bosnia and Herzegovina**, to mitigate health risks at locations for registration and referrals of new arrivals, UNHCR has provided authorities in Lipa with plexiglass dividers and information screens.

- In **Greece**, UNHCR delivered 275,000 personal protective equipment (PPE) items, including gloves, masks and disinfectants to authorities and actors supporting persons of concern. Since mid-March 2020, UNHCR has provided some 147,000 core relief items, 215,000 hygiene items, and more than 966,000 PPEs to authorities to help mitigate COVID-19 spread.
- World Vision, UNHCR's partner in **Georgia**, continues to provide psychosocial and social support (both group and individual) online, and face-to-face consultations are in place for vulnerable individuals, while community group facilitators offer online peer-to-peer support activities.

UNHCR Response in Europe

- UNHCR's response to the COVID-19 situation is focused on:
- Continuing to **provide protection assistance**, including legal aid, support to registration, documentation, refugee status determination, protection counselling, prevention and response to gender-based violence, as well as child protection services;
- Supporting national authorities in setting up **preparedness and response plans**, including improving access to water and sanitation where possible and enhancing reception capacity post disembarkation by establishing quarantine and isolation areas in reception centres to better monitor and isolate confirmed or suspected COVID-19 cases, as necessary;
- Enhancing national and community-based **communication platforms** to interact with refugees and displaced communities and transmit quality information on hygiene, access to health care and other essential measures in a culturally appropriate manner and in relevant languages;
- Supporting authorities, in some operations, in identifying alternative **accommodation** or bringing current housing for asylum-seekers up to acceptable protection and hygiene standards;
- **Ensuring the inclusion** of persons of concern, host communities and service providers in the provision and distribution of adequate hygiene items;
- **Advocating continuously** to ensure the inclusion of persons of concern in national COVID-19 preparedness and response plans, including vaccination campaigns;
- **Providing additional one-off cash distributions** to persons of concern, to allow them to cope with the adverse economic impact of COVID-19 and related measures on their livelihoods and self-reliance.

Working in partnership

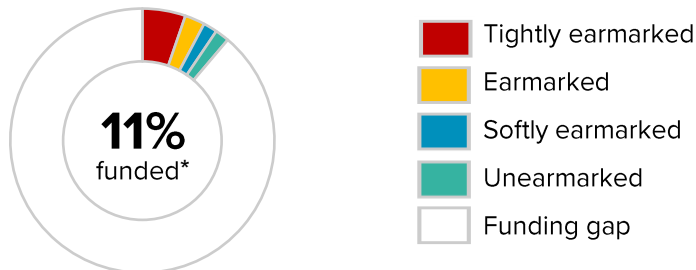
- UNHCR supports governments' efforts to respond to the COVID-19 pandemic through existing coordination mechanisms and by working with WHO and other partners. In addition, UNHCR co-chairs with UNDP and IOM the Issue-Based Coalition on Large Movements of People, Displacement and Resilience, steering collective advocacy efforts on COVID-19-related issues affecting persons of concern.

Financial Information

- UNHCR released in December 2020 its **supplementary appeal for 2021 COVID response** seeking an additional USD 455 million. While most of the pandemic-related activities amounting to USD 477 million have been already mainstreamed and included in UNHCR's 2021 Global Appeal totalling USD 8.6 billion, the supplementary COVID-19 response focuses on exceptional socioeconomic and protection impacts related to COVID-19 as millions of refugees, internally displaced and stateless people fall into conditions of extreme hardship.

- The UNHCR Regional Bureau for Europe is grateful to donors who have provided generous and timely support for the Coronavirus Emergency Situation response globally, and in Europe in particular, including for non-COVID-19-related interventions, which are critical to ensure business continuity.

Requested for UNHCR's COVID-19 response globally in 2021: **USD 445 M**



Total contributed or pledged to UNHCR COVID-19 appeal as of 4 May: **USD 50,894,350 (11%)**

including: African Development Bank | Canada | European Union | China | Austria | Education cannot Wait | UN Covid-19 MPTF | Unilever (UK) | Japan | Swedish Postcode Lottery | Sunshine forever Limited | UNHCR Insamlingsstiftelse | Japan Association for UNHCR | Private donors USA | UN Programme On HIV/AIDS | Other private donors

Unearmarked contributions to UNHCR's 2021 global programme

Norway \$80M | Sweden \$66.9M | Netherlands \$36.1M | Denmark \$34.6M | Germany \$26M | Private donors Spain \$21.5M | Switzerland \$16.4M | Ireland \$12.5M | Ireland \$12.5M | Belgium \$11.9M | Private donors Republic of Korea \$10.8M

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. Where a donor has contributed USD 10 million or more, the total amount of the contribution is shown.

Useful Links

[UNHCR's revised Coronavirus Emergency Appeal](#)

[UNHCR operations overview in Europe](#)

[COVID-19: UNHCR's response](#)

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