

## UNHCR COVID-19 Preparedness and Response

### Highlights

- UNHCR and Gavi, the Vaccine Alliance, signed a Memorandum of Understanding (MoU) on 03 February 2020, with the overall goal of ensuring refugees and other forcibly displaced can access vaccines on par with nationals. The MoU also looks at expanding coverage and quality of immunization services, promoting equity in access and uptake of vaccines, and strengthening health systems at community and primary care level.
- Jordan has become one of the world's first countries to start [COVID-19 vaccinations for refugees](#), including vaccinations in Za'atari refugee camp on 15 February. UNHCR has been working with the Jordanian government to vaccinate refugees and provide critical health, sanitation, hygiene and logistical support. UNHCR appeals to all countries to follow suit and include refugees in their national vaccination drives in line with COVAX allocation principles.
- In 2020, 39.4 million persons of concern received COVID-19 assistance including access to protection services, shelter, health, and education. This includes over 8.5 million individuals who received cash assistance.
- Despite an estimated 1.44 million refugees in urgent need of resettlement globally, [less than 23,000 were resettled through UNHCR last year](#). These are the lowest refugee resettlement numbers UNHCR has witnessed in almost two decades. The drop stems from low quotas put forward by states, as well as the impact of COVID-19, which delayed departures and programmes.

### COVID-19 update



Over **46,000** reported cases of COVID-19 among forcibly displaced people



across **103** countries



increase of some **7,500** cases compared to the previous reporting period

*(numbers as of 08 February 2021)*



Ecuador. Refugee Housing Units installed by UNHCR are essential to respond to the pandemic in Quito  
© UNHCR/Jaime Giménez Sánchez de la Blanca

## Global Overview

UNHCR has been advocating for the equitable inclusion of refugees, internally displaced and stateless populations in national vaccination plans through the [COVAX Facility](#), a global initiative that brings together governments and manufacturers to ensure that COVID-19 vaccines reach all populations, including those in low income countries and those at risk of being left behind, such as refugees and stateless. Since the vast majority of the world's refugees are hosted in low and middle income countries, support of host country governments is crucial to ensure that refugees are also included in the roll-out of the vaccine. Excluding refugees, stateless, migrants, and other displaced people from vaccination plans is not only morally wrong, it also carries the risk of ongoing transmission in these populations, with spill over into the national population. While procuring vaccinations is the prerogative and responsibility of governments, UNHCR is supporting refugee host countries through a number of COVID-preparedness and response interventions. Among these are critical health, sanitation, hygiene and logistical support as well as personal protective equipment. In some contexts, UNHCR will also support cold chain transportation, the availability of trained personnel and facilities for vaccine administration, and communication with communities to promote health messaging. UNHCR is aware that to date, out of 153 countries currently developing national COVID-19 vaccination strategies and for which we have data, over 71 per cent (103 countries) have included refugees in their vaccines request.

## UNHCR Response



Under the data visualization project '[Livelihoods, food and futures: COVID-19 and the displaced](#)', UNHCR collated statistics from numerous sources to shed more light on the effects of the pandemic on poor and vulnerable people, including refugees. The storymap illustrates the drastic falls in levels of employment and income since the onset of the pandemic. It also explores how families are coping to meet basic needs, in many cases forced to cut corners because of shrinking household budgets.

A loss of income coupled with limited access to social protection has increased the risk of debt and inability to meet basic needs. UNHCR post-distribution monitoring of cash assistance showed that at the start of 2021, around 74 per cent of households were meeting only half or less of their basic needs, with 6 per cent not meeting them at all. Families have often been forced to make choices that end up impacting them negatively, such as cutting spending on food or buying poorer quality products, taking out loans, or moving to cheaper but poorer quality housing.

## **Middle East and North Africa (MENA)**

### Israel

In Israel, the Ministry of Health (MoH) has instructed clinics and health centres to include non-citizen residents above the age of 55 (including asylum-seekers and refugees) into the MoH priority group so they can access the vaccine on par with Israeli citizens.

### Jordan

As part of its vaccination campaign, Jordan aims to vaccinate 20 per cent of its population against the virus in the near term, including refugees and asylum-seekers. The government has procured three million doses of the vaccine to enable this to happen. In line with the launch of the COVID-19 vaccination campaign by the Ministry of Health, UNHCR developed and started to implement vaccination plans in Za'atari and Azraq Camps to monitor vaccination activities and ensure a fair and equitable access.

### Algeria

Sahrawi refugees living in the camps around Tindouf continue to receive essential life-saving assistance including health services. UNHCR is rehabilitating and equipping Rabouni's central hospital to adapt it to the current situation, establishing a dedicated COVID-19 inpatient ward with adapted equipment and installation of an oxygen system.

### Egypt

In light of increasing COVID-19 cases in Egypt, outreach and assistance has remained significant: Some 40,000 individuals benefited from protection counselling in 2020, including free legal assistance and counselling for over 6,500 persons of concern, and support for 3,000 survivors of gender-based violence. However, refugees and asylum-seekers continue to report deteriorating living conditions and growing despair due to their

## **Asia and the Pacific**

### Bangladesh

The COVID-19 treatment services put in place by the authorities and humanitarian agencies in Cox's Bazar continue to have enough capacity to support patients for required medical assistance.

Community-based surveillance mechanisms continue to be one of the most effective ways to identify cases. UNHCR and other agencies are working with refugee Community Health Workers (CHWs) from the camps to help identify additional cases. The CHWs also provide targeted counselling on testing to refugees identified with COVID-like symptoms and support referrals. Some 35,000 refugees have been referred to health services by CHWs since they started their surveillance for COVID-19 in June.

UNHCR has also begun to implement the 'Girl Shine' model, a program conceived in response to assessments indicating that adolescent Rohingya girls are at heightened risk of gender-based violence (GBV) during the pandemic. The program is aimed at supporting, protecting and empowering adolescent refugee girls against GBV through the provision of skills and knowledge to identify and seek timely support in GBV incidents or at-risk situations.

### Pakistan

UNHCR carried out a public health facility needs assessment in Peshawar in relation to COVID-19 at district and provincial levels. Equipment gaps were identified, and procurement is under way to respond to the identified needs. UNHCR and the provincial department of health and the district health department also identified the need for ambulances to strengthen existing referral systems from refugee villages to secondary and tertiary hospitals – UNHCR has provided

socio-economic situation, which has been heightened by the pandemic.

ambulances also in the past and an additional one will be delivered in the coming weeks.

### **West and Central Africa**

After a drop in infection rates for the third quarter of 2020, many countries in the region are seeing a sharp increase in infection rates since November, including in rural areas which until now seemed relatively unaffected. Amid fears of a second wave, countries are re-imposing restrictions to curb the spread of the infection, which could further worsen the socio-economic impact and slow recovery from the first wave earlier this year.

According to a recent [WFP report](#), the number of food-insecure people in the region rose to almost 21,3 million in November 2020 (plus 70 per cent in one year) as a direct result of COVID-19 and the economic impact of the restrictions imposed. The most affected country is Nigeria which saw a 130 per cent increase in the number of food insecure persons in one year reaching over 9 million with the main internally displaced hosting areas of the North-East among the most affected.

UNHCR engages with host governments to ensure refugee inclusion in COVID-19 vaccination plans being developed across the region. African public health officials are coordinating a massive and complex vaccination program. They are calling for full funding of the COVAX initiative to accelerate the timetable for inoculation across the continent. All the 21 countries covered by the Regional Bureau for West and Central Africa have either committed to participate (only Gabon) or are eligible to benefit from the COVAX Advance Market Commitment mechanism. Although all countries in the region have agreed on the principle of including refugees in their vaccination plans,

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

#### Rwanda

Following the recent revision of the government measures to curb the spread of COVID-19, including prohibition of travels between districts, UNHCR is engaging the Ministry in charge of Emergency Management (MINEMA) to have special permission to continue essential activities in the refugee camps, including the voluntary repatriation program and resettlement activities. Despite the challenges, UNHCR and partners continue to access refugees in camps and in urban areas for only essential services to limit movements.

#### Somalia

In response to the Cyclone Gati emergency in Somalia which exacerbated vulnerabilities, including further exposure to COVID-19 by newly displaced families, core relief items and emergency shelter assistance were provided to 1,500 households in Bossaso with the distributions still ongoing in January 2021.

Child Protection partners in Somalia provided some 2,000 children and adolescents (51.5 per cent girls), and parents/caregivers with psychosocial support in the form of structured psychosocial sessions adapted to the COVID-19 situation. Child Protection partners and volunteers continued to conduct outreach to children and community members to raise awareness on child protection and COVID-19 risks through household visits, individual and group counselling, and discussions with community leaders. As of December 2020, almost 160,000 individuals (54.9 per cent children) were reached with child-friendly awareness-raising sessions, positive parenting

they may require financial assistance to cover the additional cost of vaccination.

messages and flyers on child protection, and COVID-19 risks.

### Americas

According to WHO/ Pan American Health Organization (PAHO), the pandemic swept through every country in the Americas in 2020, infecting more than 35 million people and causing some 850,000 deaths. This represents roughly half of all COVID-19 infections and deaths worldwide.

In addition to the public health crisis, millions of people, including many refugees and internally displaced, have lost their livelihoods. Governments in the region have been leading and coordinating the response but, as national capacities become strained, the well-being and safety of refugees and their host communities is at risk. The number of those in dire need is expected to grow in the first half of 2021, presenting an unprecedented need for food, safe water, sanitation supplies, basic relief items and emergency shelter. Cash assistance will be ever more important to meet basic needs such as food, rent or medicines.

Overall, displaced population numbers have grown by 25 per cent since 2019 and are expected to rise again in 2021. Despite pandemic-related restrictions, countries throughout the region are facilitating refugees' and migrants' access to protection and regular stays. In Mexico, by the end of 2020 there was a 40 per cent increase in asylum applications (over 41,000 claims lodged) likely owing to a combination of factors, such as the impact of recent hurricanes as well as the COVID-19 pandemic on security and economic conditions. The Peruvian Commission for Refugees extended the asylum-seeker document and work permit until 30 June considering the constraints on mobility caused by the pandemic.

### Europe

The EU started rolling out its vaccination plan in the last week of December, in line with the EU's vaccines strategy, according to which priority consideration should be given to health care workers, people over 60 years or at particular risk, vulnerable socio-economic groups and workers who cannot physically distance. Other groups unable to physically distance, including in refugee shelters, should likewise be considered among priority populations, according to the Commission. Some countries in the region have also announced receiving vaccine doses through the global COVAX alliance, for example Ukraine.

Overcrowded and inadequately equipped reception areas continue to pose a challenge to physical distancing and other preventive measures. In Serbia, for example, the country's official shelter capacity of 5,665 is insufficient to accommodate appropriately and safely the over 8,000 refugees and migrants currently in the country. In Cyprus, residents of the Pournara camp have generally been prevented from leaving since mid-November, while new admissions continued, resulting in higher numbers of residents cohabitating a facility inadequate for the estimated 1,500 residents.

### Greece

To mitigate the impact of COVID-19 and movement restrictions, UNHCR provided winter cash support to all households residing in the mainland and islands. The winter cash top-up amounts to EUR 45 per individual and was loaded to UNHCR cash cards at the end of December. Some 73,000 beneficiaries in almost 40,000 households received the cash top-up countrywide.

### **Southern Africa**

The impacts of COVID-19 restrictions on the protection environment for refugees, asylum-seekers and internally displaced populations is a growing concern. Secondary impact, such as the rise of gender-based violence (GBV) is a serious challenge in operations. While systems have been strengthened to respond to GBV incidents and provide the necessary support to survivors, the challenge remains that school closures and livelihood losses continue to be risk factors contributing to incidents of GBV.

Given ongoing reports of complacency and non-compliance with COVID-19 mitigation measures, along with the increased risks posed by COVID-19 resurgence in some countries, UNHCR is redoubling its efforts to encourage people to remain vigilant and adhere to COVID-19 prevention protocols. The largest such campaign is in the DRC, where more than 1.6 million people have been directly reached with COVID-19 risk communication since the beginning of the pandemic, with many thousands more reached through radio broadcasts and programming.

### **Coordination and partnerships**

The pandemic has underscored the need to enhance and diversify partnerships in line with the Global Compact on Refugees. In 2020, UNHCR signed a Memorandum of Understanding with the WHO in May 2020 to strengthen and advance public health services, including combatting COVID-19. UNHCR was also the first UN agency to issue new guidelines to implementing partners in April 2020 allowing them greater flexibility to make discretionary budget allocations and reducing reporting requirements. The majority of these measures have now been mainstreamed into the 2021 programming cycle as part of the reform of UNHCR implementing partnership. In the beginning of February 2021, UNHCR and GAVI signed their first global partnership agreement, focusing both on regular immunization programmes and on COVID-19 information and prevention through community outreach and risk information campaigns for refugees, stateless and internally displaced populations.

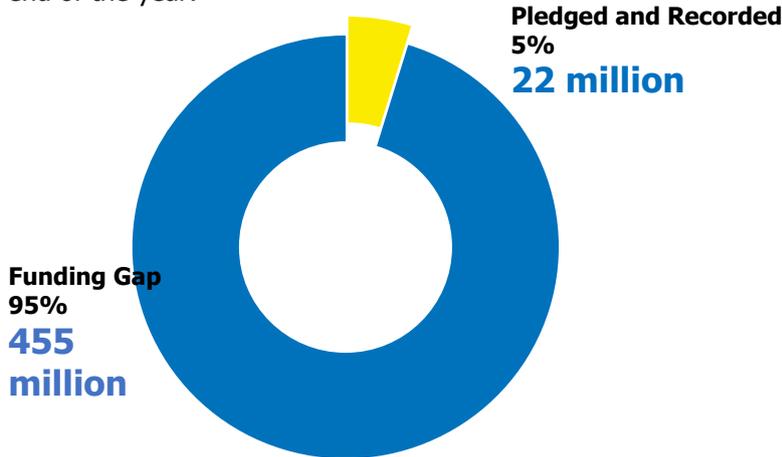
In addition to its traditional partnerships, UNHCR is increasingly relying on local actors, community based organizations and frontline workers, including refugee-led organizations. One example of an innovative practice is the Prevention of Sexual Exploitation and Abuse (PSEA) Community Outreach and Communications Fund, which UNHCR set up in partnership with ICVA, and which supports frontline responders and civil society organizations to strengthen community awareness of SEA issues and ensure beneficiaries have access to reporting channels. Another example is the innovation award for refugee-led organizations, that provides a grant to refugees themselves for innovative projects that combat the risk of COVID-19. During the call for proposals, UNHCR received over 400 submissions from refugee-led organizations detailing innovative practices. The submissions covered foot-peddled hand washing stations in refugee camps; initiatives to combat xenophobia and violence in Latin America; and tools to support mental health and combat anxiety in children that spread from the diaspora in Sweden back to the main refugee hosting countries in the Middle East. While not all refugee-led projects can be granted seed funding to succeed, through the call for innovations, UNHCR now has a better overview of the different types of innovative projects that can be supported.

**Financial Information**

In 2021, UNHCR is seeking USD 924 million of which over 50 % is mainstreamed in the annual budget and some USD 455 million is sought through the [COVID-19 Supplementary Appeal](#), for activities in 2021 related to the exceptional socio-economic and protection impacts of COVID-19.

**USD 455M**

Requested for UNHCR’s COVID-19 supplementary appeal until the end of the year:



**Total contributed or pledged to the COVID-19 appeal: USD 22M**

Including:

African Development Bank	\$11.9M
European Union	\$4.2M
China	\$2.0M
Education Cannot Wait	\$1.3M
UN COVID-19 MPTF	\$0.7M
Swedish Postcode Lottery	\$0.2M
Sunshine forever Limited	\$0.2M
UNHCR	\$0.1M
Insamlingsstiftelse	
Japan Association for UNHCR	\$0.1M
Private donors USA	\$0.1M
Other private donors	\$0.1M

**Unearmarked contributions to UNHCR’s 2021 programme:**

Norway 80M | Sweden 66.9M | Netherlands 36.1M | Denmark 34.6M | Germany 22.1M Switzerland 16.4M | Ireland 12.5M | Belgium 11.9M

*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:**



[UNHCR COVID-19 Supplementary Appeal 2021](#)  
(launched 18 December 2020)



[Global Focus COVID-19 Situation page](#)  
(including UNHCR’s COVID 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, Division of External Relations, [moser@unhcr.org](mailto:moser@unhcr.org)