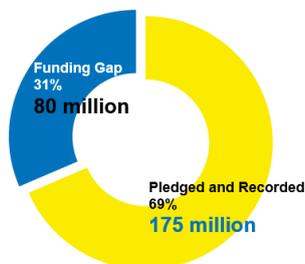


## Financial requirements

### USD 255M

Requested for UNHCR's COVID-19 response globally over the next nine months



**Total contributed or pledged:**

### USD 175M

Including:

United States	\$64.0M
UK	\$25.0M
Japan	\$23.9M
European Union	\$17.9M
Denmark	\$14.6M
CERF	\$6.9M
Canada	\$6.4M
Ireland	\$3.3M
Sweden	\$3.0M
Sony Corporation	\$3.0M
Education	\$1.8M
Cannot Wait	
Australia	\$0.8M
Private donors	\$0.3M

### Unearmarked contributions:

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors Spain 20M | Switzerland 16.4M | Private donors Republic of Korea 10.5M

*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.*

**213** countries and territories with confirmed COVID cases

Source - World Health Organization

**122** refugee-hosting countries reporting local transmission of COVID-19

Figures as of 16 April, 2020

## UNHCR COVID-19 Preparedness and Response

### Highlights

- Nearly all countries have COVID-19 cases, including a small number of cases among persons of concern (PoC) to UNHCR but with no concentrated outbreak so far.
- In a [joint statement](#), UNHCR, IOM and UNICEF welcomed the first relocation of unaccompanied children from Greece as a strong message of European Solidarity.

### Global Overview

The current outbreak of COVID-19 requires first and foremost a strong public health response to address the spread of this virus. However, the COVID-19 pandemic will increasingly result in secondary impacts including a significant global economic downturn. A [new study](#) published by the United Nations University indicates that the economic impact of the pandemic could increase global poverty by 8%, equivalent to up to half a billion people. Given that some 84 % of all refugees live in the developing world, this socio-economic impact will be disproportionately higher for the forcibly displaced and stateless whose access to formal labour markets, to education and to public health services are often not on par with citizens of a country. In all regions it can be observed that the need for food and social assistance has increased since the movement restrictions and lockdowns were introduced to prevent the spread of COVID-19, as many persons of concern (PoC) are increasingly unable to make a living. Refugees and internally displaced persons (IDPs) report serious problems in making ends meet, including the purchase of food, medicines and other essentials and the payment of rent. As host communities feel the economic impact of COVID-19, they may limit access of refugees and IDPs to land and other natural resources that have supported basic needs such as food and energy. Experiences from previous crises, such as the global financial crisis in 2008 and the West African Ebola outbreak in 2014 have shown that this might lead to reduced access to income and social services, the erosion of existing, yet informal, coping mechanisms, reduced social cohesion and risks of further stigmatization and discrimination. In the past, forcibly displaced people were one of the last groups of vulnerable people to be considered by government economic stimulus packages. To mitigate these risks, UNHCR advocates for the inclusion of those forced to flee their homes, stateless persons and people living in camps, slums or in the margins of society in national COVID-19 surveillance and response plans, economic recovery initiatives, including those designed to combat vulnerabilities, and in social protection measures.

### UNHCR Response

#### Progress to date and Impact

- UNHCR is staying and delivering, and working with governments, partners and communities to ensure that essential and life-saving assistance and services are being provided across all operations.
- Progress has been made in various areas (including health, WASH, education) in all regions to prepare refugees, IDPs and other PoC for the pandemic.

## Gaps and Challenges

- Global supply chains are affected by transport difficulties due to border closures and travel bans. For instance, suppliers of personal protective equipment (PPE) are finding it increasingly difficult to meet the unprecedented global demand, which is slowing down the delivery time for these items. UNHCR together with other organizations is exploring alternative supply routes and local procurement opportunities to meet the demand for medicine and PPEs.
- The travel restrictions make it increasingly difficult for international health and humanitarian aid workers to reach the affected areas, resulting in the need for UNHCR to rely more on local partners. Together with other international organisations, UNHCR is advocating for exemptions for both medical staff and humanitarian workers to ensure that essential core work can continue.



### Public Health

UNHCR and partners continue to monitor the health situations in refugee camps and settlements and support and reinforce capacities of national health systems in all regions. With Ministries of Health all over the globe conducting measures to mitigate the risk of the spread of COVID-19 pandemic, UNHCR continued to support the governments with the development of their COVID-19 contingency plans and response activities to ensure the inclusion of UNHCR's persons of concern. For example, in the Americas and Southern Africa, UNHCR donated containers and beds/mattresses to national health providers in Brazil, Colombia, Malawi and Angola. In Asia, operations across the region are highlighting the mental health impact of COVID-19 on persons of concern. In several operations, remote systems have been put in place to respond to these mental health concerns.



### Water and Sanitation (WASH)

To further improve WASH facilities, more hand washing stations were installed and access to drinkable water was increased in order to avoid crowds and allow social distancing. In addition to scaling-up WASH facilities inside camps, UNHCR operations also provided WASH services for urban refugees and IDPs in schools and community centers, distributed soap and hygiene kits and awareness-raising measures on hygiene.



### Protection

International and national movement restrictions continue to pose various protection challenges for persons of concern. UNHCR ensures continuity of critical protection activities, mostly through community-based interventions, remote protection interventions and counselling using a variety of channels. As access to asylum, including through status determination and proper documentation, continues to be challenged, automatic or remote renewal of asylum-seeker documentation, remote registration and interviewing arrangements with asylum authorities, where applicable, are actively being supported and pursued. Essential services relating to sexual and gender-based violence (SGBV) and child protection are maintained, with prioritization of emergency cases. As part of UNHCR's accountability to affected people, operations will start to evaluate together with persons of concern whether these alternative service delivery methods generate the same impact as traditional face-to-face service provision. To address the growing number of refugees and IDPs who have been fined or arrested for not respecting the curfews introduced to prevent the spread of the virus, UNHCR provides information on the new rules introduced and, if necessary, offers legal assistance. In MENA, UNHCR's wide network of outreach volunteers are actively engaged in awareness-raising and risk communication through WhatsApp groups, social media and other means.



### Shelter and Non-Food Items

With social distancing and hygiene promotion at the forefront of global responses to COVID-19, the shelter and settlements arrangements of persons of concern, which often include high-density collective centers, rental and hosting arrangements and formal and informal settlements, are of key importance for any efforts to reduce the risk of COVID-19 transmission. Operations are scaling-up the distribution of core relief items, supporting shelter upgrading, increasing cash-based interventions and adopting new procedures to help with social distancing and support hygiene promotion. As an example, across the Americas, UNHCR operations are undertaking shelter responses which are integrated in public health responses. 326 containers and 60 family tents have been provided as temporary isolation areas and/or to expand hospital facilities in Brazil, Colombia, Ecuador, Peru. A further 536 containers have been shipped to Colombia, Ecuador, Peru and Costa Rica for the same purpose. UNHCR has developed three complementary pieces of guidance relating to COVID-19, the UNHCR Guidance on Shelter and Settlements Response to COVID-19, UNHCR's Key Considerations for Selecting Health Infrastructure and UNHCR's operational guidance on Priority activities in Public Health, WASH, Shelter and Settlements for Preparedness and Response to COVID-19.



### Education

More than 1.5 billion children and youth are impacted by COVID-19 related school closures. Online and digital resources enable continuity via virtual learning. UNHCR shared [key considerations for virtual learning opportunities](#), to ensure continuous learning opportunities for all during the COVID19 situation.



### Community Empowerment and Self-Reliance

Due to the disruption of global and national food supply chains, prices for basic items and services have increased in many countries hosting refugees and IDPs. Moreover, restrictions on mobility have tightened due to social distancing and lockdown measures, further endangering the livelihoods, especially as many refugees, stateless persons and IDPs of whom are already experiencing income insecurity and vulnerability due to the informal nature of their work. To mitigate the negative effects, UNHCR continues to advocate for inclusion of refugees and IDPs in national social protection schemes to the extent possible, additionally implementing cash assistance in all regions (through digital options whenever possible). UNHCR is working with The World Bank and other actors to ensure that the ramping up of cash assistance can be linked to financial inclusion of refugees and that development actors increase their support for cash assistance and other social inclusion schemes for nationals to ensure social cohesion. UNHCR has developed COVID-19 Guidance on Livelihoods and Economic Inclusion, Financial Inclusion.



### Camp Coordination and Camp Management (CCCM)

The CCCM Cluster, co-led by UNHCR, continued to identify most-at-risk IDP sites for COVID-19 in several countries through mapping of both the profiles of IDPs and their access to services. Prevention (such as hygiene practices, identifying isolation areas) and response measures (such as safe and humane referral pathways for suspected COVID-19 cases) are being identified in several locations. In Yemen, where more than 900,000 IDPs are living in some 1,650 IDP hosting sites, CCCM cluster trained six newly recruited community-based health workers and a medical assistant, in supporting the screening of new arrivals, their referral, and awareness-raising activities.

## Regional Updates

### Middle East and North Africa (MENA)

The COVID-19 pandemic in MENA is fast-evolving. Many countries in the region have progressively adopted measures to contain the spread of the virus. Several of these countries are battling an economic downturn while also hosting millions of refugees and IDPs. National health systems across MENA continue to be the primary responders to the needs of all recognized refugees. However, this can be challenging due to the capacities of the health system, the financial capacity of refugees themselves, and other compounding factors. One of the main concerns raised by persons of concern across the region continues to be the lack of access to, or loss of, livelihood opportunities.

Extended cash assistance (including through advance payment) and food and hygiene items were provided across the region. Working through banking systems linked to online but secure registration data, with fraud-proof biometric authentication, cash programming is one of the most important means of addressing the protection and poverty crisis facing persons of concern in the region, while respecting COVID-19 restrictions. UNHCR is similarly adapting its critical protection responses on child protection, SGBV and for persons with specific needs, delivering through virtual communication and response tools.

Communications with communities has been stepped up along with awareness activities. A key priority across the region has been ensuring that robust mental health and psychosocial support systems are in place. In instances where quarantine measures are being employed, UNHCR alongside UN agencies, advises on the standards to be adopted and human rights principles that should be adhered to. In detention centres

where refugees and IDPs are held, UNHCR joins OHCHR and WHO in calling on public authorities to take immediate steps to address overcrowding in prisons and detention centres, including measures to respect WHO guidance on social distancing and other health measures.

### West and Central Africa

Adding to the current challenges linked to conflict and political tensions, COVID-19 puts already fragile national health systems and economies under increased pressure. UNHCR operations are supporting governments to address the crisis and focusing their efforts to mitigate the impact of COVID-19 on over 9 million forcibly displaced persons in the region. Throughout the region, UNHCR operations are increasing their direct support to national health systems to strengthen their infection prevention and healthcare responses, including through the provision of medical equipment, supplies and training of health personnel. In all operations, UNHCR is expanding the use of cash for protection, shelter and health interventions and is preparing to distribute “prepayments” to beneficiaries for 2-3 months instead of the usual monthly allowances.

Women and girls continue to be at a heightened risk of sexual and gender-based violence (SGBV) in their homes during confinement. Besides women, the elderly, adolescents, youth, and children, persons with disabilities, and minorities also experience a higher degree of protection risks and socio-economic marginalization. Protection against SGBV is a priority for UNHCR and all operations are ensuring that women, girls and other groups at heightened risk of SGBV are consulted. Moreover, field teams are increasingly restoring to remote SGBV case management and interventions, including integrating urgent cash

assistance for women at risk and SGBV survivors.

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

UNHCR is ramping up efforts to increase capacities to prevent, treat and limit the potential spread of COVID-19 among refugee communities across the region, which hosts some of the largest refugee populations in the world. The outbreak comes on the top of existing emergency conditions in the region, where 60 per cent of refugees are experiencing food ration cuts due to underfunding. Living in crowded conditions, without adequate access to water and sanitation facilities, and with precarious livelihoods and food security, refugees in the region are particularly vulnerable to the virus, both in refugee camps and in urban areas. Many of UNHCR's operations in the region have provided refugees increased quantities of food and basic relief items including soap to reduce the frequency of distributions and the risks posed by queues and large crowds. A number of operations are exploring options to scale up cash assistance, especially for urban refugees.

In Ethiopia, UNHCR expanded the number of handwashing facilities, continued training the health personnel and prepared temporary isolation sites in each refugee camp to isolate suspected cases of COVID-19, as part of the camp-specific preparedness plans. The centers will serve to temporarily accommodate potential suspected cases until they are transferred to the government designated isolation and treatment centers. In addition, UNHCR donated in-kind donations to support the Gambella Regional Health Bureau and delivered essential aid items to several regions in Ethiopia to support IDPs and returnees, including jerry cans, sleeping mats, blankets and hygiene products.

#### **Southern Africa**

In Southern Africa, refugees have been impacted by the price inflation and UNHCR is receiving information from refugees who are unable to pay their rent, or buy food and other essentials. Operations in the region have been looking for pragmatic and creative methods to deliver assistance given the growing risk of virus transmission and restrictions on movement. UNHCR is working with governments, WHO and other UN agencies and NGOs to secure the inclusion of refugees, IDPs, stateless people and other marginalized communities in national preparedness and response measures. Efforts include community-based protection initiatives (with a focus on the inclusion of women and girls in leadership roles), decongesting camps, reception and transit centres where possible, and supporting authorities in the roll out of prevention and response measures for the COVID-19 pandemic.

In DRC, the difficult security situation, limited public health facilities and a new case of Ebola reported in Beni, considerably complicates overall COVID-19 preparedness and response measures. To support persons of concern in the country, UNHCR and partners launched mobile money cash assistance in Eastern DRC to help 6,000 IDPs in Beni and Butembo pay for their rent or supplement income-generating activities.

#### **Europe**

On 14 April, UNHCR and the Council of Europe have issued a [joint statement](#) encouraging States to benefit from the support that refugee health professionals can provide to national health systems. Many refugees and asylum-seekers in Europe have the qualifications, experience and willingness to get involved, but most lack the approval by national health authorities. UNHCR and the Council of Europe

advocate for the use of innovative approaches such as the [European Qualifications Passport for Refugees \(EQPR\)](#). To receive the EQPR, refugees have to undergo an assessment of the higher education qualifications based on available documentation and a structured interview. It doesn't substitute necessary professional certificates and licenses, but will enable national health authorities to speed up processes and determine how best to deploy refugee resources, as needed.

In Turkey, communication with communities is a priority. To support efforts to ensure that important information reaches refugees and asylum-seekers, UNHCR shares information, including COVID-19 related information, using WHO and Ministry of Health advice, in their languages, on its communication platforms. UNHCR is working to support its government partner (DGMM) in the identification and modalities to provide temporary assistance to particularly vulnerable persons of concern, impacted by the COVID-19 crisis.

In Ukraine, movement restrictions across the contact line have reportedly caused protection risks for internally displaced persons in Ukraine by, for example, impacting access to pensions, documentation and humanitarian assistance. Risks are further compounded by the fact that 41 per cent of the population in those areas are elderly, and access to clean water and health services has been compromised by the conflict. UNHCR's partner Proliska has developed a community-level protection monitoring tool to

assess the impact of COVID-19 in villages along the contact line in the government-controlled area to inform measures for prevention and response.

### **Americas**

UNHCR is seeing increased returns of Venezuelans to their home country, mostly from Colombia but also from other countries in the region, including Ecuador and Panama. These are mostly due to desperation of Venezuelans who have lost their livelihoods and sometimes homes in asylum countries. In Colombia, UNHCR has seen some local authorities organizing small buses to take people to the border. UNHCR does not provide support in Colombia to these returns and continues to observe a nationally declared quarantine that restricts all border movements. UNHCR and its partners are providing support to the national and provincial authorities' health response, including through the distribution of hygiene kits and building additional shelters as fast as possible for those stranded. Despite constraints to mobility and social distancing, UNHCR is using innovative mechanisms to ensure that refugees, asylum seekers and IDPs have access to asylum or essential services like health. In Venezuela, UNHCR has distributed blankets, solar lamps, jerry cans and hygiene kits to authorities in support of spontaneous returnees put in quarantine.

### **Coordination and partnerships**

UNHCR is working with a range of partners to respond to the spread of COVID-19: Governments, UN agencies, international and national non-governmental organisations (NGOs), civil society members, faith based organisations, refugee led organization and a host of other entities. From the outset of the crisis, with the aim of strengthening coordination and partnerships, UNHCR has held global weekly online consultations with NGO partners on COVID-19 preparedness and response in refugee situations. The meetings have focused on protection, on partnerships and simplified partnership

agreements, and on new ways of working together. In the meeting led by the High Commissioner on 8 April, specific attention was also given to the need to ensure a joined-up response, ensuring the inclusion of refugees and IDPs in national public health and socio-economic responses, and to focus particularly on overall protection of forcibly displaced persons, women and girls and the need to combat sexual abuse and exploitation, and to advance localization. The High Commissioner also highlighted the commitment to stay and deliver safely. These consultations have provided opportunities to exchange information and coordinate response efforts to this unprecedented challenge. The weekly online consultations are attended by 80 to over 200 participants, including NGOs, civil society organizations, operational and implementing partners and faith-based organizations. Previous consultations have featured briefings with UNHCR's Senior Leadership and discussions around the need for flexible funding arrangements, humanitarian access, localization of response efforts, communications, and protection concerns related to closed borders and other restrictive measures put in place to contain the spread of the virus. The weekly NGO consultations and UNHCR's engagement with NGOs, Civil Society Organisations, UN agencies and other partners demonstrate UNHCR's approach of a collective response to the COVID-19 crisis.

### **Workforce and capacities**

To ensure continuity of certain services while UNHCR's activities are being reduced due to movement restrictions, UNHCR is conducting a general effort of reprioritization and adjustment of activities towards strengthening community-based protection mechanism and enhancing the capacity and self-reliance of refugee and internally displaced communities should the COVID-19 crisis intensify and limit UNHCR's operational access for a prolonged period.

### **Financial Information**

On 25 March, the UN Secretary General launched the COVID-19 Global Humanitarian Response Plan (GHRP). UNHCR seeks USD 255 million to boost preparedness, prevention and response activities to address the immediate public health needs of refugees and host communities prompted by the spread of COVID-19. More detailed information on UNHCR requirements within the GHRP was shared in a revision of the 10 March initial UNHCR appeal, which is available through the below link. The amount presented in the appeal does not represent the magnitude of UNHCR's engagement to support governments' efforts in responding to COVID-19 pandemic. The Global Humanitarian Response Plan, which is coordinated by UNOCHA, will be updated in the beginning of May. UNHCR is reaching out to all partners involved in inter-agency refugee response plans to update and reprioritize these plans. The funding requirements will increase in accordance with partner consultations and the evolving situation.

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### **Links**

Global Humanitarian Response Plan COVID-19 (launched 25 March 2020):

<https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>

Global Focus COVID-19 Situation page (including UNHCR's Coronavirus emergency appeal and sitreps): <http://reporting.unhcr.org/covid-19>

