Coronavirus emergency appeal
UNHCR's preparedness and response plan (REVISED)

196
COUNTRIES GLOBALLY AFFECTED BY COVID-19

79
REFUGEE-HOSTING COUNTRIES REPORTING LOCAL TRANSMISSION OF COVID-19

71 million
PEOPLE FORCIBLY DISPLACED AROUND THE WORLD

$255 million
NEEDED IN REVISED FINANCIAL REQUIREMENTS FOR THE NEXT NINE MONTHS

Figures as of 25 March, 2020

In light of the unprecedented impact that the COVID-19 outbreak is having across operations worldwide, UNHCR is revising its initial requirements of $33 million and is appealing for an additional $222 million, bringing revised requirements to $255 million to urgently support preparedness and response in situations of forced displacement over the next nine months.

On 11 March 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a pandemic. The coronavirus situation is dynamic and evolving with, as of 25 March 2020, over 400,000 cases reported worldwide in 196 countries.

This outbreak is a global challenge that does not discriminate and can affect anyone—including refugees and displaced people—and which can only be addressed through international solidarity and cooperation. In line with the recently launched OCHA-coordinated COVID-19 Global Humanitarian Response Plan, and working closely with WHO, UNHCR is further scaling

Cover photo: A young Syrian wears a face mask during an awareness workshop on COVID-19.

up its health and water, sanitation and hygiene (WASH) preparedness and response interventions, providing support to vulnerable displaced families experiencing economic shock, and ensuring protection and assistance for those most affected.

COVID-19 is first and foremost a public health crisis, and within that crisis refugee and other forcibly displaced populations are at greater risk as the pandemic evolves.

While States can take vital and evidence-based public health measures to help control COVID-19, these should not discriminate against refugees. This crisis is a reminder that to effectively combat any public health emergency, everyone—including refugees, stateless and internally displaced people (IDPs)—should be able to access health facilities and services in a non-discriminatory manner.

As the crisis has shown, what affects one person can affect many in turn.

Even in the wealthiest countries, health systems are struggling to manage under pressure, but the virus can be contained. If, however, it is allowed to spread—especially into refugee and displaced hosting areas—it could affect hundreds of thousands of people, bringing with it a generational setback to the lives and ambitions of refugees, internally displaced people and local communities. The virus can only be eliminated if we all join forces.

To better respond to the unprecedented challenge posed by this pandemic, UNHCR declared COVID-19 a **Level 2 Emergency** as per its internal policy on 25 March, activating emergency procurement procedures, simplified partner selection processes and giving country teams maximum flexibility in providing assistance.

Overview of priorities

UNHCR is focusing on protecting all forcibly displaced populations, prioritizing situations and contexts—formal and informal—with large populations of refugees, IDPs, stateless persons and other people of concern to ensure that health and WASH systems and services are shored up, reinforced and quickly adapted.

Activities will focus on continuing, adapting and increasing delivery of protection, assistance and ensuring access to essential services, particularly in areas with high concentrations of refugees, IDPs, and host communities.

Immediate interventions to prevent infections will be prioritized. This will include increasing the distribution of shelter material, core relief items such as jerry cans and kitchen sets, as well as materials for WASH support.

Ensuring accountability to affected people through communication and through existing and strengthened community networks will be ramped up. The objective will be to offer guidance and fact-based information on prevention measures, such as handwashing, social distancing, isolation from infected people and where to access healthcare services.

Cash-based assistance will be used as a quick and efficient means of getting assistance to people, empowering families to make the best decisions on how to care for themselves. Cash will be particularly useful in enabling people to make necessary purchases such as rent/food or other basic needs in case of lockdown, mitigating some of the negative socio-economic impacts of COVID-19 on families and communities.

A Venezuelan doctor, himself a refugee, cares for other refugees and locals amid fears about COVID-19 in Ecuador. © UNHCR/Jaime Giménez Sánchez de la Blanca

Protecting the most vulnerable

Over 80% of the world's refugee population and nearly all the world's internally displaced people are hosted in low to middle-income countries, many of which have weaker health and water and sanitation systems. Many of them live in camps or similar settings, or in poorer urban areas with limited public health facilities. They face specific challenges and vulnerabilities that must be taken into consideration when planning for COVID-19 readiness and response operations. They are as well frequently neglected, stigmatized, and may face difficulties in accessing health services that are otherwise available to the general population.

In many of these countries where UNHCR operates, the COVID-19 pandemic is an 'emergency on top of an emergency', and risks worsening humanitarian crises like those in Iraq, Libya, the Sahel, Somalia, Syria, Yemen, and in north and central America and the Venezuela situation. In Bangladesh, the monsoon season is again approaching, bringing additional challenges.

In many of these countries, much of the population of concern to UNHCR is housed in densely populated camps, settlements or crowded urban shelters. Often, the places they live in are not adequately equipped with hygiene and sanitation facilities and refugees must leave their shelters to access these services. Health infrastructure and WASH facilities—water, sanitation and hygiene—in camps and settlements are already overcrowded and overburdened, meaning people must often queue long periods to use a latrine or draw water. The specific needs of women, children, youth, older persons, survivors of sexual and gender-based violence (SGBV), persons with disabilities and other vulnerable persons within these communities must to be identified and addressed.

Limiting human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, and strengthening health facilities are key priorities. However, camps and similar settlements lack the equipment, human resources and space—now known to be critical in combatting COVID-19—to mitigate, to test and to treat severe cases or to manage a large-scale outbreak of the virus.

Refugees and IDPs are, or risk being, deeply affected by the social and economic impact of measures governments are taking to mitigate the spread of COVID-19. Many face stoppages or delays to daily labour and other livelihood activities they and their families depend on. Their food security and socioeconomic status will suffer. As well, refugees may not always speak the language of the country in which they are living and not understand fully why activities they depend on are being curtailed. Materials in appropriate languages and suitable for varied literacy levels are thus essential.

Further compounding the situation, many States have announced the closure of borders and avenues to asylum. While many governments are rightly imposing restrictions on air travel and cross-border movement to contain the spread of the virus, these can and should be managed in a way that is compatible with international refugee protection and should not result in closures of avenues to asylum, or of forcing people to return to situations of danger.

Many States have announced school closures, affecting schools or similar programmes for refugees. Many children rely on school feeding programmes for their main daily meal. Without school, children may also be at increased risk of negative behaviours and need more support to stay safe.

In the face of COVID-19, UNHCR operations have also had to take exceptional measures to ensure global business continuity. Being highly decentralized, UNHCR performs many back-office functions at field level such as payments, travel, communications, facility management, human resources, procurement and IT. Some of these elements are now or may need to be temporarily supported by UNHCR's regional bureaux or by Headquarters. Actions that may be required include expanding the global IT provider contractor to support country offices; a virtual team to monitor supply chain and stock management; temporarily augmenting UNHCR's treasury capacity; and massively investing in teleworking capacity.

The added value UNHCR brings

UNHCR's COVID-19 response covers refugees, IDPs, returnees, stateless persons and host communities, and complements the work of other UN agencies. Operating in 134 countries, UNHCR has over 17,400 committed staff members, 90 percent of whom are in the field and in direct contact with people in need.

UNHCR has long-standing relations with governments, UN sister agencies, international and local NGOs, and national health services, as well as with forcibly displaced communities themselves, connections which enable it to take quick action, support partners, and deploy resources to assist people quickly as well as help them help themselves.

In refugee situations, UNHCR leads and coordinates the overall multi-sectoral response by humanitarian partners in support of host countries. In situations of conflict-induced internal displacement it leads or co-leads the global and country-level Protection, Shelter, and Camp Coordination and Camp Management Clusters.

UNHCR's direct access to governments and recognized expertise in managing displacement situations under the overall leadership of the host country is key. Access to national surveillance mechanisms as well as inclusion of refugees in the national, regional and local health systems is vital not only to protect refugees, but to help contain the virus and mitigate the impact.

UNHCR has a vast experience in emergency preparedness and response, and in working in difficult situations where movements are restricted. While the scale and scope of the COVID-19 emergency are unprecedented, the organization is now drawing on these capacities to adapt and sustain existing programmes, and to step up support to governments to meet emerging challenges.

UNHCR's expertise and capacity in public health means it can support governments in conducting, preventing, coordinating and potentially responding to COVID-19 and other health outbreaks for refugees. It coordinates closely with ministries of health to include forcibly displaced people who may otherwise be excluded or marginalized when it comes to national health-related preparedness and response planning.

In advocating for inclusion and highlighting the dangers of exclusion, UNHCR has a unique role. Through its operational presence, UNHCR can support medium and small health clinics and hospitals in areas close where people of concern live. While assistance is available for both displaced and host communities, the added value of ensuring the host population understands that this assistance comes from the agency responsible for the refugees helps foster social cohesion and prevent inter-communal conflict.

A UNHCR staff-member packs aid-items to distribute to refugee settlements in Iran, as part of its COVID-19 response. © UNHCR/Farha Bhoyroo

Its expertise in public health also stems from its long history of helping prevent and respond to outbreaks in countries dealing with displacement issues, including experience in the fight against SARS and influenza, to which COVID-19 is related, as well as to Ebola. Tools at UNHCR's disposal include its camp-based early warning and response mechanisms integrated into its health information system, which is currently monitoring and assessing the COVID-19 situation.

UNHCR also has strong community networks in refugee-hosting areas and as a multi-sectoral agency, applies tools such as an age, gender, diversity (AGD) approach. This means its preparedness and response activities target potential disease outbreaks in refugee settings in a comprehensive manner, bringing together public health, WASH, shelter, camp management, protection, communications and livelihoods.

Lastly, UNHCR has an unparalleled network of partners around the world, working with over 1,000 different organizations in 2019. Together with UNICEF and WFP, UNHCR finalized the UN Partner Portal in November 2018. This reduces duplicative information submissions by partners, including for due diligence purposes. In addition, since 2019, UNHCR operations can enter into multi-year partnership agreements, thereby bringing predictability and efficiency to longer-term operational relationships. In the context of the COVID-19 response, UNHCR has increased its flexibility in implementing partnership agreements to allow rapid re-orientation of current agreements.

UNHCR’s response to date

UNHCR’s primary goal has been to ensure that all measures taken are aligned with the rights and needs of refugees and host communities, and that refugees and other people of concern, including internally displaced people, are included in national COVID-19 surveillance, preparedness and response planning and activities.

Through effective multi-sectoral partnership, UNHCR is addressing some of the specific needs and considerations required in camps and camp-like settings and the surrounding host communities by scaling-up readiness and response operations for the COVID-19 outbreak, particularly in relation to key objectives around decongestion of camps and settlements; health care and awareness; water, sanitation and hygiene; maintaining or adapting critical protection activities; communicating critical risk information to all communities and countering misinformation; and minimizing the social and economic impact. In working with partners, UNHCR along with IFRC, IOM and WHO have issued guidelines on delivering humanitarian assistance in camp and camp like settings in the current situation, guidelines which have also been issued by the Inter-Agency Standing Committee.

Since the beginning of the outbreak, UNHCR has been engaging in monitoring, preparedness and contingency planning, particularly in countries hosting large refugee populations and with weaker health systems. With disease prevention hinging on firmly entrenched WASH practices, UNHCR and partners are working on the provision of such services in refugee and host community settings. In the case of COVID-19, the best way to avoid infection is to wash hands with

soap and water. This presupposes, however, that refugees, displaced people and host communities have an adequate supply of soap and clean water. UNHCR has thus been increasing provision of these services as well as its community outreach on hygiene best practices across its operations.

Linked to UNHCR's WASH-related activities, UNHCR is supporting governments with infection prevention in healthcare facilities. It has supplied personal protective equipment for health workers and supplies, and increased its stocks of analgesics, intravenous materials, and medications to reduce fever and pain. It is also providing staff training and assessing needs for medical equipment, medical supplies, isolation facilities, referral facilities, and ambulance transportation. UNHCR also stands ready to conduct surveillance, support laboratories, trace contacts, and continue its robust use of information systems to track a potential spread of the virus.

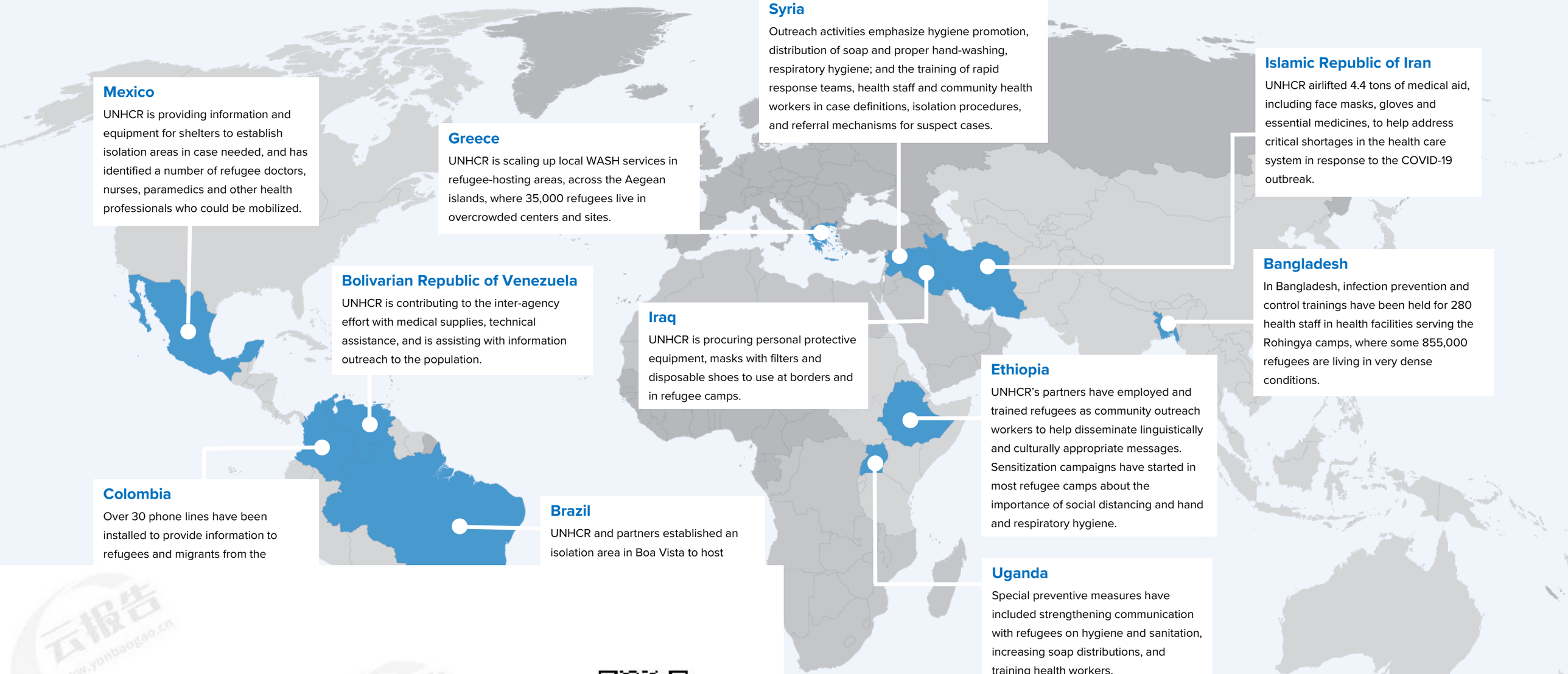
UNHCR is also providing mental health and psychosocial support through community networks and is supporting individual cases in high distress, managing uncertainty, and anxiety. UNHCR has been creating prevention and awareness-raising materials in multiple formats—written, audio, online, pictorial, including materials for mass distribution, or for presentation by outreach workers—in appropriate languages, and taking into account the needs of those who cannot read.

The closure of many international borders is having an impact on access to asylum. Cases of refoulement have been reported in a number of regions. On 19 March, the High Commissioner called on governments to manage borders in a way that protects health, allowing people fleeing war and persecution to access international protection, and to ensure that restrictions are temporary in nature. Practical measures such as health screening and quarantine arrangements are available to ensure that access to asylum is preserved in a manner compatible with border controls and public health concerns.

Disrupted manufacturing capacity and border closures have affected supply chains around the world, making it challenging to bring essential medical, sanitation and other supplies to those in need. At a global level, UNHCR is working with UN partners through inter-agency working groups on finding solutions to this challenge, including through air bridges and humanitarian exemptions. UNHCR is also stepping up local and regional procurement, and airlifts have gone to Chad and the Islamic Republic of Iran carrying nearly 100 tons of emergency and medical aid for refugees and host communities, including air that was preplanned before the current outbreak and which is still urgently needed.

In addition to the COVID-19 preparedness and mitigation measures, UNHCR is working to adapt and sustain its ongoing operations. These remain essential to the health and well-being of millions of people of concern, as well as host communities. Interruptions or reductions in assistance or services will rapidly render people less resilient and more vulnerable to the virus, placing even more lives at risk. As movement restrictions proliferate, UNHCR is working with governments to secure humanitarian exemptions to enable its personnel and partners to continue to deliver to people in need, while avoiding unnecessary movements and observing social distancing.

Highlights of UNHCR's response to date



Mexico

UNHCR is providing information and equipment for shelters to establish isolation areas in case needed, and has identified a number of refugee doctors, nurses, paramedics and other health professionals who could be mobilized.

Greece

UNHCR is scaling up local WASH services in refugee-hosting areas, across the Aegean islands, where 35,000 refugees live in overcrowded centers and sites.

Syria

Outreach activities emphasize hygiene promotion, distribution of soap and proper hand-washing, respiratory hygiene; and the training of rapid response teams, health staff and community health workers in case definitions, isolation procedures, and referral mechanisms for suspect cases.

Islamic Republic of Iran

UNHCR airlifted 4.4 tons of medical aid, including face masks, gloves and essential medicines, to help address critical shortages in the health care system in response to the COVID-19 outbreak.

Bolivarian Republic of Venezuela

UNHCR is contributing to the inter-agency effort with medical supplies, technical assistance, and is assisting with information outreach to the population.

Iraq

UNHCR is procuring personal protective equipment, masks with filters and disposable shoes to use at borders and in refugee camps.

Bangladesh

In Bangladesh, infection prevention and control trainings have been held for 280 health staff in health facilities serving the Rohingya camps, where some 855,000 refugees are living in very dense conditions.

Ethiopia

UNHCR's partners have employed and trained refugees as community outreach workers to help disseminate linguistically and culturally appropriate messages. Sensitization campaigns have started in most refugee camps about the importance of social distancing and hand and respiratory hygiene.

Colombia

Over 30 phone lines have been installed to provide information to refugees and migrants from the

Brazil

UNHCR and partners established an isolation area in Boa Vista to host

Uganda

Special preventive measures have included strengthening communication with refugees on hygiene and sanitation, increasing soap distributions, and training health workers.