



UNHCR
The UN Refugee Agency

REPORT ON UNHCR's RESPONSE TO **COVID-19**

March - September 2020



Above: UNHCR reaches Colombian refugees living in rural communities in northern Ecuador during the COVID-19 pandemic.

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Cover image: Sudanese refugees observe physical distancing while listening to health and sanitation messages over a speaker system at Ajuong Thok camp in South Sudan.

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Contents

Introduction	4
Primary and secondary health services	7
Water, sanitation and hygiene	13
Risk communication and community engagement and critical protection services	15
UNHCR's stepped-up IDP approach during COVID-19	23
Cash assistance, shelter and core relief items	26
Support to education systems	31
Transition from immediate to long-term responses	34
Partnerships and coordination	37
Funding UNHCR's COVID-19 programmes	40

Updated information on UNHCR's operational response to COVID-19, including regional and operational sitreps and thematic updates, can be found on the Global Focus website [COVID-19 Situation page](#).



Introduction

As of the writing of this report, some 29 million people around the world are confirmed to have suffered from COVID-19. This includes some 25,000 people of concern to UNHCR—that is, refugees and other forcibly displaced and stateless persons in 98 countries, of whom 247 have died. In addition, some 280 UNHCR staff have fallen ill, of whom five have lost their lives. Countless others are suffering from the socio-economic impact of the pandemic, none more so than the millions of forcibly displaced whose lives often depend on employment in the informal sector.

In line with UNHCR's emergency policy, the High Commissioner declared a global level-2 emergency on 25 March 2020, while the IASC "System-wide scale-up protocols adapted to respond to the COVID-19 pandemic" were endorsed on 17 April 2020. The IASC Scale-Up declaration allowed for a coordinated humanitarian response, while UNHCR's level-2 emergency declaration allowed it to scale up and adapt its life-saving protection and assistance activities across all regions, prepare and respond to the pandemic across operations worldwide in a coordinated manner, and address the needs of the most vulnerable in close collaboration with governments, partners and people of concern.

Those efforts have had success, where 9.34 million refugees and internally displaced in 151 countries have accessed protection services and over 3.9 million refugees have accessed health services. In many operations, COVID-19 transmission rates amongst people of concern remain similar or lower than among host communities, a testament to the strength of UNHCR's risk communication and public health response. Millions of articles of essential equipment such as PPE have been procured, received as in-kind support, shipped and distributed. Cash has proven essential in the response, with \$338 million distributed in total.

However, challenges remain. Testing and tracing remains elusive in the many remote areas in which UNHCR operates. While countries have made tremendous efforts to maintain national education programmes through radio, online and on television, including for refugees and internally displaced people, millions of children and youth are out of school due to mandatory school closures, with dramatic long-term consequences, particularly for girls.

In the early days of the pandemic, faced with extraordinary needs, UNHCR reprioritized and reallocated resources to meet the immediate needs of refugees and IDPs. As the crisis progressed, and the scale of additional needs became clearer and were articulated in the Global Humanitarian Response Plan, UNHCR did everything possible to mobilize resources from its donors—both governmental and private—who responded with generous support, including providing \$161.2 million in softly earmarked funding. While the scale of global humanitarian needs grew to over \$10 billion, UNHCR made deliberate efforts to ensure its appeals remained focused on the most immediate needs of people of concern and of the people who host them, supported through activities which the Office and its network of partners could reasonably undertake.

While UNHCR remained modest in its assessment of needs, it nevertheless continues to suffer a shortfall in funding for its COVID-19 response, amounting to \$283 million or 38% of the \$745 million required to meet identified needs.

With COVID-19 still a threat to health systems and populations across the world, and with its socio-economic impacts felt heavily by the most vulnerable in society, including refugees and other displaced people, UNHCR continues to call on its donors—both institutional and private—to show solidarity and support those most in need.

By the numbers



9.34 million

refugees and IDPs have accessed protection services, including GBV and child protection services

151 countries reporting



72%

of countries have reported GBV services have been maintained or expanded

152 countries reporting



3.93 million

refugees have accessed essential health services

62 countries reporting



468,000

women and girls have accessed sexual and reproductive health services

46 countries reporting



265,000

refugees and IDPs have benefitted from mental health and psychosocial support services

68 countries reporting



3 million

refugees and IDPs have received cash assistance

65 countries reporting



2,037

oxygen concentrators have been procured



41.2 million

masks have been procured



2.8 million

gowns have been procured



195

ventilators procured for country support



8,000

refugee housing units have been distributed for quarantine, physical distancing or other covid measures

15 countries



1.8 million

refugee children and youth are out of school

57 countries reporting



750,000

children and youth supported with distance/home-based learning

63 countries reporting



78,940

children have been admitted for treatment of moderate acute malnutrition and 30,700 children for severe acute malnutrition

22 countries reporting



85%

of UNHCR operations have functioning complaints and feedback mechanisms

165 countries reporting



75%

of operations reported reaching all geographic areas inhabited by refugees, IDPs, migrants and host communities with information campaigns about COVID-19 pandemic risks

150 countries reporting

Note on the data: reporting compliance was high and the coverage within this report is broad, with contributions for quantitative indicators received from 181 countries. Which countries reported on which indicators varied by operational relevance, the role of UNHCR with respect to particular populations of concern, the engagement of governments, and the availability of data.



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UNHCR's overarching strategy to deal with COVID-19's impact upon people of concern

The UN Secretary-General launched the UN Comprehensive Response to COVID-19 to save lives, protect societies, and recover better. In its contribution to the priorities of the global coordinated approach, UNHCR pledged the following strategic approach to prepare and respond to the needs of people of concern to it, including:

- Strengthening critical protection, communication and assistance activities to reduce risks to refugees, asylum seekers, returnees, stateless persons, IDPs and surrounding host communities, including harmful coping strategies.
- Together with other UN agencies and the NGO community, ensure efforts to combat xenophobia, discrimination and stigmatization of stateless populations, refugees and others forcibly displaced.
- Undertaking measures that may support prevention of infection.
- Undertaking critical support interventions to ensure access to effective health care.
- Ensuring the basic needs of the most vulnerable are met to reduce the impact of shocks, including in lockdown situations.
- Actively participating in country and district level COVID-19 coordination structures to ensure refugees are included in country-specific national operational plans with estimated resource requirements (such as medicines or supplies).
- Supporting children and youth to continue learning during institutional closures and to return to school on re-opening.
- Advocate and support governments to include refugees and other forcibly displaced in their socio-economic recovery plans and in the UN's efforts to support these plans.

Transforming initiatives: delivering more effectively and efficiently

2020 was supposed to be a milestone year in the High Commissioner's transformative initiatives to make UNHCR more effective and efficient. The most visible was UNHCR's decentralization and regionalization, but there was also reform of the results-based management system, reform of business processes to modernize them, a greater focus on and use of data and evidence in decision making, and the Global Compact on Refugees.

However, COVID-19 brought new challenges and opportunities to the environment in which UNHCR and its partners operate. UNHCR seized opportunities provided by the regionalized bureaux with which decisions could be expedited and devolved. For instance, the bureaux identified COVID-19-related requirements quickly, allowing Headquarters to allocate resources very fast, with corresponding efficiencies in speed in delivery of assistance, and a high implementation rate.

Given the pandemic's global nature, Headquarters brought efficiencies to bear such as economies of scale. Global stockpiles were maintained, supplies prepositioned, and procurement undertaken at scale despite an at times chaotic supply chain. Greater use of data allowed the spread of the pandemic to be tracked, allowing further efficiencies in the response, and technology was used efficiently to enable a response that stayed and delivered, despite 88% of the workforce at one time working remotely.

Here, too, the pandemic has accelerated thinking or initiatives already underway, and brought into focus the feasibility and efficiency of remote working as a future modality—a 'next normal' as it was termed by the Task Force on the Future of the United Nations System Workforce—for an organization such as UNHCR.



Strengthen and support primary and secondary health care and WASH services

Primary and secondary health care

Key achievements or targets met

25,151 reported **COVID-19 cases** amongst people of concern (as of the 27th September)

247 reported **COVID-19 deaths** amongst people of concern (as of the 27th September)

3,935,636 people of concern (girls, boys, women, men) **receiving essential healthcare services**

28,236 births attended by **skilled health personnel (86%)¹**

40,711 of **measles vaccine** given

Number of PPE and medical items procured

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