

UNHCR Regional Bureau for Middle East and North Africa

COVID-19 Situation Update and Response

March - August 2020

This report provides an overview of the past six months of UNHCR's response across the MENA region, based on the growing needs communicated by refugees, asylum-seekers, internally displaced persons, stateless persons and hosting communities.

Key Figures


20

out of 20 UNHCR countries / operations are reporting COVID-19 cases in the region


16 million

2020 planning figure for people of concern in the Middle East and North Africa


1,102*

cases of active COVID-19 reported among Persons of Concern including fatalities

* The breakdown of cumulative confirmed COVID-19 cases (recovered and active cases and fatalities) since March 2020 is as follows: Algeria (25), Egypt (32), Iraq (198), Jordan (5), Lebanon (828), Mauritania (6) and Yemen (8). The change in the number of confirmed COVID-19 cases among UNHCR persons of concern in MENA is a result of increased monitoring across Operations, and not indicative of a rise in COVID-19 transmissions.

Since the start of the COVID-19 global pandemic six months ago, Governments have responded swiftly with measures to contain the pandemic. In line with the Global Compact on Refugees (GCR), UNHCR is working closely with governments, other agencies, partners and communities themselves to ensure no one is left behind.

However, extended curfews and physical distancing measures have resulted in crippling consequences for millions of vulnerable persons across the Middle East and North Africa (MENA). Among these include forcibly displaced persons who have seen protection risks grow and socio-economic prospects further diminish. Moreover, the World Bank anticipates a concerning 4.2 per cent decline in the region's GDP in 2020¹, with investment activities expected to be hindered by falling oil prices and mounting debts.



A refugee family waits for medical assistance at the Gergaresh Primary Health Care Centre in Tripoli, which is supported by UNHCR and partner IRC. The facility provides free integrated healthcare and protection for all, including refugees, migrants, and internally displaced persons in Libya.
 ©UNHCR / Caroline Gluck


84%

of persons of concern reporting a **loss of livelihoods and income** during the pandemic²


USD 27 million

disbursed in emergency cash assistance to **nearly 670,000 persons** as part of the COVID-19 response since end of March 2020³


20

20 new **income generating activities** developed or supported by UNHCR so far across five operations⁴

¹ Compared to 2019. World Bank Group, [Global Economic Prospects](#), June 2020.

² Average, based on Persons of Concern respondents surveyed between late-March and mid-June in **Morocco, Tunisia, Iraq, Yemen, Mauritania, and Algeria** (Tindouf).

³ Across 16 operations in MENA, namely: Algeria, Egypt, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Saudi Arabia, Syria, Tunisia, Turkey, UAE, and Yemen.

⁴ Turkey (14), Mauritania (3), Yemen (1), Israel (1) and Iraq (1).

“More Worried About Hunger than COVID-19” - What Refugees are Telling Us

Refugees and asylum-seekers are reporting significant reductions to their income and financial security.

In **Jordan**, 92 per cent of surveyed refugee respondents in May had less than 50 JOD of savings left, while in June 40 per cent of refugees had debts of more than 100 JOD per capita, and more than 90 per cent reported having to implement at least one negative coping strategy such as reducing expenditure on health and education.

Families and individuals face growing food insecurity, an inability to pay rent and threats of eviction.

In **Mauritania**, 86 per cent of urban refugees and asylum-seekers reported being severely affected by COVID-19 measures (closures of schools and non-essential businesses, and limitations on movements), including through loss of employment and income, inability to meet most basic needs including food and rent, and risk of eviction.

Families are unable to afford basic health services to prevent, diagnose and treat COVID-19 and other pre-existing issues.

In **Syria**, UNHCR phone counselling with refugees and IDPs indicated that health costs were among the greatest impediments to accessing care, which many are unable to afford. Additionally, access to elective surgeries and medical interventions was virtually blocked due to a suspension of service at many public hospitals.

A growing number of persons are incurring substantial debt, further adding to their economic concerns.

In **Yemen**, payback rates for refugee entrepreneur microloans have dropped by 10 per cent.⁵

Extreme financial hardship is resulting in increased psychological anxieties and compromised mental health.

In **Iraq**, 79 per cent of surveyed internally displaced persons in camps and 63 per cent in urban and rural areas reported that the severity of protection issues affecting communities in general increased since the beginning of the pandemic. Trauma, stress and anxiety was noted as a main protection issue among 61 per cent of camp-based respondents.⁶

Child labour is on the rise, as many face pressure to raise income to support their families.

In **Lebanon**, due to the economic situation and lack of livelihood opportunities, many parents are sending their children to work in supermarkets, as street vendors, or through begging. This has likely been compounded by the closure of schools and lack of organized youth activities. UNHCR has noted an increase in the number of children calling child protection organizations to ask for food assistance.⁷

Rising discrimination, xenophobia, and harassment is negatively impacting employment prospects for refugees and asylum-seekers.

In **Israel**, refugee community leaders in urban and surrounding areas have reported a rise in anti-migrant rhetoric following unverified reports of infection within the community, leading to further social isolation and exclusion from the workplace, with little to no inclusion under national response plans for providing both short and long-term jobs.

⁵ From 95 per cent pre-pandemic, to 86 per cent currently

⁶ National Protection Cluster: Protection monitoring in response to COVID-19 Summary of findings July 2020

⁷ Child Protection Working Group Real Time Monitoring, April 2020; 40 Child Protection focal points from eight governorates participated in a survey on the situation of children in Lebanon, including refugee children. Data collection took place during the first week of April 2020.

Stories from the field



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Ahmet Ali, a Syrian refugee in Istanbul, worked as a textile atelier, but due to COVID-19 was unable to work for three months. Ahmet came to Turkey six years ago and has since been living in Istanbul. With four children to care for, he is thankful for the assistance he has received, but says the cost of living in Istanbul can be challenging. The one-time assistance went primarily towards food and household costs. Ahmet hope to find employment again soon, saying “Don't just give me the fish, but teach me to fish”.

Jamila, a single mother with eight children, fled from Taizz to Ibb (Yemen) in late-2016, where they currently reside in a rented accommodation. Like thousands of other internally displaced persons, Jamila and her family did not have enough resources to pay rent in recent months due to national COVID-19 response measures, which severely restricted the earning potential of many vulnerable Yemenis. “We could not pay the rents for three months and the owner knocks on our door day and night asking for the rent, something we do not have” she explains. Thanks to a Yemen Women Union (YWU) shelter project funded by UNHCR, Jamila was recently notified of her eligibility for cash assistance to cover rental subsidies, allowing her and her family to continue living in their accommodation.



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UNHCR Response

Community Outreach

UNHCR stepped up its community outreach through targeted visits, community-led initiatives, and dedicated info lines, websites, and social media channels, allowing persons of concern to inform directly on growing needs and challenges, and hence programming.

The **Egypt** Operation strengthened and adapted its communication with refugees and asylum-seekers through various channels, including video calling, phone, e-mail, social media, and messaging services. Between mid-March to mid-July, UNHCR responded to over 51,100 calls to its info line and registration hotline. In **Iraq**, UNHCR conducted a wide-range of awareness raising activities, such as distributing 32,400 brochures and 1,000 posters on COVID-19 preventive measures to persons of concern through camp-based Primary Health Care Centres (PHCC), camp management, and community outreach volunteers, along with WASH and hygiene-related SMS messages that have reached over 291,500 individuals to date⁸. In **Libya**, hotlines have become a vital means of identifying needs and continuing assistance, with over 5,500 calls received since April, including 2,838 in June alone. In late August a new call centre received some 3,000 calls in its first week. The centre will provide swift and direct communication between staff and persons of concern across Libya. In **Morocco**, a Refugee Protection Call Centre with five hotlines in three languages (Arabic, French and English) was launched early in the pandemic, through which 2,000 protection counselling sessions have been conducted since 19 March. In **Tunisia**, five hotlines and two dedicated Facebook groups have been launched since March. Alerts on hygiene and preventive measures have been sent through a bulk SMS system, while hotlines received more than 3,000 calls from Persons of Concern requesting counselling or assistance. In **Yemen**, the results of a Communication with Communities impact survey have been successfully incorporated into the Operation's response, which showed that 89 per cent of displaced Yemenis and host communities interviewed⁹ and 87 per cent of refugee/asylum seeker respondents¹⁰ were aware of COVID-19 preventive measures. Additionally, virtual and remote tools such as hotlines and online directories have been adapted to allow UNHCR and partners to deliver protection services and information in multiple languages.

Cash Assistance

Cash assistance continues to be a valuable modality of assistance for vulnerable refugees, asylum-seekers and internally displaced persons across MENA. Across the region, UNHCR implements cash-based intervention (CBI) programmes in a total of 16 operations; out of these, 13 countries have incorporated CBIs as part of their response to the socio-economic vulnerabilities that have emerged as a result of the COVID-19 pandemic. This rapid and effective scale up was possible thanks to the existing implementation capacity for CBIs at country level.

Several operations, including **Egypt, Kuwait, Syria, and Yemen**, provided two to three-months upfront cash distributions as part of one payment, to ensure greater financial security while complying with national measures restricting movements of persons. In **Egypt** some 40,400 individuals received cash support as part of UNHCR's "Cash for Hygiene", including individuals at heightened risk¹¹. In **Iraq**, UNHCR increased persons of Concern access to cash assistance for over 87,100 displaced families (over 500,000 individuals)¹² since the start of the pandemic, including 21,856 refugee families and 65,263 IDP families. Provided funding is available, UNHCR Iraq aims to assist over 125,000 vulnerable displaced families this year.

In **Israel**, the Operation embarked on a CBI programme in April budgeted at USD 600,000 to mitigate the effects of COVID-19 for the most vulnerable populations of concern, namely women engaged in survival sex, victims of domestic abuse, torture and human trafficking, and LGBTI persons. In **Jordan**, UNHCR provided emergency cash assistance to more than 56,000 families considered to have become vulnerable as a result of the economic impact of COVID-19, in addition to the regular monthly cash assistance to 33,000 families.

In **Lebanon**, cash assistance targets were increased for an additional 11,500 vulnerable families to receive temporary cash assistance as part of the COVID-19 response for three months (May – July) to alleviate the economic impact of the combined crises they face and later expanded to 12,000 families from August onwards. To mitigate loss of income due to COVID-19 preventive measures, UNHCR **Syria** provided a one-off emergency grant to refugees not eligible for the monthly multi-purpose cash assistance.

⁸ As of 31 August 2020

⁹ Of the total internally displaced Yemenis, returnees and host communities interviewed countrywide

¹⁰ Of the total refugees interviewed in areas under the De Facto Authorities (DFA) in the north, particularly in Sana'a.

¹¹ UNHCR **Egypt Factsheet**, July 2020, pg. 3

¹² Number of individuals who cashed their UNHCR assistance as of 31 August 2020.

In **Tunisia**, starting from April food voucher distributions were replaced with cash assistance, while 2,895 refugees and asylum-seekers whose cases are followed by UNHCR but who were not enrolled in the assistance programme received cash in May and June. In **Turkey**, UNHCR has reached over 91,300 individuals (19,948 households) with a one-time emergency cash grant¹³ of TRY 1,000 (approximately USD 145 per household) as of 31 August.

Health Support

As national healthcare workers mobilize to provide comprehensive screening, testing, and care during the pandemic, UNHCR is working to ensure persons of concern are covered while supporting preparedness response efforts of national health systems.

In **Algeria**, in addition to regular health interventions for urban refugees, UNHCR through its health partner began covering the medical fees of asylum-seekers living with chronic conditions¹⁴, including specialized medical consultations, procurement of medicines and other complementary clinical services such as laboratory tests and medical imagery. For camp-based Sahrawi refugees in Tindouf, UNHCR supported sensitization and awareness campaigns on COVID-19 for all segments of the population, providing health centres with PPE and laboratory equipment while reinforcing referral systems across the five camps. In **Jordan**, UNHCR set up quarantine sites in Zaatar and Azraq camps for potential identification of cases, and has increased provision of health referrals. Two rounds of distributions of non-communicable disease medication to 8,685 refugees took place in April and July to ensure those with health needs were not adversely impacted.

In **Lebanon**, UNHCR is supporting eight of the L3 isolation facilities approved by the Government, including municipal facilities. The UNHCR-supported polymerase chain reaction (PCR) testing campaign in informal settlements and collective shelters was completed on 26 June, during which 3,599 samples were tested from 147 sites across the country; all test results have come back negative. In Lebanon, UNHCR has been supporting the expansion and rehabilitation of six

governmental hospitals across the country in order to receive and treat COVID-19 patients and avoid competition for care. The support to hospitals will cover 800 additional beds and 100 additional intensive care unit (ICU) beds in total, including ventilators and other advanced equipment, as well as medicine stocks.

In **Morocco**, UNHCR signed a partnership agreement with the Moroccan National Council of Physicians Order (CNOM) to facilitate access of asylum-seekers and refugees to medical care, including mental health and access to specialized services¹⁵. In addition, medications have been home delivered for persons of concern unable to collect, while four doctors have been engaged for regular online consultations. In **Algeria, Egypt, Libya, Mauritania, Tunisia, Iraq, Jordan** and **Turkey**, UNHCR delivered emergency supplies such as ambulances, screening and isolation tents, PPE and other essential medical supplies to local health services to ensure an effective COVID-19 response and care for persons of concern and their host communities¹⁶.

Mental Health and Psychosocial Support (MHPSS)

UNHCR is including MHPSS as a cross-cutting component of the response in UNHCR's protection, health and solution response. New emerging MHPSS needs in relation to COVID-19 are being addressed as well as ensuring that refugees and IDPs with pre-existing conditions can access mental health and psychosocial services. UNHCR's MHPSS partners have provided remote comprehensive mental health and psychosocial services, tailored to the specific needs of persons of concern. These services include community-based interventions, focused nonspecialized individual and group sessions, as well as mental health specialized services, including access to medication.

In **Israel**, in several cities, UNHCR collaborated with the municipality psycho-educational services to provide parental guidance using online platforms. In one city, more than 100 participants attended. In addition, UNHCR and community members formed a working group to address mental and

¹³ UNHCR Turkey cooperates with its government counterpart, the Directorate General of Migration Management (DGMM), and service provider Turkey Postal service (PTT) to distribute this one-time emergency cash assistance to the most vulnerable refugees and asylum-seekers.

¹⁴ Chronic conditions include hypertension, diabetes and chronic respiratory illnesses such as asthma.

¹⁵ [UNHCR Morocco's Response to the COVID-19 Situation](#), June 2020, pg. 2.

¹⁶ See: [UNHCR Libya: Support to Covid-19 Response](#), 16 March – 17 August 2020; [UNHCR Egypt Factsheet](#), July 2020, pg. 4; [UNHCR Press Release](#), 11 May 2020; [UNHCR Mauritania Operational Update](#), 20 May 2020.

psychosocial distress within the community. This platform raises challenges and defines new initiatives on MHPSS. In **Lebanon**, mental health hospitals had stopped accepting new patients. However, as a result of advocacy efforts, and while taking precautionary measures, some institutions are now accepting persons of concern with severe mental disorders and in urgent need of psychiatric hospitalization. In **Morocco**, UNHCR's medical partners provided awareness raising sessions on COVID-19, including key messages on MHPSS. Further to this, UNHCR's partners developed dedicated hotlines to provide psychosocial support to refugees and asylum seekers. For persons of concern in need of specialized services, online consultations with a psychologist were available. UNHCR Morocco also set up a specific hotline for women survivors of SGBV in need of psychological support while in confinement. Across the region, the importance of workers providing MHPSS was also been taken into consideration by several country operations, especially when frontline workers are refugees themselves. In **Algeria**, a psychologist contracted by UNHCR provided regular support to frontline workers and in **Egypt** and **Iraq**, psychosocial workers also benefitted from regular supervision.

Registration and Documentation

To safeguard access to crucial employment, financial and public services during the pandemic, UNHCR is adapting its delivery of registration and documentation activities for persons of concern, including issuance of refugee cards. These activities will not only protect persons of concern from refoulement, but also allow vulnerable persons to legally access the labour market, open bank accounts and register for social services where possible as well as receive other protection and assistance services.

Registration, Refugee Status Determination (RSD), Resettlement activities and complementary pathways have resumed across several Operations as of June. UNHCR has also reached out to resettlement countries' embassies to explore the possibility of resuming departures as soon as possible for already approved cases. In **Algeria**, UNHCR is conducting remote registration and has begun renewing asylum certificates and refugee cards through mobile teams and house-to-house visits in

Algiers; over 250 persons of concern have been registered remotely, and some 800 documents renewed so far. In **Egypt**, with RSD and registration activities recently resuming, UNHCR preliminarily records new arrivals by e-mail and phone, pending formal registration. For emergency cases, UNHCR conducts a simplified registration on a case-by-case basis, while advocating with authorities for tolerance with regards to asylum-seekers and refugees holding expired UNHCR cards or residence permits. In **Iraq**, remote registration and verification has been conducted for over 66,500 individuals, with UNHCR certificates issued for newly registered emergency cases. Iraqi authorities have assured there would be no implications for refugees with expired residence and status documents. While curfew and some mobility restrictions have been lifted in **Jordan** since June, registration and other protection activities continue through remote modalities, including interactive voice response (IVR) messaging. UNHCR in **Libya** processed a total of 3,784 individuals at its Serraj Registration Centre in June and August, as well as 171 at the Community Day Centre. Between January - July, 5,120 individuals were newly registered (compared to 6,152 during the same period 2019).

Income Generating Activities and Employment Support

UNHCR is working to safeguard the wellbeing of persons of concern, enhancing both new and existing protection activities and livelihoods to minimize the negative socio-economic impacts and avoid reliance on desperate coping measures.

Displaced persons in Sulaymaniyah, **Iraq's** Kurdistan region, are producing PPE through a UNHCR-supported Quick Impact Project (QIP) at a local textile factory. Up to 2,000 pieces are currently manufactured per day and distributed to local communities, health facilities and medical teams. In **Israel**, a vocational training programme to provide employable skills and job placement guidance was launched by UNHCR and NGO partners in July for some 20 vulnerable women¹⁷ relying on desperate coping mechanisms for their survival. In **Jordan**, UNHCR signed a new partnership agreement with Blumont to resume and expand home-based business activities, offering income-generating opportunities geared towards refugees and vulnerable Jordanian women in particular. Additionally, work

¹⁷ The targeted number of beneficiaries is 40 persons, including adults and their children

¹⁸ So far, UNHCR-supported refugee initiatives have been devised for the Anatolian, Marmara, Aegean and South East regions of Turkey

¹⁹ Benefiting 86 refugees

²⁰ Benefiting 105 refugees

²¹ Benefiting 68 refugees

permit processing resumed at employment centres—including in Zaatari and Azraq camps—facilitating greater access to employment for camp-based refugees. In **Turkey**, UNHCR is supporting refugee initiatives including face mask and soap production for use by refugees and host communities¹⁸. Additionally, online vocational courses were launched to provide persons of concern with skills for the labour market¹⁹, as well as online Turkish language courses, online trainings covering interview techniques, information campaigns on the Turkish labour law²⁰, and online entrepreneurship training²¹.

In **Yemen**, an initiative was launched for refugee and internally displaced tailors—mostly women—to produce protective masks, both for distribution within IDP hosting sites and for sale on the local market to generate much-needed income. These activities have a secondary benefit in ensuring refugees and asylum-seekers are able to comply with increasingly mandatory regulations requiring the use of facemasks in public places in countries across MENA.

Education

In line with UNHCR’s Protection and Solution strategy, UNHCR operations in MENA region continue to provide education support to ensure refugee and forcibly displaced children, youth and adolescents have access to ongoing learning despite their families’ limited financial means.

During the five-month hiatus, refugee children and youth faced heightened risks of being excluded and entirely missing out on their education. The suspension of school feeding programmes affected the nutrition and health status of children and youth from marginalized backgrounds. As the state education systems shifted to at-home learning modalities, many children found themselves disadvantaged due to uneven access to distance education, limited online learning opportunities and hardware, lack of access to support services such as language classes and psycho-social support.

In **Egypt**, the financial support provided to refugee families to purchase internet packages to access online learning for their children, assisted to sustain learning process for many, ahead of public schools reopening in October. In **Iraq**, UNHCR is working with the Education Cluster and other UN agencies to raise awareness of Government efforts related to online education opportunities, identifying channels to support refugee families in accessing e-learning opportunities. In **Israel**, UNHCR and

Story from the field

Through this UNHCR Quick Impact Project, refugees and internally displaced Iraqis in Sulaymaniyah are making Personal Protective Equipment (PPE) to help combat COVID-19.

The PPEs are produced according to the Department of Health’s standards, and then sent to communities, health facilities and medical teams where they are needed all over the country.

An average of 2,000 PPEs are produced daily and shipped to different locations in Kurdistan Region of Iraq and other parts of the country, with the help of our partner [Youth Activity Organization - YAO](#)



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partners launched an online panel for youths to discuss academic and employment themes and increase motivation among participants to explore future study opportunities. In **Jordan**, UNHCR has supported children with e-learning services throughout the pandemic, and will continue to do so as they return to school with modified learning modalities. In **Mauritania**, at Mbera camp UNHCR supported through training of teachers on methodologies for distance learning, distribution of textbooks to all primary-aged children, and launching local radio programmes in coordination with partners.²² This model has since been replicated by the Government in seven other departments in the country.

In **Syria**, UNHCR through its partners is providing online education support to 6,000 secondary school-aged children affected by the closure of schools and suspension of activities in community centres. In **Turkey**, UNHCR in partnership with UNICEF, assisted the Ministry of National Education (MoNE) with technical guidance on the inclusion of refugees into distance learning plans, including for adult education and supported identification of needs amongst the children and youth of concern for additional support. Additionally, UNHCR continued to fund scholarships for some 750 student recipients, and has launched a virtual toolkit for academic advisors to communicate directly with refugees struggling academically and socially.

To counteract the negative impact of the pandemic and prevent learning loss, as well as to help children and youth resume their education, UNHCR and partners have enhanced their efforts on contextualizing the Global Framework for Reopening Schools and promoting Back to Learning approaches consistent with the public health response, physical distancing, hygiene and safety regulations and learning modalities coordinated through the Ministries of Education.

Shelter

The prevalent loss of income is resulting in a widely reported inability of persons of concern to afford accommodation. In many countries, refugees and IDPs are facing eviction by landlords and closure of hosting sites where many seek shelter. To confront this worrying trend, UNHCR is establishing comprehensive communication channels to track these growing anxieties and shelter needs.

In **Algeria**, UNHCR and partners established a 24/7 helpline to counsel on housing issues and other socio-economic concerns. In addition, nine persons of concern with heightened protection risks in Algiers were relocated to UNHCR-rented accommodation. In **Mauritania**, community support and one-off targeted assistance was provided to refugees whose resettlement departures were delayed, to avoid reliance on negative coping mechanisms for those who had vacated their accommodations and sold their belongings. Additionally, UNHCR distributed a one-off "Cash for Shelter" assistance to some 4,242 refugees in Mbera camp.

In **Syria**, emergency shelter activities have been stepped up since March through distribution of 3,250 tents in north-east Syria, as well as through rehabilitation of 30 collective shelters across multiple locations to decongest crowding as a precautionary measure against COVID-19. Additionally, more than 500 shelter kits were distributed in Aleppo. In **Tunisia**, UNHCR worked to relocate 30 vulnerable persons of concern living in precarious conditions to safer lodging facilities in mid-April, while multi-purpose cash assistance was distributed to prevent evictions.

In **Tunisia**, UNHCR worked to relocate 30 vulnerable persons living in precarious conditions in late April to safer temporary lodgings, to offer a more dignified and safe solution for the confinement period. UNHCR and protection partners provided ongoing protection assistance and follow-up, including case management and distribution of both food and non-food items.

²² UNHCR External Operational Update – Sahel Crisis Response, June 2020

²³ As of 11 June 2020.

Global Financial Requirements

UNHCR's [revised prioritized requirements to support the COVID-19 preparedness and response](#) in situation of forced displacement, including those for UNHCR MENA, has increased from USD 255 million to USD 749 million. **So far, a total of USD 462 million (62 per cent) has been contributed or pledged to the UNHCR Global Appeal out of USD 745 million required.**

MENA Financial Information

Earmarked contributions for the Coronavirus Emergency Situation in MENA amount to some USD 100 million, including:

United States of America 67.8M | Japan 9M | European Union 4.9M | African Development Fund 3.9M | Qatar Charity 3.5M | CERF 2.4M | United Nations Foundation 2M | Austria 1.8M.

Special thanks to the major donors of softly earmarked contributions and pledges at the global level to the Coronavirus Emergency Situation:

Germany 63M | United Kingdom 25M | United States of America 20M | Denmark 15M | Canada 6M | United Nations Foundation 4.8M | Spain 3.4M | Ireland 3.3M | Sweden 3M | Sony Corporation 2.9M | France 2.8M | Private donors in the UK 1.6M | Norway 1.4M | Australia for UNHCR USD 12M | UNO-Fluchtlingshilfe 1.1M | USA for UNHCR 1M

Special thanks to the major donors of unearmarked contributions to UNHCR's 2020 programme:

Sweden 76.4M | Private donors Spain 52.9M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Private donors Republic of Korea 27.2M | Germany 25.9M | Private donors Japan 17.9M | Switzerland 16.4M | France 14M | Private donors Italy 12.4M | Italy 10.6M

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.

Resources:

- [UNHCR's Coronavirus Emergency Appeal \(Revised\)](#)
- [UNHCR MENA's comprehensive funding needs for the COVID-19 response](#)
- For MENA Regional and country reports on COVID-19 response, please visit – [UNHCR Global Focus](#); [UNHCR Operational Portal \(Syria Regional Refugee Response\)](#); and [Regional Refugee and Resilience Plan website](#)