

THE COVID-19 SITUATION IN IRAN continues to evolve rapidly, with the number of individuals who have contracted the virus having increased sharply since the first case was reported around mid-February 2020. There are currently no indications that refugees are disproportionately affected by the Coronavirus itself. While refugees remain resilient, given that refugees often belong to the more vulnerable segments of the population, they may feel the overall impact more severely, namely on their livelihoods and ability to cover their basic needs. Working closely with the Bureau for Aliens and Foreign Immigrant's Affairs (BAFIA), **UNHCR HAS ENHANCED ITS EMERGENCY SUPPORT TO THE GOVERNMENT OF IRAN'S** response to the COVID-19 pandemic, but more support is needed to further help refugees and Iranian host communities.



UNHCR is providing **MEDICAL EQUIPMENT AND PERSONAL PROTECTIVE EQUIPMENT (PPE)** to support health workers and humanitarian service providers and to help bolster Iran's health system. So far, UNHCR has airlifted a total of 103 tonnes of medical aid to Iran – kits with PPE, masks, face shields gowns, non-contact infrared thermometers, and portable ventilators. UNHCR in partnership with BAFIA has also distributed hygiene and sanitation products, with a focus on refugee-hosting areas and refugee settlements.



UNHCR is providing a one-off **CASH ASSISTANCE** to extremely vulnerable refugee households that have a family member that contracted COVID-19 or is at risk due to COVID-19 or has suffered immediate income loss combined with having specific protection vulnerabilities, to help them cover basic needs for up to three months. In total, some 3,500 households will be supported, and negotiations are underway to support an additional 3,000 households.



Thanks to the Government of Iran's **INCLUSIVE POLICIES**, refugees and foreign nationals have access to free COVID-related test, treatment and hospitalization, similar to nationals. Refugees can also enroll in national health insurance and UNHCR is covering the premium for up to 100,000 of the most vulnerable refugees. Other refugees can enroll by paying the insurance premium themselves, in the same way as nationals.



UNHCR and BAFIA have increased **COMMUNICATION WITH COMMUNITIES** to share information on hygiene and health practices through engaging with legal-aid partners, psycho-social counsellors, refugee focal points and other partners. UNHCR also disseminates information through posters and on its digital platforms, to ensure wider reach.



On 3 May, UNHCR partially resumed **VOLUNTARY REPATRIATION**, which was temporarily suspended in March to limit the risk of refugees and staff members contracting COVID-19. Since January, 350 refugees returned to Afghanistan through UNHCR's voluntary repatriation programme. Additionally, since January around 420,000 undocumented Afghans returned from Iran without UNHCR support, either as spontaneous returnees or deportees. Of those, some 13,000 were interviewed by UNHCR in Afghanistan, out of whom 31% claimed they faced difficulties in Iran due to the pandemic, such as loss of livelihoods.



UNHCR has increased its helpline capacities so that **REFUGEES CAN CONTINUE ACCESSING PROTECTION SERVICES** and to address the heightened needs of persons with specific needs, including women and children. UNHCR's hired lawyers and psycho-social counsellors also continue to provide legal advice and counselling to refugees via phone.



\$16.2M needed for COVID-19 measures in Iran

With your support we can help prevent the virus from spreading.

In Iran, UNHCR is seeking USD 16.2 million for its COVID-19 emergency measures. This is part of the global funding needs of UNHCR and feeds into the wider UN appeal. COVID-19 has shown that strengthening and promoting inclusion of refugees in national systems can help mitigate impact on the most vulnerable.

Support for UNHCR's regular activities under the umbrella of the Solutions Strategy for Afghan Refugees further complements the emergency measures in response to COVID-19 by strengthening inclusive national systems, including for health, and mitigating the virus' socio-economic impact.