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.

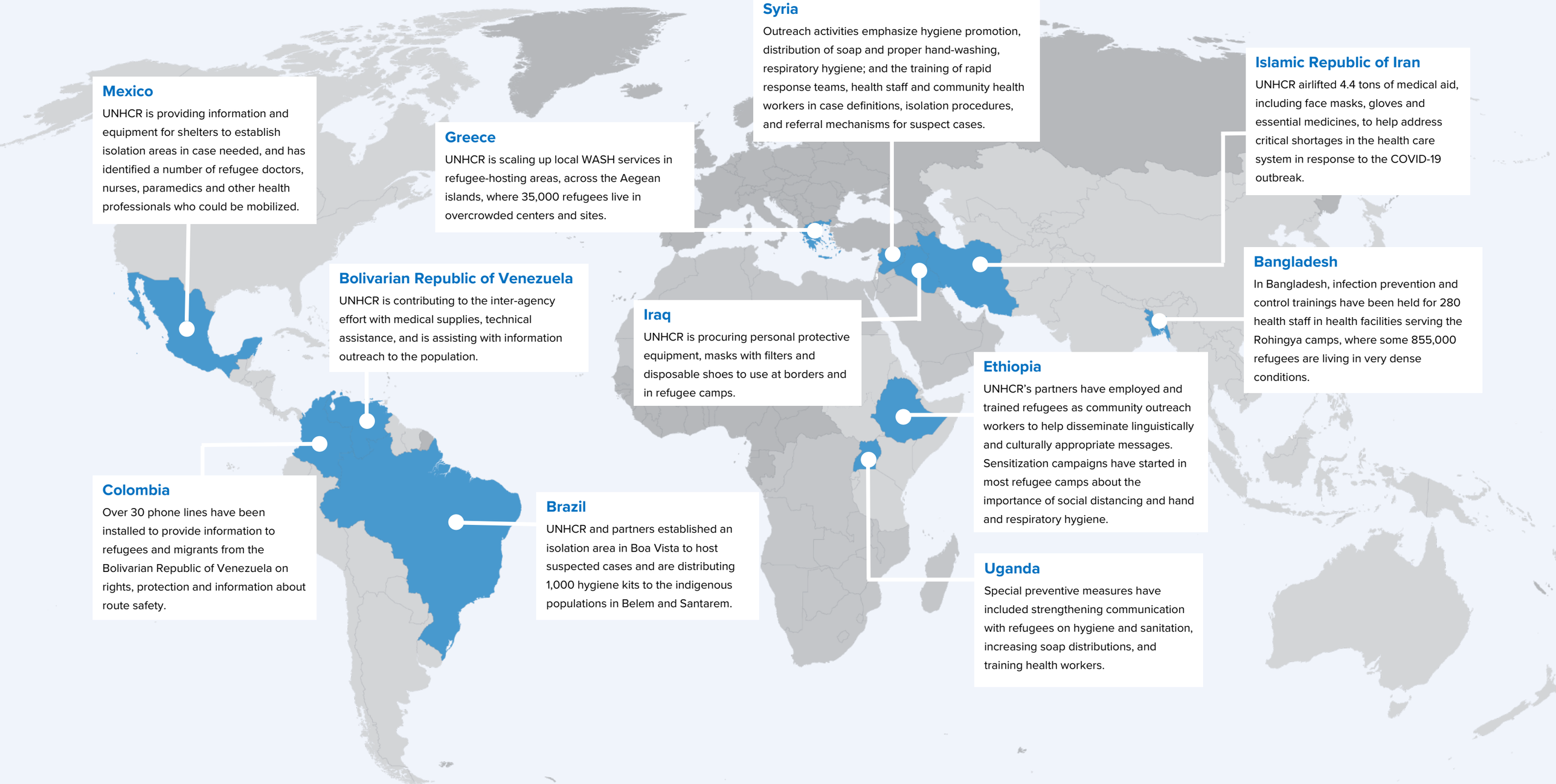
UNHCR is also providing mental health and psychosocial support through community networks and is supporting individual cases in high distress, managing uncertainty, and anxiety. UNHCR has been creating prevention and awareness-raising materials in multiple formats—written, audio, online, pictorial, including 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 Bolivarian Republic of Venezuela on rights, protection and information about route safety.

Brazil

UNHCR and partners established an isolation area in Boa Vista to host suspected cases and are distributing 1,000 hygiene kits to the indigenous populations in Belem and Santarem.

Uganda

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

Operational highlights from around the world

Asia and the Pacific

- 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. Some 250 clinical focal points in the health facilities are receiving a refresher training on UNHCR's early warning alert and response system, and around 800 staff across key sectors, agencies and government bodies have also received briefings to date.

- In the **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. Further flights will transport additional aid-items, medicine and personal protective equipment for health workers. In coordination with the Government, UNHCR distributed basic hygiene items such as soap and disposable paper towels to some 7,500 refugee families living in refugee settlements across the country. Aid items have also been made available to Government and NGO partners providing assistance to refugees.

Middle East and North Africa

- In **Iraq**, UNHCR is procuring personal protective equipment, masks with filters and disposable shoes to use at borders and in refugee camps. Other protective equipment, including surgical masks, gloves, and disposable medical gowns, for daily use by medical staff in the refugee camps is being procured.

- In **Jordan**, UNHCR is operating a reduced team in Zaatari and Azraq refugee camps, home to over 112,000 people, but all urgent protection needs continue to be addressed. Essential services including hospitals, clinics and supermarkets remain open, and temperature screening is conducted at the entrance of both camps. Electricity provision has been enhanced, while water and sewage services are continuing as normal, and the camps' supermarkets are running extended hours. Crowd control measures have been put in place, with dedicated distribution lines and provisions for the most vulnerable. Procurement and pre-positioning of consumables for refugees has taken place centrally to be distributed in-kind, including for those with special needs, specifically diapers and sanitary materials.

- In **Syria**, UNHCR is reaching people of concern through primary health care centers, through health worker dedicated outreach refugee volunteers, and through mobile teams in accordance with the standards put in place by WHO and where access and approvals are granted. Outreach activities emphasize hygiene promotion, distribution of soap and proper hand-washing, respiratory hygiene, the training of rapid response teams, health staff and community health workers in case definitions, isolation procedures, and referral mechanisms for suspect cases.

Africa

- In **Ethiopia**, screenings for new arrivals to detect and isolate any suspected cases are being carried out at the borders with Sudan and South Sudan at major refugee entry points and will be extended to other points and reception centres. 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. General hygiene promotion activities, including handwashing, are being maintained and reinforced across all refugee camps. To reach the urban refugee population, refugee outreach volunteers are engaged in disseminating awareness messages on COVID-19.

- In **Uganda**, handwashing and temperature screening facilities are in place at points of entry as well as transit centres, reception centres and health facilities. Other special preventive measures have included strengthening communication with refugees on hygiene and sanitation, increasing soap distributions, and training health workers.

- UNHCR has made significant investments in connected education, including offline solutions. This investment is paying off in countries such as **Kenya**, where schools have already closed. The majority of these solutions require hardware which is currently designed to be used in group settings (such as tablets in school classrooms), so options are under consideration for how content can be accesses or utilized while schools are closed.

The Americas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- In **Colombia**, over 30 phone lines have been installed to provide information to refugees and migrants from the Bolivarian Republic of Venezuela on rights, protection and route safety. Information provided includes access to seek asylum, health, education and documentation, among others. Shelters for Venezuelan refugees and migrants in transit are adapting to incorporate stepped-up hygiene measures, and in the main reception centre at the border in La Guajira, handwashing points have been installed and an isolation area has been identified.

- In **Brazil**, UNHCR and partners established an isolation area in Boa Vista to host suspected cases and are distributing 1,000 hygiene kits to the indigenous populations in Belem and Santarem. In shelters for Venezuelan refugees and migrants, processes for distribution of food and non-food items have been adjusted to maintain minimum distances. Handwashing promotion activities and information material are being provided across shelters, informal settlements, documentation centres, information points and other points of service, with the support of UNHCR's outreach volunteers.

- In **Mexico**, UNHCR is supporting a network of civil society and Catholic Church shelters in dozens of locations with groceries, dry goods and personal hygiene items and setting up temporary handwashing and sleeping facilities so that those in shelters can maintain a healthy distance from one another. UNHCR is also providing information and equipment for shelters to establish isolation areas in case needed, and has identified refugee doctors, nurses, paramedics and other health professionals who could be mobilized to help in the response to COVID-19.

Europe

- In **Greece**, UNHCR is scaling up local WASH services in refugee-hosting areas, across the Aegean islands, where 35,000 refugees live in overcrowded centres and sites. UNHCR is supporting the local public health response with the creation, refurbishment or provision of shelter that can be used for screening, isolation and quarantine; supporting the authorities increase water and sanitation capacity in the camps and deliver hygiene items; and facilitating access to quality information for asylum-seekers via helplines and interpretation and by mobilizing refugee volunteers. UNHCR's support focuses particularly on people with specific needs, and especially unaccompanied children, of whom there are 5,500 in the country, by offering accommodation in apartments and other support.

- In **Ukraine**, UNHCR and its NGO partners work with a network of community volunteers to monitor how the pandemic and quarantine measures are affecting people living along the contact line. UNHCR disseminates information on prevention measures to these communities and has adapted measures to stay and deliver critical services to individuals with specific needs.

Coordination and partnerships

UNHCR has reviewed and revised its country-level programme criticality plans to ensure continued capacity to deliver, together with partners, protection and assistance for people of concern. Ensuring the safety of staff and partners, through which it delivers critical protection and assistance and which face many of the same challenges, is being factored in to UNHCR's engagement.

UNHCR will jointly reprioritize activities with partners in light of the changing circumstances. While relying on existing partnerships and the strong ties between UNHCR and international NGOs which have the capacity to stay and deliver, UNHCR will also pay increasing attention to local actors and first responders whose critical role in this crisis cannot be overestimated.

Regional-level coordination
As outlined in the COVID-19 GHRP, UNHCR will coordinate the global refugee response through established coordination mechanisms. In countries with a refugee response plan, coordination mechanisms under UNHCR leadership will be used in close coordination with WHO, and with IOM in countries where this is also a migrant response plan. In countries with "mixed situations", the joint UNHCR-OCHA Note on Mixed Settings lays out the respective roles and responsibilities of the Humanitarian Coordinator and the UNHCR Representative, and the practical interaction of IASC coordination and UNHCR's refugee coordination arrangements, ensuring that coordination is streamlined, complementary and mutually reinforcing.

Priority needs and areas of intervention

UNHCR's priorities as outlined in the COVID-19 Global Humanitarian Response Plan, as well as its initial appeal for assistance remain valid and are the following:

Strengthen and support primary and secondary health care and selected WASH services

- Working with ministries of health in affected countries and WHO to ensure refugees and other displaced people are included in national surveillance and response planning activities for COVID-19 and supporting national health systems, especially at the local level, to respond.
- Undertake risk communication and promote community engagement with emphasis on hygiene promotion, hand washing with soap, respiratory hygiene, care seeking and social distancing using preferred and accessible communication channels with an emphasis on two-way communication.

Strengthen risk communication and community engagement, and critical protection case management, including protection monitoring and registration

- Ensuring refugees, their host communities and people of concern have access to timely, relevant and accurate information in applicable language/s, and counter the spread of misinformation.
- Working with existing protection monitoring and reporting networks in collaboration with governments and partners to mitigate potential protection risks for refugees and displaced people, including restrictions to access to territory and the right to seek asylum.

Ramp up cash assistance, reinforce shelters, and provide core relief items in congested urban and camps settings

- Ensuring people of concern particularly vulnerable to the pandemic receive assistance in the form of cash-based interventions and core relief items.
- Provide adequate shelter and camp management support to reduce density and assist isolation efforts, especially in high-density living conditions most at risk from a spread of COVID-19.

Support education systems

- Supporting schools to remain open where health conditions permit and mitigate the risk of spread of COVID-19 through increased access to WASH and health services and information campaigns.
- Expanding investments in online and offline distance education, or alternative solutions, and ensuring refugee children have access to alternative education arrangements introduced locally.

Strengthen and support primary and secondary health care and selected WASH services

UNHCR's response to COVID-19 is fully in line with WHO's Strategic Preparedness and Response Plan and adapted according to UNHCR's operating environment.

Health care services in camps, settlements and refugee/IDP hosting areas, which are already stretched, will come under severe pressure as the numbers of COVID-19 cases rise. UNHCR will enhance inpatient and outpatient services, increase capacity in the camps, settlements and host communities assessed to be at highest risk, and launch urgent procurement of medicines and medical supplies including personal protective equipment. UNHCR will also reinforce its partners' capacity in both prevention of and response to a COVID-19 outbreak, including recruitment of additional staff and allocation of funds for hazard and overtime pay.

Learning from past outbreaks such as Ebola and responding to clear evidence from operations about concerns expressed by communities, UNHCR recognizes the importance of supporting culturally appropriate burial practices in line with public health recommendations. UNHCR will also strengthen mental health and psychosocial responses to increased anxiety, distress and consequences of loss associated with this outbreak.

Along with partners including WHO, UNHCR will work with ministries of health to undertake assessments of national health system readiness. It will also contribute to multiagency support to address identified gaps including in national testing and laboratory capacity; advanced care for people with severe respiratory symptoms including oxygen therapy; treatment of secondary bacterial infection; physiotherapy; and other aspects of case management, surveillance and contact tracing and referral systems.

In camps and settlements UNHCR will support epidemiological surveillance using UNHCR's Health Information System where it is in place; alert notification, and case investigation and case-reporting following WHO and national guidance. UNHCR will also train rapid response teams, health staff, community health workers on case definitions, isolation procedures, referral mechanisms for suspect cases, and contact tracing.

Using an age, gender and diversity mainstreaming approach, UNHCR public health and WASH activities will conduct early and ongoing assessments to identify essential information about at-risk populations and adapt communications appropriately. UNHCR will establish or reinforce two-way means of communicating with communities to allow opportunities to explore their concerns, address misconceptions and rumours, and adapt messaging.

Access to WASH services will become even more critical in COVID-19-affected areas, particularly in slowing the rate of the virus' spread. UNHCR is urgently working to enhance water and sanitation capacity at hospitals, clinics, reception and transit facilities, women's centres, schools and other communal facilities. These include handwashing facilities, enhanced water supply, sanitation, as well as adapted management of medical waste.

UNHCR will also substantively increase its outreach campaigns and communication with communities on prevention, social distancing and general hygiene practices, including a broad distribution of hygiene materials.

UNHCR will also renovate and enhance health facilities to facilitate flow and reduce congestion and identify or construct isolation and case management facilities.

Strengthen risk communication and community engagement, critical protection case management, including protection monitoring and registration

UNHCR will maintain and strengthen core protection activities, prioritizing those at heightened risk such as women, children, the elderly and persons with disabilities. Using remote mechanisms if necessary, UNHCR will step up its protection monitoring activities, including at borders, to assist States in meeting humanitarian standards and ensure that the needs of all those seeking international protection are taken into account, the principle of non-refoulement is respected and the forcibly displaced are protected from stigmatization, discrimination and detention.

UNHCR will also enhance critical case management, including assistance to survivors of SGBV, unaccompanied and/or separated children, and other emergency protection cases, through the provision of psychosocial support and/or legal advice.

Women, older persons, survivors of gender-based violence, children, youth, person with disabilities and LGBTI persons are particularly at risk in the context of the COVID-19 pandemic. UNHCR operations will maintain contact, either directly or through partners or community members with these specific groups to inform protection risk mitigation approaches and assistance. Where protection measures are put in place by the authorities to stop the transmission of COVID-19, UNHCR will advocate to ensure that special

considerations are given to address these specific vulnerabilities (be they physical, cultural, security, psychosocial, sanitary or other) and needs, including care for the elderly or children, and that procedures are in place for reuniting separated families.

UNHCR will also strengthen communication and community engagement to ensure access of people of concern to information regarding COVID-19 and that UNHCR's response is informed by community feedback. UNHCR will share regular and accurate information that is understandable, accessible and adapted to the needs and priorities of different community members, and counter derogatory, xenophobic or demonstrably false messaging or narratives.

Registration remains a critical component of refugee protection during the pandemic and UNHCR has recommended that operations continue registration activities where no viable alternative is possible. Whilst registration is an important priority, all measures will be taken to decrease the risk of contracting and transmitting COVID-19 during these activities. As an example, electronic means of communication will be put in place where feasible, and social media and hotlines will be used to disseminate information outside of UNHCR and partners premises.

Remote registration, as well as self-registration will also be used, while seeking to maintain the ability to establish and anchor identities.

For this to take place efficiently, new equipment will be needed such as telephones, the deployment of self-service applications, and internet capacity connectivity will need to be sufficient to access proGres and videoconferencing tools. Additionally, self-registration solutions which connect and are interoperable with PRIMES systems will need to be developed and implemented quickly.

Ramp up cash assistance, reinforcing shelters, and providing core relief items in congested urban and camp settings

Refugees, displaced persons and host communities in areas with a prevalence of COVID-19 will be severely economically impacted, either because of an inability to work for an extended period due to sickness, or due to the general slowdown of the economy.

UNHCR plans to invest massively in COVID-19 affected areas through its existing cash assistance mechanisms by ramping up cash payments to existing recipients, especially those most affected by economic shocks, to assist them in weathering the storm and to serve as an economic stimulus

for affected areas. Where digital means are in place, cash assistance will require only a limited role of UNHCR and partner staff—an important consideration given the risks that in-kind assistance distribution presents to staff and partners.

With overcrowded shelters a major risk for the spread of COVID-19, UNHCR will fast-track expanded shelter and improved quality of existing shelters in key locations. Moreover, as population movements across many borders continue, UNHCR will enhance reception and shelter facilities in critical border locations. As COVID-19 increasingly affects refugee and IDP hosting areas, funds are needed for UNHCR to build up stocks of core relief items in its network of seven emergency stockpiles. While suppliers in China and other countries in Asia are up and running, there are nevertheless supply-chain disruptions for some key commodities, supplies and essential items. UNHCR will consider alternatives to normal supply chains to ensure continued delivery of supplies, including local procurement options.

Support education systems

Schools are now closed nation-wide in many countries hosting refugees and IDPs, including in Ethiopia, Kenya, many of the countries in the Syria situation, and all of those in the Venezuela situation. The implications for children are numerous, including increased risk of drop-out once school resumes, nutritional and food security gaps as school feeding programmes are suspended, and protection risks if children are not in school during the day.

At the same time, for those schools that remain open, the crowded nature of many camps and limited WASH and health facilities mean COVID-19 could spread quickly. UNHCR will support schools in their efforts to remain open, where health conditions permit, and to mitigate the risk of the virus's spread. At the same time, UNHCR will expand its investments in connected education, including off-line solutions.

UNHCR will also expand its investments in connected education, including off-line solutions. UNHCR will develop a platform for teachers and parents to host all the connected education tools and learning materials that have been developed by UNHCR and our implementing partners in the last years. UNHCR will also monitor and support continued access to tertiary education for refugees, in particular those who are part of the Albert Einstein German Academic Refugee Initiative (DAFI), to ensure they can be assisted in case of closures of universities, student accommodation, or need to access online materials from home.

Funding the response

UNHCR is appealing for **$255 million** in scaled-up or new activities to support prevention and response efforts in refugee sites and host countries.

For this revision, UNHCR is focusing in particular on 31 countries assessed as high-risk, taking into account the priority countries outlined in the Global Humanitarian COVID Appeal.

- **East and Horn of Africa and the Great Lakes** I Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan, Tanzania, Uganda
- **Southern Africa** I The Democratic Republic of the Congo
- **West and Central Africa** I Burkina Faso, Cameroon, Chad, the Central African Republic, Mali, Niger, Nigeria
- **The Americas** I Bolivarian Republic of Venezuela, Colombia
- **Asia and the Pacific** I Afghanistan, Bangladesh, Pakistan, Indonesia, the Islamic Republic of Iran, Malaysia
- **Europe** I Greece, Turkey
- **The Middle East and North Africa** I Iraq, Jordan, Lebanon, Syria, Yemen

As the situation evolves, priority countries will be continuously revised and updated.

Given the rapidly changing nature of the situation, UNHCR is assessing and responding to emerging needs in an agile manner and looks to maximum flexibility in terms of pre-defining interventions and areas where resources are allocated.

The best way to support UNHCR's appeal is through softly earmarked contributions supporting the global COVID-19 prevention and response efforts. Such flexible funding at global level will be key in allowing a timely emergency response to the evolving needs wherever required. It will allow UNHCR flexibility to allocate funds across regions and operations according to priority needs, and will also allow for support to Headquarters in its cross-cutting work to strengthen advocacy, improve protection, bolster coordination and communication efforts, and support the regional and country offices on the front line of the response.

UNHCR has recorded $345 million in unearmarked contributions this year to date, slightly lower ($2.7 million) than in 2019 over the same period. While the overall recorded income has increased, the decrease in unearmarked contribution is a worrying sign. Flexible funding is truly a lifeline, both for urgent situations and under-funded operations, which will likely be the first to lose out if resources are shifted to fight the pandemic.

Revised financial requirements | by operation

Operation	Requirements (US$)
Ethiopia	2,130,000
Kenya	1,920,000
Rwanda	790,000
Somalia	1,090,000
South Sudan	2,890,000
Sudan	1,620,000
United Republic of Tanzania	710,000
Uganda	2,950,000
Sub-total East and Horn of Africa and Great Lakes	**14,110,000**
Dem Rep of the Congo	1,280,000
Sub-total Southern Africa	**1,280,000**
Burkina Faso	4,000,000
Cameroon	4,000,000
Central African Republic	5,000,000
Chad	6,000,000
Mali	4,000,000
Niger	5,630,000
Nigeria	2,000,000
Sub-total West and Central Africa	**30,630,000**
Afghanistan	15,310,000
Bangladesh	19,520,000
Indonesia	1,260,000
Islamic Republic of Iran	10,760,000
Malaysia	2,090,000
Pakistan	5,730,000
Sub-total Asia and the Pacific	**54,670,000**
Bolivarian Republic of Venezuela	4,650,000
Colombia	5,160,000
Sub-total The Americas	**9,810,000**
Iraq	25,000,000
Jordan	25,410,000
Lebanon	40,000,000
Syrian Arab Republic	3,990,000
Yemen	2,500,000
Sub-total Middle East and North Africa	**96,900,000**
Greece	3,000,000
Turkey	1,500,000
Sub-total Europe	**4,500,000**
Other operations	**8,610,000**
Business continuity	**34,500,000**
TOTAL	**255,000,000**

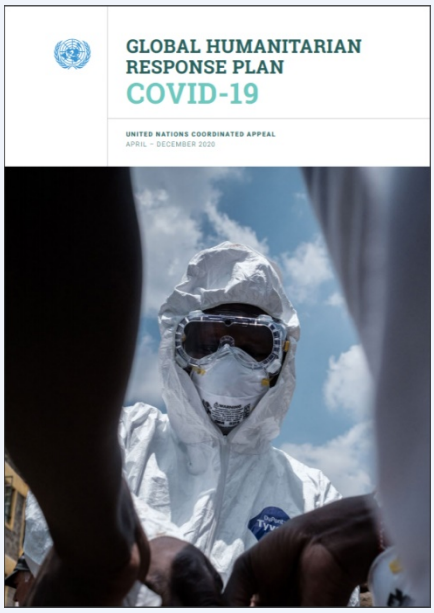
Revised financial requirements | by sector

Sector / Activity	Requirements (US$)
Cash-based interventions / Basic needs	
Ensuring people of concern particularly vulnerable to the pandemic receive assistance in the form of cash-based interventions and core relief items	95,000,000
Sub-total Cash-based interventions / Basic needs	**95,000,000**
Public health	
Procurement of supplies and infection prevention in health care facilities including essential personal protective equipment for health workers, procurement of medicines, equipment for health facilities including referral facilities (oxygen concentrators, pulse oximeters, oxygen giving sets, etc.)	12,000,000
Strengthen case management including staff training, medical equipment, medical supplies, isolation facilities, support for referral facilities, ambulance transport, referral costs, additional partner staff capacity	23,000,000
Support to laboratory capacity in refugee settings including host community with equipment, supplies (swabs, transport media, furniture and refurbishments, packing materials, staff training)	8,000,000
Training of rapid response teams in refugee settlements, training of health staff, community health workers in case definitions, isolation procedures, referral mechanisms for suspect cases	5,000,000
Communicating with communities and provision of mental health and psychosocial support; support to develop and adapt IEC materials; establish help line; train community outreach volunteers and community health workers; key messaging on basic COVID facts, transmission details, social distancing, hand hygiene	6,000,000
WASH in health care facilities, reception centers, transit centers and points of entry based on assessed gaps including medical waste management and handwashing stations	7,000,000
Ensure that general priority health services not related to COVID-19 stay accessible and functional	4,000,000
Sub-total Public health	**65,000,000**
Protection	
Registration	8,000,000
Protection monitoring to ensure needs of refugees, and those seeking international protection, are taken into account; that the principle of non-refoulement is respected; and that forcibly displaced persons are protected from stigmatization, discrimination (including in terms of access to services), and from risk of detention	3,000,000
Documentation and registration for protection in situations where lack of appropriate documentation would impact on access to life-saving services	3,000,000
Critical case management, including assistance to survivors of sexual and gender-based violence, unaccompanied and/or separated children, and other emergency protection cases	5,500,000
Risk communication and community engagement	3,000,000
Sub-total Protection	**22,500,000**
Shelter	
Providing adequate shelter and camp management support to reduce density and assist isolation efforts, especially in high-density living conditions most at risk from a spread of COVID-19	12,000,000
Reception conditions improved and maintained	4,000,000
Sub-total Shelter	**16,000,000**
Water, sanitation and hygiene	
Procurement and distribution of soap for hand hygiene	4,000,000
Installation of handwashing facilities in communities, public high risk areas	4,000,000
Increasing water supply to improve hand hygiene	4,000,000
Public Environmental Hygiene (disinfection, waste management, sanitation)	2,500,000
Sub-total WASH	**14,500,000**
Education	
WASH in schools	3,500,000
Continued access to basic education	3,000,000
Continued access to tertiary education	1,000,000
Sub-total Education	**7,500,000**
Emergency business continuity expenses plus overhead (ICT/HR/Logistics/Supply Chain/air freight and other overhead costs PSD 6.5%)	**34,500,000**
Grand total	**255,000,000**

Resources and links

> As the pandemic spreads, our response must encompass the most vulnerable in our societies, including millions of refugees and others affected by wars, persecution and disasters. They, and the communities hosting them, desperately need our help to stay safe during this global crisis."
>
> **Filippo Grandi**
> United Nations High Commissioner for Refugees

Follow UNHCR's Live blog: Refugees in the COVID-19 crisis, highlighting some of the many ways that UNHCR staff, people forced to flee and supporters around the globe are taking action to stay smart, stay safe and stay kind.



The primary responsibility for response to COVID-19 lies with governments, supported by WHO and other partners with technical expertise. UNHCR's interventions are in line with WHO guidance and aligned with the COVID-19 Global Humanitarian Response Plan. Under this Plan, UNHCR has focused on the third strategic priority: protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic. UNHCR's operational response will be fully embedded within national strategies and guided by ministries of health and WHO.

Where the humanitarian programme cycle is implemented, the Resident Coordinator/Humanitarian Coordinator and the Humanitarian Country Team lead the response with WHO providing lead support and expertise on public health issues in consultation with national authorities. In countries covered by a refugee response plan, the existing coordination mechanism will be used under the overall leadership of UNHCR in close coordination with WHO.

COVID-19 Global Humanitarian Response Plan

WHO Strategic Preparedness and Response Plan

WHO COVID-19 situation reports

WHO COVID-19 situation dashboard

CORONAVIRUS EMERGENCY APPEAL

UNHCR's PREPAREDNESS AND RESPONSE PLAN (REVISED)

March - December 2020

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