



UNHCR staff deliver a COVID-19 orientation session to Somali refugee healthcare workers and Community Outreach Workers at Kobe camp, Ethiopia

COMMUNITIES GETTING INVOLVED

Supporting Community Leadership in the Response to the COVID-19 Pandemic

The COVID-19 pandemic has created challenges for forcibly displaced persons and the humanitarian organizations working to support them. With restrictions on movement and limited access to refugees, asylum-seekers, internally displaced persons (IDPs) and stateless persons across the globe, UNHCR is supporting displaced communities to take the lead in the prevention of, and the response to, the existing and emerging protection needs of women, men, girls and boys of diverse backgrounds.

This brief provides an overview of UNHCR's approach to engaging communities in the prevention and response to COVID-19, and draws on examples from the field, where displaced communities are partnering with humanitarian actors to protect those at heightened risk.

Community members are the persons most knowledgeable about their own needs, and the best advisers on what approaches are suited in their local area. Every community that faces threats, engages in forms of individual or collective self-protection. If external agencies introduce new measures without considering existing ones, the community may lose its capacity to self-protect, resulting in it being worse off when external support is reduced. It is, therefore, necessary that we understand and support the strategies that communities already use, building on them and leveraging their skills and resources.

UNHCR has a history of working hand-in-hand with communities in the identification of protection needs, and jointly developing responses that build on their knowledge, capacities and resources.

UNHCR believes that meaningful participation¹:

- is a right, and essential for informed decision-making;
- leads to better protection outcomes and reduces feelings of powerlessness;
- enables UNHCR to draw on the insights, knowledge, capacities, skills and resources of persons of concern;
- empowers women, men, girls and boys of different backgrounds to rebuild self-esteem and self-confidence; and
- helps people of concern cope with the trauma of forced displacement.

Through the regular, systematic and meaningful participation of women, men, girls and boys of diverse backgrounds, UNHCR gains a real-time understanding of how COVID-19 is impacting individuals differently, and is able to work with them to develop programmes that address these differing needs effectively.

UNHCR applies a community-based approach in its work with forcibly displaced people through which it identifies and supports community structures and establishes partnerships with community-based organizations, who play a critical role in reaching out to at-risk and marginalized groups and responding to the impacts of COVID-19. This becomes particularly important in contexts where UNHCR and partners face difficulties in accessing refugees, asylum-seekers, IDPs and stateless persons.

¹ UNHCR manual: A Community-based Approach in UNHCR operations (2008):
<https://www.unhcr.org/publications/legal/47ed0e212/community-based-approach-unhcr-operations.html>

Communities Protecting Themselves Against COVID-19

Using communication channels that are known, trusted and accessible to all community members is critical in ensuring information and service provision is known in the community, particularly among those, who are isolated or marginalized. Engaging communities in communication activities allows for better outreach, and ensures that message content, format and distribution channels match the needs and preferences of diverse audiences. Communities in different regions have invested their time, knowledge and resources in a variety of ways to reach out to those most at-risk, providing timely and relevant information.

Mobilizing as Community Volunteers

Collaborating with community outreach volunteers is an essential part of UNHCR's community-based protection work, ensuring that information on services is available within the community and that feedback from persons of concern reaches UNHCR and service providers. In the context of COVID-19, UNHCR mobilized those structures, albeit in new and creative ways.

In **Ethiopia**, refugee community structures have been actively engaged in outreach activities and messaging on COVID-19, while also ensuring that basic prevention measures are observed in communities. As such, they play a crucial role as first responders. Refugee representatives and outreach volunteers have been involved in demonstrating handwashing techniques, distributing posters, soap and other essential items, and organizing food distribution in smaller groups that respects physical distancing measures. Where possible, their support is extended to the nearby host community. Refugees are also helping tackle misinformation and misconceptions about COVID-19, and sharing information in line with the World Health Organization (WHO) and the Government of Ethiopia guidelines.

Similarly, in **South Sudan**, forty secondary school students on UNHCR scholarships in the Gorom refugee settlement were trained and mobilized to conduct household visits with a community health worker or hygiene promoter, sharing information and demonstrating basic hygiene practices. As such, all 800 households in Gorom were provided with basic information, including referral pathways in the event of a suspected COVID-19 case.

In **Bangladesh**, 1,593 community health workers and 804 volunteers from various sectors are involved in ensuring adequate information flows on COVID-19 to different segments of the refugee community, including through home visits. Community outreach volunteers are disseminating key messages, including preventative practices, physical distancing, hand washing and early referral of persons with symptoms to health facilities.



Wearing protective masks, Idriss, 21, and Leila, 25, both refugees from the Central African Republic, travel through N'Djamena, Chad distributing materials to raise awareness about COVID-19.

UNHCR in **Lebanon** provided targeted training for a total of 4,599 refugees, including outreach volunteers and site community groups on COVID-19, for them to pass on to other community members. Site community groups are comprised of 3-5 volunteers, who play a particularly active role on-site, conducting hygiene promotion, including through physical distancing and decisions taken by the authorities.

Participating in Community Radio

Building on existing communication channels that are trusted and preferred by the community is essential to ensuring access to timely and relevant information. Among those, community radio is a tried and tested tool that a number of operations have adapted to the current COVID-19 situation. Radio is also used to sensitize communities around protection risks exacerbated by COVID-19, such as domestic violence and other forms of gender-based violence (GBV), and to disseminate information on relevant services.


In the **Central African Republic**, a radio communication strategy was developed with returnee community leaders to conduct community sensitization on prevention and response to COVID-19. A community radio slot has been organized in **Brazil** to reach hard hit indigenous groups residing in temporary sites in Manaus.

In Dadaab camp in **Kenya**, community workers, youth, religious leaders and members of community structures are participating in radio shows to prevent GBV. The show is divided into three parts: (1) information dissemination, (2) a Q&A session where listeners can call in and obtain answers to questions and (3) playing pre-recorded messages on the topic of the specific session (e.g. intimate partner violence, denial of resources, psychological abuse, female genital mutilation, forced marriage, etc.). Refugee women and girls have reported gaining the knowledge and confidence to approach GBV service providers, and empirical data shows an increase in the number of reported GBV incidents during the period of radio awareness raising. Similarly, in **Rwanda** and **Malawi**, community radio has been used to inform the community on accessible GBV prevention and response services, despite the current lockdown.

Outreach through Digital Media

Physical distancing is key to preventing COVID-19, however this has been a challenge to many of the traditional forms of in-person outreach conducted in the field. UNHCR

operations are investing in new digital communication tools and strategies to maintain contact with communities and disseminate important information in a timely manner.



When designing digital communication, it is important to look at digital access through an Age, Gender and Diversity (AGD) lens and consider the barriers some individuals or groups may have in accessing them. For instance, women often have less access to technology. UNHCR consults with different groups to understand the particular challenges some may experience in accessing digital communication channels and complementing those with other forms of communication that are adapted to the particular needs of various AGD groups.

WhatsApp Communication Trees are a tool that has proven useful to a number of operations, allowing for two-way communication between UNHCR and community volunteers, and community volunteers and the broader community.

In **Ethiopia**, UNHCR has established several WhatsApp and Telegram groups for refugee leaders and outreach volunteers, providing them with extra phone credit to help disseminate information on COVID-19 among refugee communities. Also, UNHCR has mapped existing refugee WhatsApp groups in Ethiopia with the goal of possible future collaboration post-COVID-19.

In **Turkey**, WhatsApp trees have facilitated information-sharing to more than 10,000 community members in the period March 27 to April 21, while information-sharing through 860 WhatsApp groups has allowed UNHCR **Syria** to reach 120,000 persons.

Self-organized Viber groups and Telegram channels have been set up by IDPs in **Ukraine** to support communities in conflict-affected areas. A Telegram channel is also used to share daily government updates on the COVID-19 situation with refugee communities, translated into six languages.

As part of the *Dale Play* initiative to collectively write a script and produce video blogs related to COVID-19, an online workshop was organized with refugee and host community youth in **Ecuador**. The first script was jointly drafted by all participants, and, going forward, they have agreed to produce at least one video per month with key messages for their peers.

In **Lebanon**, 26 WhatsApp trees on COVID-19 were put in place, and 9,000 refugee and host community WhatsApp focal points have reached out to some 180,000 families. Messages have also been posted on Facebook to reach a wider audience – the operation supports 4 Facebook pages run by persons of concern that flag rumors and scams to UNHCR, as well as raising awareness on fake news in Arabic and English.

In **West Africa** the [COVID 19 Regional Risk communication and community engagement digital platform](#) hosts dozens of graphic, audio and video tools, including some designed by displaced persons, such as children-to-children awareness videos. The platform is used by community mobilisers disseminating prevention messages and national platforms exploring innovative two-way communication venues to engage IDP, stateless and refugee communities in **Nigeria, Niger, Burkina Faso, Senegal**, and the **Ivory Coast**.

Collaborating through Community Groups

Community groups can play a central role in developing contextualized resources and reaching specific segments of the displaced population. UNHCR regularly maps existing community structures and works with them to ensure they are inclusive and represent the diversity of the community. Working with representative groups in the community, such as women, youth and persons with disabilities associations, allows UNHCR to better identify and take action on their specific needs. Collaborating with community groups includes building their capacity and equipping them with resources that facilitate their work.

In the Mbera camp in **Mauritania**, a crisis committee, including UNHCR, partners, refugee leaders and community volunteers, was set up to jointly manage communication and mobilization. The training of 226 community facilitators has enabled door-to-door awareness campaign and mobile messaging in the various languages spoken by refugees, as well as engagement of host communities.

UNHCR **Ecuador** initiated a partnership with the Latin American Network of Organizations of Persons with Disabilities (RIADIS), resulting in better outreach to, and specialized COVID-19 awareness raising materials for, persons with disabilities.

In **India**, child protection risk reduction communication continues in a child-friendly manner, involving outreach to members of youth clubs, adolescent boys' and girls' groups, child protection committees, and children's groups, who also disseminate the messages further into the community.

In **Bangladesh**, imams are a trusted community leadership structure and play a key role in sensitizing their communities on various issues. To respond to COVID-19, imams have been mobilized across camps in Cox's Bazar, to disseminate accurate information on COVID-19 prevention.



A Sudanese refugee community outreach volunteer sprinkles chalk to mark appropriate physical distancing spots during a food distribution at Pamir camp in Jamjang, north-east South Sudan.

Identifying needs and channeling feedback

The participation of persons of concern in the identification of protection needs and providing feedback on services is critical to ensuring that programming is effective and adapted to community priorities. As COVID-19 related challenges have limited UNHCR's and partners' presence on the ground, UNHCR has invested in alternative means to ensure the continued participation of displaced persons. Community members and groups are also important in terms of channeling community feedback on the activities and support that UNHCR and partners are providing in the field.

In Cox's Bazaar, **Bangladesh**, community consultations targeted community mobilizers and volunteers, child protection and GBV prevention volunteers, men, women, youth, imams, older persons and persons with disabilities groups. The sessions are held outdoors or in big community centers to respect physical distancing. The assessments focused on community members' thoughts, feelings, challenges and beliefs in relation to COVID-19. The information obtained is shared with the whole protection team on a weekly basis to ensure that it is factored into decision-making and programme design.

In several operations, social media is a popular tool for staying connected with community members despite physical distancing measures. In **Honduras**, the protection situation in high-risk urban and rural areas is monitored through WhatsApp, using a communication tree.

The network of Community Support Committees in **Jordan** has been pivotal in reaching refugee communities through remote

communication tools, as well as gathering data on needs, especially in urban areas.

In the **Democratic Republic of Congo**, UNHCR has dispatched 58 mobile phones with SIM cards and 36 pairs of walkie-talkies to refugees, health centers and focal points in areas hosting South Sudanese refugees, to ensure that communities are able to report in case of a total lockdown due to COVID-19.

In the **Americas**, the Regional LGBTI+ Network, with the support of UNHCR, conducted virtual focus group discussions with LGBTI+ refugees and migrants in six countries in the region (**Colombia, Ecuador, Peru, Brazil, Chile** and **Argentina**) to better understand the impact of COVID-19 on their lives, needs and priorities. In **several other operations** around the world, LGBTI focal points maintain regular contact with LGBTI persons of concern, providing daily updates on the impact of COVID-19.

In **Spain**, refugee focal point volunteers are reaching out to specific population groups, who are potentially less connected with civil society and social networks, or who might face communication challenges such as limited access to connectivity, language barriers, or vulnerabilities. The feedback that is collected informs UNHCR and partner interventions, as part of an ongoing survey.

In **South Sudan**, UNHCR maintains daily contact with the community leaders in Juba to remotely monitor the protection concerns of the community and share key information on services. Information transmitted by community leaders feeds into an incident tracking system that enables timely identification of key concerns and informs the response.

Communities as Agents of Response to COVID-19

Often forcibly displaced persons are portrayed as passive recipients of critical assistance and support, whereas, on the contrary, they are often themselves on the frontlines, providing support both to their own and other communities. In the context of limited access due to COVID-19 restrictions, communities play a particularly important role – they ensure continued identification and referral of at-risk individuals, support the distribution of essential items and mobilize resources. Ensuring that women, men, girls and boys of diverse backgrounds are able to meaningfully engage and be involved, promotes ownerships and is key to developing robust and contextually suited interventions.

Facilitating safe referrals of individuals at risk

COVID-19 is impacting people differently. Older persons, persons with disabilities and persons with compromised immune systems are among those at high risk of COVID-19 related illness; due to isolation and stigma, LGBTI persons may not be able to access the information needed to protect themselves; women represent the majority of frontline workers and often have the responsibility of caring for sick relatives. The pandemic exacerbates already existing protection risks, including GBV and Child Protection (CP). Communities are agents of protection for those most at-risk, and their role in facilitating identification, safe disclosure and referral has been invaluable during COVID-19.

In **Nepal**, the number of female community workers was increased to facilitate case referral and to provide confidential 24/7 access to the protection hotline for GBV survivors. The goal was to ensure a safe and trusted channel for case referral from the refugee community. UNHCR **Malaysia** has likewise been working closely with partners and refugee-women-led groups to expand the availability of hotline and remote case management services, as well as mental health and psychosocial support.

An existing network of 110 community focal points are supporting social workers, who provide remote GBV case management in **Cameroon**. A Protection/GBV toll free hotline is the main communication tool linking the community focal points with the social workers, to ensure safe disclosure and referral of the survivor. This line is also used to provide information on COVID-19. Moreover, a

WhatsApp group has been established to ensure 24/7 access to information, which all community focal points, whether refugee or host community members, use to disseminate key messages to communities.



Venezuelan Warao refugee leader, Adriana Liras, broadcasts information through her community radio show at the Carlos Gomes shelter in Manaus, northern Brazil.

A committee of five women in Rafsanjan settlement in **Iran**, who have been trained by the health post physician, are supervising and screening traffic at the settlement entrance to ensure adherence to COVID-19 protection measures, as well as providing referral to local medical facilities. The steering committee of the community-based Youth Initiative project in Shiraz has referred 28 vulnerable families to UNHCR for assessment and support.

In **Mauritania**, community volunteers have been instrumental in helping UNHCR to reach out to refugees with specific needs and those in remote areas to ensure they can access tailored Cash for Social Protection. Similarly, in **Israel**, a group of Eritrean refugee women

leaders from across the country have been linking UNHCR to vulnerable single mothers in need of assistance, helping to coordinate support.

In addition to COVID-19 information, in the **Democratic Republic of Congo**, community volunteers have been provided with materials to carry out sensitization sessions in small groups in three provinces, in sites and camps, as well as among the host community. The focus is on intimate partner violence prevention and GBV services, and UNHCR has provided them with training on GBV guiding principles, as well as phone credit to reinforce their ability to safely refer survivors.

Delivering Key Protection Support

Beyond identification and referral, refugees are also delivering key protection support to their communities in certain contexts, with the support of UNHCR, partners and the national service providers. Support includes technical training, as well as providing resources such as phone credit or SIM cards.

In a number of refugee locations in **Ethiopia**, social workers undertake home visits and conduct awareness raising activities. They have identified a range of CP and GBV risks, including an increase in child labor and marriage; violence against children; education challenges; reduced reporting on GBV; and reduced activities in the women-friendly spaces leading to psychosocial distress and limited engagement of women.

GBV Committees in **Thailand** have been trained on a number of topics, including physical distancing, handwashing, and how to make cloth masks. In turn, they are providing training to health staff on how to respond when GBV incidents are disclosed in their line of duty, including referral mechanisms. The GBV Committees have been provided with additional material support to facilitate referrals to service providers and stay connected with UNHCR.

In **Bangladesh**, volunteers continue to be engaged in the management of medium and

low risk child protection cases, while being remotely supported by UNHCR staff. At present, over 2,000 cases are being followed up, most of which involve neglect, physical abuse, child marriage, and child labor. Some 393 trusted refugee volunteers are supporting UNHCR in referrals, and they have successfully assisted an increasing the number of reunifications between children and their families in circumstances where children had been temporarily separated. Refugee volunteers also continue to provide psychosocial support to children, adolescents and parents/caregivers through door-to-door visits and in small groups.

IDP communities in Central and Western **Ukraine** are actively involved in the COVID-19 response, including by taking part in coordinating committees led by local authorities to distribute groceries to older people, running counselling hotlines and conducting psychological support and art therapy classes for adolescents.

Contributing to the Health Response

Across the globe, refugees have played an active role in providing health support to combat COVID-19, in a variety of roles from doctors, nurses, hygiene workers to other positions. Women and youth have made particularly important contributions to the health response.

In **Lebanon**, more than 450 refugees with a medical background have been mobilized as community health volunteers, focusing on COVID-19 awareness, hygiene promotion, surveillance and initial advice. They play an important role in sensitizing refugees about the sample COVID-19 testing being rolled out, to mitigate any community concerns and reduce risks of stigmatization.

Recognizing the mental health impact of the current crisis, in Duhok, **Iraq**, key community members were provided knowledge about psychological first aid and positive coping mechanisms, delivered by remote psychosocial intervention experts. Furthermore, outreach volunteers supported

the developments of COVID-19 health and psychosocial materials in Arabic and Sorani Kurdish, to be shared through radio programs, WhatsApp networks and social media platforms.

In White Nile State in **Sudan**, refugee and host community leaders have been trained on COVID-19 referral pathways and phone credit (airtime) to enable them to respond to cases in a timely and efficient manner. In Khartoum, UNHCR is supporting a local Health Committee of displaced persons in working with the Ministry of Health, to monitor community members for COVID-19 related symptoms.

Community volunteers in Kitchanga in the **Democratic Republic of Congo** have raised their own funds to install handwashing facilities in five IDP sites and are now sensitizing community members on the importance of handwashing.

Providing Education Support

COVID-19 has had a major impact on access to education, as schools across the world have shut down. Though efforts are being made to continue providing distance learning opportunities, they may not always be easily accessible for children in displaced communities. Various community members and groups have been providing support in creative ways to ensure that no refugee child is left behind.



Somali refugee teacher, Amina Hassan, gives an English lesson to grade five pupils over the radio system at Dadaab camp in Kenya

Prior to the COVID-19 outbreak, UNHCR **Ghana** had procured 350 e-readers from Worldreader for all camp and host community schools. These e-readers have been made available to students during school closure, with small groups of children meeting in ICT centers and practicing their reading with the support of 20 volunteer teachers and four DAFI students. The volunteers also teach the children to thoroughly wash their hands prior to attending sessions and practice physical distancing seating arrangements.

During 2019, UNHCR worked closely with the Secondary Science and Mathematics Teachers Training Programme (SESAMAT) in **Uganda**, to train refugee teachers on the use of online learning tools. UNHCR, UNICEF and Learning Equality are exploring opportunities to support these teachers in sharing their knowledge on how to make use of the online Kolibri platform during the closure of schools in the wake of the COVID-19 pandemic.

Refugee university students in **Kyrgyzstan** conduct extra-curricular lessons through WhatsApp to support the learning of refugee children, who cannot fully benefit from school lessons during the COVID-19 pandemic due to language barriers.

In the refugee camps of eastern **Chad**, Parent Teacher Associations (PTAs) have been providing students with homework exercises that are corrected each week. In the south, provincial committees have set up distance learning programs such as radio lesson broadcasting. In urban areas, WhatsApp is being used to reach young learners, and there are ongoing efforts to set up home tutoring to prepare refugee students for the upcoming national examination.

In **Malawi**, a collaboration with Yetu Community Radio is seeking to prepare 8th graders for their postponed exams. Meanwhile, daily education lessons are being shared through camp-based radio stations in Dadaab, **Kenya**, where more than 100,000 students are currently out of school. A [local teacher is providing English lessons](#) for refugee and host

community students through the local radio station.

Innovating Livelihood Opportunities

Refugee community members and groups have come up with many creative ways to maintain livelihood opportunities despite COVID-19, as well as provide essential items to their local communities.

In Sulaymaniyah, **Iraq**, displaced persons are [producing Personal Protective Equipment \(PPE\)](#) at a sewing factory supported by a UNHCR Quick Impact Project. They are currently producing up to 2,000 pieces per day, manufactured according to the standards of the Department of Health. They are being distributed to the communities, health facilities and medical teams in Iraq that are most in need.

In **Tanzania**, community groups involved in self-reliance activities have been supported with additional sewing machines and contracted to produce face masks for distribution to 277,954 individuals in all three camps: Mtendeli, Nduta and Nyarugusu.

Refugee-women-run enterprises in **India** have started producing cloth masks to address both the mask shortage and the need for income for vulnerable families. In Bani Najjar settlement in **Iran**, an Afghan woman mobilized her tailoring workshop to produce 800 masks and 300 protective gowns daily. The workshop, employing 16 women heads of households, was supported by UNHCR to obtain a hygiene license from the Ministry of Health and Medical University.

In **Ukraine**, [conflict-affected communities](#) have already produced more than 10,200 medical masks that have been handed over to home-based health care providers, first aid medical points, ambulance centers and pharmacies.

Soap production is another activity that displaced populations are contributing to. A [refugee entrepreneur](#) in **Kenya** has accelerated his aloe vera soap production business to meet the demands for

handwashing soap, while a [DAFI student](#) (Albert Einstein German Academic Refugee Initiative, UNHCR's higher education scholarship programme) is both producing soap and sewing masks for distribution in camps. In camps in Jordan, Syrian [refugee women](#) who have been trained by UNHCR, are also making and distributing soap to their local community.



Tuareg refugee women from Mali make soap to sell in their neighbourhood in Niamey. After mixing vegetable oils, water, sea salt and bicarbonate soda, they pour the mixture into moulds and leave it to dry for a week

Supporting Targeted Distribution

Communities have been mobilizing resources to support those most in need, playing a key role in distributions related to COVID-19, and ensuring that the families and individuals most at-risk access the assistance they need.

In **Kenya**, 300 kg of soap was distributed to six community-based organizations in Nairobi, who then distributed the items to refugees and some host community members at heightened risk, including older persons, orphans/children, sick persons and large families.

Meanwhile in **Pakistan**, with the support of refugee volunteers, UNHCR and partners distributed hygiene kits to nearly 4,800 vulnerable Afghan refugee families in 10 villages in Baluchistan, comprising of one soap and three sanitary cloths per kit.

Community volunteers in Rafsanjan settlement, **Iran**, initiated a self-help activity by raising funds from better-off households to purchase items for the at-risk households. The items were purchased, packed and distributed by the community volunteers.

In order to support vulnerable urban refugee families, a number of refugee-led organizations in **Uganda** conducted fund-raising campaigns through social media to support families at heightened risk in Kampala, delivering food to them through door-to-door visits.

Refugees Raise Their Voices

Advocacy is important to highlight the many varied contributions that forcibly displaced community groups and individuals are providing to, not only their own communities, but also to host communities, around the world, in the midst of the COVID-19 pandemic. Mobilization of resources, capacity building and support are needed to strengthen the already existing work being done, while also empowering other community groups to join in.

Youth Networks

Through individual contributions, members of UNHCR's Global Youth Advisory Council (GYAC) are acting as role models in their refugee and IDP communities and inspiring youth-led initiatives to address the impact of COVID-19. Their contributions include collaborating and advocating with local and community-based organizations to disseminate prevention messages, making soap and training others on COVID-19 prevention through local youth groups, mobilizing peers through videos on handwashing and physical distancing, distributing food items, translating information materials into other languages, making masks and providing psychosocial support.

Moreover, as a group, GYAC has come together with UNHCR's Tertiary Refugee Student Network (TRSN) to raise awareness of refugees' positive contribution during the crisis. Their [global social media campaign](#), using short self-recorded video messages, amplifies positive narratives, encourages others to share how they are helping their communities, and at the same time informs and inspires young refugees to safely take action.

Global Networks

The [Global Refugee-led Network \(GRN\)](#) has facilitated a global virtual conference with refugee-led organizations (RLOs) from all regions to discuss the direct and indirect impact of COVID-19 on refugees, but also to exchange examples of the contributions RLOs have made in preventing and responding to the outbreak. The conference was attended by 157 representatives including refugees, former refugees, and asylum seekers, as well as NGOs and others. Following up on the global conference, the GRN is organizing regional thematic discussions to explore opportunities whereby refugee-led organizations can participate in the response to COVID-19.

For more information:

UNHCR's [Understanding Community-Based Protection](#)

COVID-19 Library on Community-Based Protection [online Community of Practice](#)

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