



UNHCR
The UN Refugee Agency



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Coronavirus emergency appeal UNHCR's preparedness and response plan (REVISION)



215

COUNTRIES, AREAS OR
TERRITORIES GLOBALLY
AFFECTED BY COVID-19

134

REFUGEE-HOSTING
COUNTRIES REPORTING
LOCAL TRANSMISSION OF
COVID-19

71 million

PEOPLE FORCIBLY DISPLACED
AROUND THE WORLD

\$745 million

NEEDED IN REVISED
FINANCIAL REQUIREMENTS
UNTIL THE END OF THE YEAR

Figures as of 9 May, 2020

On 30 January 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a public health emergency of international concern, and a pandemic on 11 March. The coronavirus situation is dynamic and evolving with, as of 11 May 2020, over 4 million cases reported worldwide in more than 215 countries, areas or territories.

In light of the unprecedented impact that the COVID-19 outbreak is having in refugee and IDP situations worldwide and the multiple crises that people already scarred by having been forced to flee are facing in terms of loss of lives, livelihoods and protection, UNHCR had to update its requirements. UNHCR's initial appeal focused on preparedness and emergency response and amounted to \$255 million. Following substantial partner consultations in line with the updating of the Global Humanitarian Response Plan (GHRP), UNHCR is now appealing for an additional \$490 million bringing its revised requirements to **\$745 million**. This will allow UNHCR to protect the most vulnerable from direct and indirect impacts of the virus in countries at high-risk due to its rapid spread, and to scale up life-saving protection and assistance in priority countries. To accommodate these additional requirements, UNHCR's 2020 annual budget will be increased through a supplementary budget of \$404 million.

Cover photo: A Syrian refugee sits inside the Wavel refugee camp, in Lebanon's Bekaa Valley.

Building on the preparedness measures already implemented, UNHCR has focused on its support to national authorities for refugee situations, in line with the Global Compact on Refugees, and on protection, shelter and camp coordination to protect the internally displaced. The revised requirements include measures to combat the immediate socioeconomic impact on people of concern, support national and local authorities with health and medical supplies, and continued outreach to ensure people of concern remain at the center of the response.

The COVID-19 pandemic requires first and foremost a strong public health response. So far, there have not been reports of major COVID-19 outbreaks amongst refugees and internally displaced people. However, UNHCR and its partners are in a race against time to prevent and prepare for an outbreak in camps or settlements, as the virus is

already affecting many countries with large refugee and IDP populations. The pandemic is as well increasingly having secondary impacts such as a significant global economic downturn, and heightened health and protection risks for people of concern.

While States can take vital and evidence-based public health measures to help control COVID-19, these should not be arbitrary, should not discriminate—even indirectly—against people of concern and should be maintained for no longer than necessary. This crisis is a reminder that to effectively combat any public health emergency, everyone—including refugees, stateless persons and IDPs—should be able to access health facilities and services in a non-discriminatory manner.

COVID-19 can be contained, but no one is safe unless everyone is safe. We are only as strong as the most vulnerable among us.

“

The pandemic is inflicting deep wounds across our world. For people who fled wars and persecution, the impact on their mostly hand-to-mouth existence and on their hosts has been devastating. Together with our NGO partners, the UN is determined to stay the course and deliver for refugees, internally displaced, stateless people, and their hosts, and ensure their inclusion in public health responses and social safety nets. The needs are vast, but not insurmountable, and only collective action to curb the threat of the coronavirus can save lives. Timely, generous and flexible response from all our supporters is critical.”

Filippo Grandi

United Nations High Commissioner for Refugees

Overview of priorities



Health and WASH

- Work with ministries of health in affected countries and WHO to ensure people of concern 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 physical distancing using preferred and accessible communication channels with an emphasis on two-way communication.
- Ensure continued access to essential health services, including routine vaccination, reproductive health services for pregnancy and childbirth, care for children, youth, and older adults, emergency care, and care and support for people with non-communicable diseases and mental health conditions.
- Identify and respond to protection and rights violations that may affect the effectiveness of the health response; and those protection risks triggered or exacerbated by COVID-19 and related measures.



Protection and risk communication

- Work with existing protection monitoring and reporting networks in collaboration with governments, communities and partners to mitigate potential protection risks for refugees and displaced people, including restrictions to access to territory and the right to seek asylum, and ensure continuity of essential protection services, including registration, status determination, documentation, protection counselling, GBV and child protection.
- Leverage existing networks of outreach volunteers and women's, children's and other groups formed and led by people of concern to provide key information on critical sectoral activities and protection needs, as well as provide community-based protection and psychosocial support.
- Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, IDPs and other people most vulnerable to the pandemic by countering misinformation and enhancing awareness and understanding of the COVID-19 pandemic at community level.
- Ensure people of concern have access to timely, relevant and accurate information in applicable language/s and dedicate specific measures to ensure communication and critical protection case management are inclusive and accessible for individuals/communities at heightened risk (older persons, children, youth, persons with disabilities, LGBTI people, ethnic and religious minorities).



Cash assistance, shelter and core relief items

- Ensure people of concern particularly vulnerable to the pandemic receive assistance in the form of core relief items and cash-assistance, including through use of digital and innovative solutions.
- Ensure that cash assistance is designed based on a robust analysis of cash specific protection risks and benefits.
- Provide improved shelter and settlement conditions to reduce density and overcrowded living conditions.
- Improve health infrastructure and provision of health services through building or repurposing health, isolation and quarantine facilities, especially in high-density living conditions most at risk from a spread of COVID-19.
- Coordinate interventions in camps and camp-like settings (including in urban environment and informal settlements) through camp management activities and ensure provision of services and assistance is not adversely affected by the public health measures, in particular quarantine and isolation.



Education

- 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.



Venezuelan indigenous Warao refugees and migrants are relocated to a safe space in Manaus, Brazil, amid the COVID-19 pandemic. © UNHCR/Felipe Irnaldo.

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, water and sanitation, as well as social protection systems. Many of them live in camps and camp-like settings, or in poorer urban areas with limited public health facilities and face specific barriers and vulnerabilities that must be taken into consideration when planning for COVID-19 response operations. Many persons of concern are also frequently neglected, stigmatized, and may face difficulties in accessing health, social protection and other services that are otherwise available to the general population.

In many of the countries where UNHCR operates, the COVID-19 pandemic is an “emergency on top of an emergency”,

and worsening humanitarian crises like those in Afghanistan, the Democratic Republic of Congo (DRC), Iraq, Libya, the Sahel, Somalia, Syria, Yemen, and in the North of Central America and the Venezuela situation. In Bangladesh, the monsoon season is again approaching, bringing with it additional challenges. Many Venezuelans and Afghans may feel compelled to return home, risking their lives and putting pressure on already fragile health systems. In regions where healthcare systems are weak, diseases such as malaria, measles and diarrhea pose additional threats. UNHCR is expecting a higher case-fatality amongst people of concern due to poverty, congestion, overcrowded living conditions and limited health and WASH infrastructure.

Access to territory and asylum

To date, UNHCR estimates that 161 States have partially or fully closed their borders to contain the spread of the virus, of which 97 are making no exception for people seeking asylum. While many governments are rightly imposing restrictions on air travel and cross-border movement to contain the spread of the virus, these restrictions can and should be managed in a way that is compatible with international refugee protection. They should not result in closures of avenues to asylum, or of forcing people to return to situations of danger.

Forced return and movement of people is reported in several regions while at the same time, limitations on or discriminatory freedom of movement remain a major concern for people living in internal displacement camps and camp-like settings. Family separation keeps many children apart from their caregivers due to movement restrictions. Attacks on sites as well as heightened tensions and attacks on IDP returnees have been reported in several countries.

Shelter and settlements

Many refugees and internally displaced people live in densely populated areas with inadequate housing or in camps, formal or spontaneous settlements or overcrowded urban shelters and slums. These living conditions compromise health outcomes and increase protection risks (including risks of gender-based violence) making refugees and internally displaced particularly vulnerable to this pandemic.

There is a direct link between the density of living conditions (both inside a shelter and of an overall settlement) and the risk of COVID-19 spreading—the more that living conditions can be improved, through repairing, upgrading and extended existing shelter to reduce density, and providing additional shelter options for the most vulnerable, the better protected the population.

Particular attention should be given to those living in temporary collective accommodation (such as transit and receptions centres) where they are most vulnerable to viral transmission.

Building on its shelter expertise and availability of shelter material, UNHCR has been able to provide shelter options with safe and clean-living conditions, and adequate health and WASH facilities. UNHCR will need more funds to continue to provide this assistance to decongest camps and ensure better shelter conditions. In addition, as many people of concern live in shelters that are not individually provided with hygiene and sanitation facilities, people must leave their homes to access these services.

Camps and camp-like settings require strong management to monitor and ensure provision of services in line with hygiene and transmission precautions; implement measures limiting physical interactions between residents when using public spaces, communal infrastructures and facilities, as well as mitigate against collateral impact of public health measures on families, high-risk individuals and their protection and well-being.

Health infrastructure and WASH facilities are frequently overcrowded, with many people queueing long periods to use a communal latrine or draw water. 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, critical elements in successfully preventing or mitigating the spread and impact of COVID-19—physical distancing and adequate medical capacity to test, trace and respond—will remain difficult to achieve or in short supply in many camps and similar settlements. To effectively manage large-scale outbreaks in such conditions, adequate preparedness is needed through a multi-sector camp-level or area-based approach to holistically consider existing conditions and plan interventions to reduce COVID-19 risks.



Refugees at Kalobeyei Settlement in Kenya practice social distancing as they wait for two-month supplies of soap, jerrycans and firewood.

Livelihoods and socioeconomic welfare

Since the start of the crisis, 106 countries have adopted new social assistance schemes or other types of networks to protect the most vulnerable. As non-citizens are normally excluded from these types of schemes, UNHCR has, in line with the Global Compact on Refugees (GCR), advocated the inclusion of refugees in national social assistance schemes, while making short term cash grants available to people of concern. These save lives, and can offset other risks such as eviction which, in one country sampled has increased from 5% before the pandemic to 40% in April 2020.

The evidence of the deep and hard-hitting economic impact of the crisis on people of concern is overwhelming. Across the Middle East and North Africa alone, for example, UNHCR and its partners have received over 350,000 calls from refugees and IDPs since

lockdowns and other public health measures came into force, with the majority asking for urgent financial assistance to cover their daily existential needs.

In the Americas, more than 80% of people of concern live in urban centres and are dependent on the informal sector for survival. Quarantine measures mean the vast majority have lost their jobs. In Colombia, a recent needs assessment in Bogota showed that 42 per cent of Venezuelan families have lost their income, have no savings and no access to social safety nets. The desperate situation has contributed to more than 18,000 spontaneous returns to Venezuela and limited the access of thousands of Venezuelans who had previously crossed daily into Colombia to address basic needs.

Previous pandemics such as SARS and AHI resulted in global shocks to food security including increases in food prices, shortages and market chaos. With COVID-19, food supply chains have already faced disruptions due to interruptions in processing, transport and quarantine measures which will reduce the access and availability of foods, possibly creating a “hunger pandemic”. With some 30 million refugees and IDPs depending on food assistance to survive, the impact on such populations could be even worse.

In West Africa, COVID-19 is likely to exacerbate food insecurity, particularly in the Sahel, where it will add to the combined effects of conflict and displacement, and the recent increase in climatic shocks such as recurring droughts and crop pests which have dramatically disrupted crop and livestock production. With humanitarian relief efforts hindered by COVID-19, parts of the region are at high risk of sliding into famine within the next few months. Over 21 million people could struggle to feed themselves between June and August according to WFP.

Older persons

This population is at significant higher risk of complications and death from COVID-19, with those over 80 years of age dying at five times the average rate. The more than 3% of refugees worldwide aged 60 and above are no exception. Nevertheless, to date, health systems in lower- and middle-income countries have been slow to respond to their increased needs and older persons often face barriers to accessing information and services, including health care denied for conditions unrelated to COVID-19, neglect and abuse in institutions and care facilities, and age discrimination in decisions on medical care, triage and life-saving therapies, all of present higher risks for older persons in forced displacement.



A Venezuelan refugee washes his hands at the sink unit he painted at the Tancredo Neves temporary shelter in Boa Vista.

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