



UNHCR
The UN Refugee Agency

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COVID-19 emergency preparedness and response plan (updated)

1,068

CASES OF COVID-19 REPORTED
BY TUNISIAN AUTHORITIES

4,447

REFUGEES AND ASYLUM
SEEKERS

\$3.2 million

NEEDED IN ADDITIONAL
FINANCIAL REQUIREMENTS
UNTIL DECEMBER 2020

UNHCR's focus

ON REFUGEES, ASYLUM
SEEKERS AND HOST
COMMUNITIES GIVEN ITS
MANDATE

*Figures as of 28 May 2020 or
latest available data*

The coronavirus crisis is unfolding from a health into an economic emergency. While the lockdown in Tunisia has been progressively lifted since 4 May 2020, the protection and socio-economic toll on host communities, refugees and asylum seekers has been devastating. So far, no refugee or asylum seeker has been tested positive to COVID-19, but access to a source of income and livelihoods is proving increasingly challenging for these vulnerable groups unless assistance is scaled up. Given the unprecedented impact that the COVID-19 outbreak is having for refugees and asylum seekers, UNHCR is updating its preparedness and response plan to expand assistance.

Following partner consultations and in line with the updated UNHCR Global Coronavirus Emergency Appeal, UNHCR Tunisia urgently needs **\$3.2 million** for the COVID-19 response to save lives and protect the most vulnerable. This plan reflects real-time needs and will allow UNHCR to protect the most vulnerable from direct and indirect impacts of the virus and to scale up life-saving protection services and assistance.

The socioeconomic impact of COVID-19 is expected to have long lasting effects and increase poverty levels. The economic outlook is bleak—the IMF forecasts that the Tunisia’s economy will contract by 4.3 percent in 2020 due to the pandemic. Humanitarian needs are already arising as a result of repercussions on employment, the economy and mobility, and will likely expand in time.

Tunisia’s economy relies heavily on services, tourism, and construction—key sectors in which refugees and asylum seekers normally find work—will be particularly affected. The lack of livelihoods opportunities and unavailability of work will be the main difficulties most vulnerable refugees and asylum seekers will face in the coming period.

As the pandemic will likely deepen existing inequalities, early action is needed more than ever to minimize the risk of refugee and asylum seekers being left behind.

Refugees and asylum-seeking persons are facing a deepening crisis and are at greater risk as the effect of the outbreak evolves. The social and economic costs for displaced people are severe and are expected to outweigh the health costs in the long run.

If the virus further spreads—especially into areas hosting refugees and asylum seekers—it could affect hundreds of people, bringing with it a setback to the lives of refugees and local communities alike, as well as the prospect of their local integration.

Building on preparedness and preventive measures already implemented (see section below), the updated plan includes 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 centre of the response.

Update on the socioeconomic impact of COVID-19 on refugees and asylum seekers

Refugees and asylum seekers are exposed to the same vulnerabilities as nationals but are more likely to find themselves in a precarious situation due to factors such as their legal status, the high prevalence of refugees in the informal labour market and limited access to social and health services.

A verification and vulnerability exercise conducted by UNHCR at the end of April revealed evidence of deep and hard-hitting economic impact of the crisis on refugees. Individuals surveyed overwhelmingly reported (85 percent) **not having any income**. The majority of refugee families assessed mentioned they are no longer being able to pay rent and more than half (60 percent) are at risk of eviction. As such, financial assistance was consistently reported as a top priority to cover their **daily minimum existential needs**, namely food, rent and essential medicine. Older refugees, and refugees with disabilities or a critical and chronic medical condition report an even greater need for food, medication, soap and other hygiene items.

The **vulnerability profile** of refugees and asylum seekers has changed dramatically in the past three months. As an important marker, UNHCR and its partners have received over 1,500



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”

Filippo Grandi, UN High Commissioner for Refugees

calls from refugees and asylum seekers since the lockdown and other public health measures came into force in March 2020. The coronavirus crisis has exacerbated pre-existing vulnerabilities and protection risks faced by many refugees and asylum seekers, including female heads of households (16 percent), unaccompanied and separated children (4 percent), older people (2 percent) and LGBTI people (2 percent) – which intersect with other factors, such as disability, mental health and psychosocial needs.

So far UNHCR data does not point towards a specifically gendered or age differentiated socioeconomic impact of coronavirus as it seems that the **risk of poverty** is crosscutting and particularly impacting those with no savings, without strong social networks, and those previously working as daily labourers/in the informal work sector. Many of those who were coping without cash assistance before COVID-19 (89 percent of total caseload) are now increasingly desperate, exhausting their savings and sliding into poverty.

UNHCR is worried that for many refugees, the loss of daily wages and livelihoods is resulting in **psychosocial hardship** caused by widespread anxiety and stress. The consequences of the pandemic are inducing or aggravating pre-existing mental health conditions among refugees and asylum seekers. These populations already have higher baseline levels of mental health problems especially those coming from Libya. To note that one in five people in conflict settings has a mental health condition, which is three times higher than among other populations.

The **closure of all private and public schools** has affected attendance of refugee and asylum-seeking children who were previously enrolled (30 percent of school aged children). Persons of concern are disproportionately affected, as they tend to have no or only limited opportunities for remote learning due to limited access to online resources. Without school, children may be at increased risk of negative behaviours such as existing forms of hazardous child labour and begging.

In the event of an outbreak among refugees and asylum seekers, the **social cohesion** between refugees and local communities will be at stake. Many fear being stigmatised if they are infected. With more refugees struggling to make ends meet, tensions with host communities are likely to increase, especially in communities depending on assistance from the government. The inability to interact with the local population will largely affect the social cohesion in communities with a large migrant population, thereby reducing their resilience and capacity to recover.

"My biggest fear if the crisis persists is accumulating debts I cannot pay".

Two months ago, life was finally looking up for 33-year-old Mousab, a Syrian refugee living in Tunisia's second-largest city, Sfax. He had recently used his savings to open a kebab restaurant and was looking forward to earning enough to marry his sweetheart. Then, in early March, COVID-19 struck. The lockdown that followed has contained the spread of the virus, with less than 1,000 confirmed cases reported across the country. But the financial impact has been hard on Tunisians and refugees like Mousab

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Response to date – key achievements



Remote protection services have been established with increased capacity via phone and hotlines including counselling, assessing protection risks, responding to various queries and addressing emergency needs, referrals, and to the extent possible case management. Registration, documentation, refugee status determination, and resettlement services were also adjusted to allow continuation remotely despite limitations.



Communication with communities has been scaled up across Tunisia with existing resources. Five hotlines and two Facebook groups were established to enhance the two-way communication with persons of concern. The dissemination of information, such as through bulk SMS message and tailored briefing material, has been expanded to provide regular updates of the situation and precautionary measures (hygiene, social distancing, movement restrictions & curfews).



Preventive health measures have been put in place in UNHCR-managed shelters and in urban areas of Sfax, Medenine, Zarzis, Ben Guerdane, Tataouine, including regular disinfection of premises, presence of a medical doctor, awareness sessions; and identification of rooms for isolation. More than 1,330 hygiene kits, including gloves and masks, were distributed to refugees and asylum seekers. Also, training of UNHCR's partner case workers has been conducted focused on COVID-19 awareness, including transmission and preventive measures.



In support to local authorities in Medenine Governorate for infection prevention in healthcare facilities, UNHCR has donated four Refugee Housing Units to be used for visitor's screening in hospitals in Medenine, Zarzis, Djerba and Ben Guerdane. UNHCR also donated 100 blankets to Medenine Governorate for individuals under confinement.



Direct cash assistance has been expanded and proved to be a critical modality. To date, some \$110,000 worth of COVID-related cash assistance were successfully delivered to 2,100 vulnerable refugees and asylum seekers. Among them, 509 were hosted in UNHCR-managed shelters and 309 live with host community in urban areas.

Operational response priorities

② **Public health – Enhance infection prevention and control measures and access to primary health care.** UNHCR will ensure access to medical consultation; distribution of core relief items, particularly hygiene kits and supplies (hand sanitizer, gloves, disinfectant and face masks); procurement of additional cleaning equipment/services in reception centres, collective shelters and accommodation in Tunis, Medenine and Zarzis. Protection considerations (including GBV risk mitigation) will continue to be mainstreamed throughout health and WASH interventions.

② **Essential needs – Ramp up multipurpose cash assistance.** UNHCR will continue to build on and adapt existing targeted cash allowance mechanisms to preserve refugees' abilities to meet their food and other basic needs such as medication and rent, especially for those most vulnerable and affected by the economic shock. Financial assistance will be provided through the Tunisian Post for two categories of population: UNHCR-sheltered beneficiary (TND200/person/month) and non-sheltered beneficiary (TND250/person/month). Additional TND50/family member/month will be provided to both categories.

② **Protection – Heighten risk communication and community engagement, protection case management, including monitoring and psychological support.** UNHCR will maintain and strengthen core protection activities, prioritizing those at risk such as women, children, older persons and persons with disabilities.

Communicating with communities will ensure refugees have access to timely and accurate information on prevention, physical distancing and general hygiene practices using existing and new communication tools/platforms with an emphasis on two-way communication and adapting materials and messaging to suit linguistic and cultural needs as well as receiving feedback. UNHCR will also enhance critical case management, including assistance to survivors of GBV, unaccompanied and/or separated children, and other emergency protection cases, through the provision of mental health and psychosocial support and/or legal advice.

② **Shelter – Maintain persons of concern's access to adequate dwelling.** UNHCR will provide a one-time cash allowance (TDN300/family) for refugees and asylum seekers evicted from their homes or at risk of such and based on existing standard operating procedures.

② **Education – UNHCR will mitigate protection risks posed by school closures.** UNHCR will expand support services such as continuity of learning and mental health and psychosocial support at home where possible, and protection against violence. UNHCR will aim to invest in online and offline distance education, or alternative solutions, and ensure refugee children have access to alternative education arrangements introduced locally. Where accessibility is challenging, UNHCR will invest in the distribution of educational materials and resources to support home-based learning.

Coordination and partnerships

UNHCR's response to COVID-19 is driven by a spirit of international solidarity to support **host communities and local actors**. UNHCR will continue to collaborate with a whole range of national partners including civil-society organisations, media, the private sector as well as refugees themselves, in consultation with donors – and rely on the strong partnership between UNHCR and central & local authorities.

In line with the [Global Compact on Refugees](#), UNHCR is working closely with the **United Nations Country Team**, including the World Health Organisation and the International Organisation for Migration, and key ministries (Social Affairs; Women; Human Rights) to promote the inclusion of refugees and asylum seekers in national preparedness and response measures, such as health and national cash assistance programmes.

To address the socioeconomic impact of COVID-19 in the longer term, UNHCR will increasingly work with **development actors** to ensure their support for cash assistance and other social inclusion schemes for nationals are inclusive of vulnerable groups such as a refugees and asylum seekers.

Advocacy messages to partners

- One **large-scale, coordinated and coherent national response** to the COVID-19 emergency, led by the Government with technical support from relevant partners, within which all Tunisians and non-Tunisians in the country have equal access to information, testing and treatment based on our common objective to save lives;
- Scaled up **support and access to basic services and assistance** for vulnerable groups as the COVID-19 emergency affects refugees and Tunisian families' already diminished livelihoods and ability to survive.

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