



UNHCR
The UN Refugee Agency



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Coronavirus emergency appeal UNHCR's preparedness and response plan



102

COUNTRIES GLOBALLY
AFFECTED BY COVID-19

34

COUNTRIES REPORTING
LOCAL TRANSMISSION
OF COVID-19 AND
WHICH HOST MORE
THAN 20,000 REFUGEES
WHO ARE CURRENTLY
UNAFFECTED

80%

OF THE GLOBAL
REFUGEE POPULATION
HOSTED IN LOW TO
MIDDLE INCOME
COUNTRIES

\$33 million

NEEDED IN FINANCIAL
REQUIREMENTS

*Figures as of 8 March,
2020*

UNHCR is urgently appealing for **\$33 million** to support its prevention and response efforts in refugee sites and host countries in view of the COVID-19 outbreak

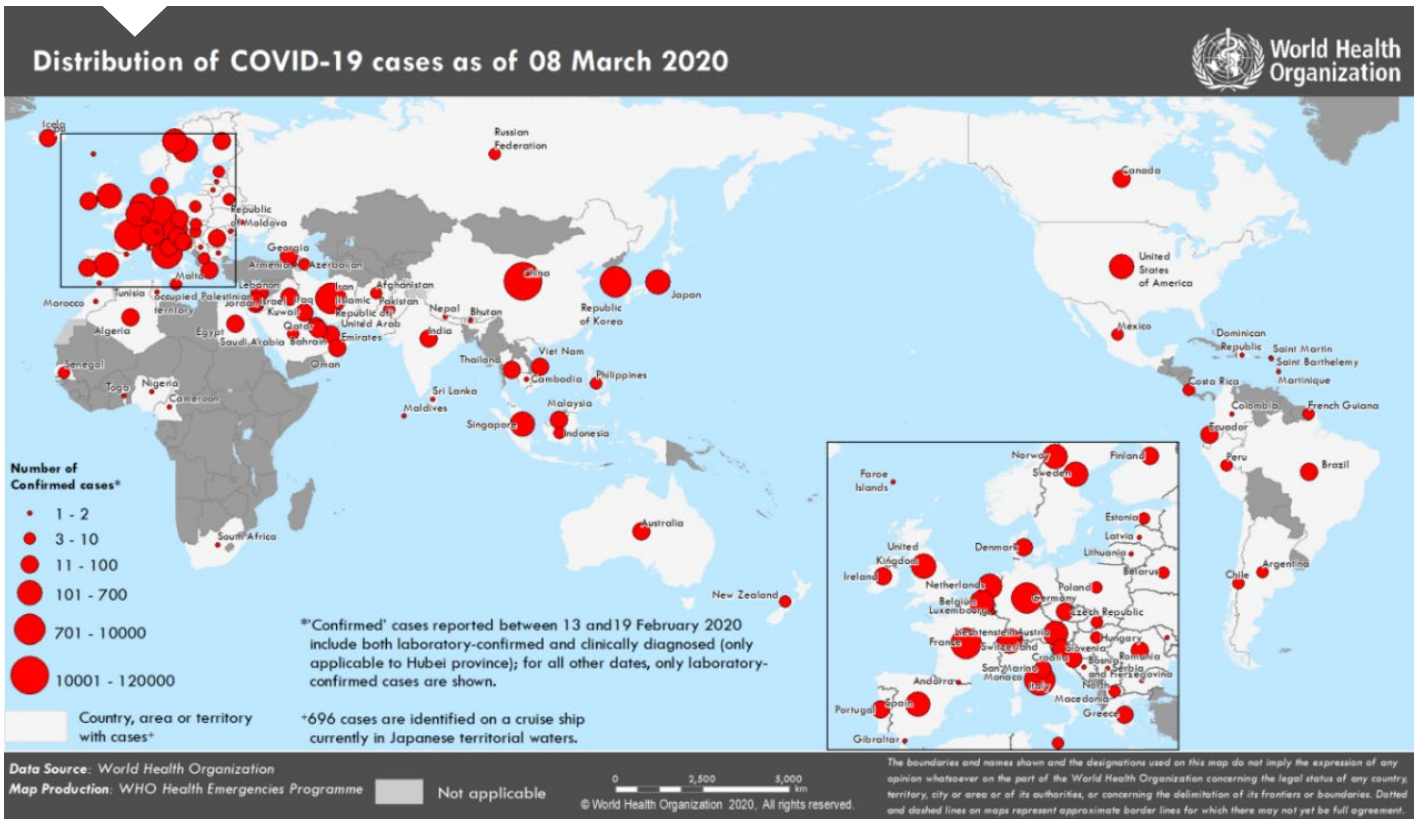
On 30 January 2020, the World Health Organization (WHO) declared the novel coronavirus (COVID-19) outbreak a public health emergency of international concern. The coronavirus situation is dynamic and evolving with, as of 8 March 2020, over 105,000 cases reported worldwide in 102 countries.

The outbreak is a global challenge that must be addressed through international solidarity and cooperation. WHO has been designated as the UN coordinator for the COVID-19 response and, in line with its leadership and guidance—and because COVID-19 does not discriminate—UNHCR has been monitoring its possible effects on refugees and forcibly displaced populations.

Refugees are at the same risk of contracting and transmitting the virus as local populations. While States can take measures to help control COVID-19, these should not discriminate against refugees and should conform to recommended public health practices or WHO's guidance. This crisis is a reminder that to effectively combat any public health emergency, everyone—including refugees and internally displaced people—should be able to access health facilities and services in a non-discriminatory manner.

However, over 80% of the world's refugee population and nearly all of 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. Furthermore, refugees may be housed in densely populated settlements or crowded urban shelters or unable to obtain hygiene items or medical support. Refugees also may not speak the language of the country in which they are living, thus requiring materials in appropriate languages and suitable for varied literacy levels.

International solidarity is urgently needed to support the countries hosting refugees and other forcibly displaced people to step up services both for them and for local communities.



UNHCR's added value

UNHCR's COVID-19 response covers refugees and their host communities and complements the work of other UN agencies. UNHCR's field presence is extensive, and it has long-standing connections with governments, UN sister agencies, international and local NGOs, and national health services.

UNHCR supports the relevant Ministries when it comes to conducting, preventing, coordinating and potentially responding to COVID-19 and other health outbreaks for refugees. It coordinates 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.

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.

UNHCR also has a long history of preventing and responding to outbreaks, 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 surveillance system, which is currently monitoring and assessing the COVID-19 situation.

Key priorities

- Working with Ministries of Health in affected countries and WHO, ensure refugees and other displaced people are included in national surveillance and response planning and activities for COVID-19.
- Establish protection monitoring and reporting networks in collaboration with governments and partners to mitigate potential protection risks for refugees and displaced people, including restriction to access to territory and right to seek asylum.
- Increase provision of primary and secondary health care, infection prevention in health facilities, clean water and soap, and community outreach on hygiene best practices.
- Ensure refugees, their host communities and persons of concern have access to timely, relevant and accurate information in applicable language/s, and counter the spread of misinformation.

Coordination and response to date

UNHCR's primary goal is 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.

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. UNHCR's global public health and WASH technical experts have developed a guidance note to support country operations in this.

Disease prevention hinges on firmly entrenched WASH practices. UNHCR and partners are working on the provision of WASH 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 supposes, however, that refugees and displaced people and host communities have an adequate supply of soap and clean water. UNHCR is increasing provision of these services as well as its community outreach on hygiene best practices.

UNHCR is also providing mental health and psychosocial support to refugees, through community networks and is supporting individual cases in high distress, managing uncertainty, and anxiety. In addition, UNHCR is creating prevention and awareness-raising materials in multiple formats, in appropriate languages, and considering the needs of those who cannot read. UNHCR is actively communicating with refugee communities online, through radio, helplines, loudspeakers in camps, and through community outreach volunteers and community-health workers.

UNHCR is working to support countries on infection prevention in healthcare facilities, including personal protective equipment for health workers and supplies. UNHCR is increasing 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, and 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 has followed WHO's guidance and identified priority prevention and response activities in situations of displacement. It will bolster national responses in refugee-hosting areas refugees that may not be adequately covered. UNHCR's country-specific activities will cover the following priority needs and areas of intervention.

Priority needs and areas of intervention

Infection prevention and control



Ensuring adequate access to clean water; hygiene supplies such as soap, narrow-necked water containers, and covered buckets for households; and waste disposal in refugee communities, including in health facilities, collective shelters and reception centres.

Risk communication and community engagement



Strengthening communications with refugee and displaced communities with information on hygiene measures using available national and community education programmes and adapting communication materials to suit local linguistic and cultural needs.

Epidemiological surveillance, rapid response teams and case investigation



Contributing to surveillance, active case finding, contact tracing and investigation of alerts in collaboration with Ministries of Health, WHO and partners, including at points of entry and refugee sites.

Case management



Training health workers in refugee sites on case definitions and disease identification and management, home care for mild cases, identification of secondary referral facilities and support to those facilities in line with guidelines by Ministries of Health and WHO.

Protection monitoring



Putting in place mechanisms in collaboration with governments and partners to monitor and report as well as mitigate potential protection risks for refugees and displaced people, including restriction to access to territory and right to seek asylum.

Country-level coordination, planning and monitoring



Advocating the inclusion of refugees and displaced people in national contingency planning efforts, including calculation of needs in stockpiles of medical and WASH supplies; contributing to UN Country Team and other coordination meetings; and reviewing health partner capacity to respond in the event of an outbreak in refugee camps and settlements.

Operational highlights

UNHCR's preparedness activities are ongoing across regions. A few relevant examples include:

▶ Kenya

In Kenya, UNHCR is helping improve hygiene practices in Kakuma and Dadaab refugee camps by increasing soap distributions, building the capacity and knowledge of health and humanitarian workers, identifying possible isolation facilities, and running mass communication campaigns to reduce panic and disseminate correct information related to COVID-19.

▶ Iraq

In Iraq, UNHCR has printed and distributed posters and leaflets on transmission and prevention of COVID-19 in Arabic at primary health care centres and community level in the refugee camps and is planning to do the same in camps for IDPs. Training for health staff is underway in refugee camps in the Kurdistan Region, and UNHCR is coordinating with the Ministry of Health and WHO to ensure the priority stockpiling of personal protection equipment to include the needs in refugee camps.

▶ Bangladesh

In the Rohingya refugee response in Bangladesh UNHCR is working with partners to strengthen preparedness activities including surveillance and early warning; risk communication and awareness raising; training and equipping rapid response teams; strengthening case management including home care for mild cases; and management of contacts.

▶ Islamic Republic of Iran

Under the overall coordination of the Resident Coordinator in the Islamic Republic of Iran, UNHCR is assisting the Government's response by procuring protective equipment and sanitation and hygiene items. These include no-contact thermometers, masks and gloves, liquid soap, paper towels and napkins, and garbage collection bags for refugee settlements and government offices. Communication with affected communities is ongoing through UNHCR's networks of, for example, legal aid offices or psychosocial counsellors.

Protecting persons at heightened risk



An elderly man collects water in Tarakhail Daag, Afghanistan.

UNHCR strives to address access barriers to healthcare and WASH services for displaced and host communities alike, in particular for persons at heightened risk such as the elderly. UNHCR's unique approach based on how conflict and displacement affect individuals differently depending on their age, gender, and diversity seeks to ensure that everyone can fully participate in and enjoy their rights on equal footing with others. That means consulting communities and taking into account their specific needs when interventions are designed. This approach ensures that people of concern who are particularly vulnerable to COVID-19 are included in UNHCR's planning process from the very beginning.

Funding the response

UNHCR is appealing for USD33 million to support prevention and response efforts in refugee sites and host countries. Due to the fast-changing nature of the crisis, the funding requirements are provisional and will be updated based on the risk and need assessments being conducted in the more than 134 countries where UNHCR operates.

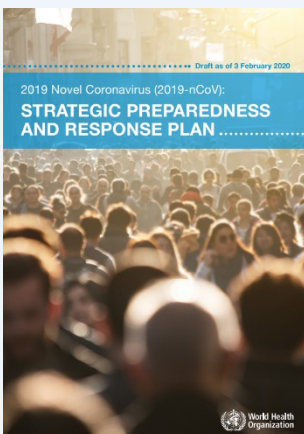
The best way to support UNHCR’s appeal is through softly earmarked contributions supporting the global thematic priority of public health. Such flexible funding at global level will be key in allowing a timely emergency response to the evolving needs wherever required. It will allow UNHCR flexibility 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.

Financial requirements

Activities	USD millions
Supporting the provision of primary health care for forcibly displaced communities	18,647,515
Strengthening access to water, sanitation and hygiene services	6,968,684
Improve protection monitoring, risk communication and community engagement	7,555,294
Total	33,171,493

“To date, there are no reports of coronavirus infections among refugees and asylum-seekers anywhere in the world. However, the virus does not discriminate and it is our joint responsibility to ensure that the global response does not leave anybody behind. Allowing full access to health services, including for the most marginalized members of the community, is the best way to protect all of us. Everyone on this planet—including refugees and asylum seekers—should be able to access health facilities and services.”

—Filippo Grandi, United Nations High Commissioner for Refugees



Resources and links

The primary responsibility for response to COVID-19 lies with governments, supported by WHO and other partners with technical expertise. UNHCR’s interventions are aligned with WHO’s Strategic Preparedness and Response Plan and focus on its second objective: scaling-up country readiness and response operations. UNHCR’s operational response will be fully embedded within national strategies and guided by the Ministries of Health and WHO.



Latest COVID-19 situation report

Source: WHO



COVID-19 data portal

Source: WHO

CORONAVIRUS EMERGENCY APPEAL

UNHCR'S PREPAREDNESS AND RESPONSE PLAN

MARCH 2020



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