



“ I am deeply concerned about this **unprecedented pandemic** and its impact on refugees and their host communities. The **COVID-19 crisis** has already had **significant consequences** for our operations, forcing us to rapidly adjust the way we work. However, we are sparing no effort to **help and protect** refugees the best we can under these difficult circumstances. **Our top priority** in the COVID-19 crisis is to ensure that the **people we serve are included** in response plans and are **properly informed**, while we supplement **Governments' preparedness and response efforts** wherever needed.”

Filippo Grandi

UN High Commissioner for Refugees



Situational Highlights



Although the number of reported and confirmed cases of COVID-19 infection among refugees remains low, over 80% of the world's refugee population, and nearly all internally displaced people, live in low-to middle-income countries with weaker health, water and sanitation systems that need urgent support. Many refugees live in densely populated camps or in poorer urban areas with **inadequate health infrastructure and WASH—water, sanitation and**

hygiene—facilities. In such areas, prevention is of paramount importance, UNHCR High Commissioner for Refugees noted in a [press briefing](#) on 31 March. In line with the Global Compact on Refugees, UNHCR is working closely with Governments, the WHO, UN Country Teams and others to promote the inclusion of people of concern, or PoCs, in national preparedness and response measures—particularly in health, hygiene and sanitation

programmes. It is vital that additional international support to host Governments be provided on a scale commensurate with the massive needs, and in line with the principles of international burden- and responsibility-sharing, as set out in the Global Compact on Refugees.

For more info:



UNHCR: Staying and delivering for refugees amid COVID-19 crisis.

Challenges



Acts of xenophobia against Venezuelans continue to be reported. Despite current curfew and quarantine measures in force in countries throughout the region, many Venezuelans have no choice but to remain on the streets, often because the crisis has cost them their jobs and livelihoods and they can no longer afford rent. It has also been reported that, in some cases, the provision of assistance to Venezuelans has become a flashpoint, sparking tensions with host communities.

In **Central America**, border closures are limiting access to asylum systems, and internal **restrictions on mobility may make it more difficult for those in need of protection to find safety.** The crisis is also likely to make it more difficult access crucial jobs and livelihoods.

UNHCR's response in the Americas

In the Americas, UNHCR is working to reduce the risk of contagion by improving often-inadequate **health** infrastructures and **WASH** facilities. Measures that UNHCR and its partners are taking include:



- Engaging with national and local authorities to ensure that refugees' and asylum seekers' access to **healthcare** services remains a priority.



- Distributing soap and increasing access to water.



- Supporting Governments' infection-prevention and **healthcare** responses, including through the provision of medical equipment and supplies.



- Distributing shelter materials and core relief items.





- Expanding cash assistance to help mitigate the negative socio-economic impact of COVID-19.





Selected examples of concrete actions that UNHCR is undertaking in the **health/WASH sector** in response to the COVID-19 pandemic in the Americas include the following:


(Please note the list is not exhaustive).


 **In Brazil,** UNHCR and its partners are setting up an isolation area in the northern city of Boa Vista to receive patients suspected of having the virus. Both Venezuelan refugees and migrants and locals are to be hosted in the unit. In the Amazonian cities of Belem and Santarem, 1,000 hygiene kits are being distributed to members of indigenous communities. In the northern border town of Pacaraima, a small isolation area made up of three Refugee Housing Units (RHUs) was installed within the transit centre last week. The centre continues to host 268 refugees and migrants—most of them awaiting relocation—as well as 25 extremely vulnerable individuals. UNHCR is preparing to potentially host its PoCs who are currently homeless or living in precarious settlements on the streets of Pacaraima. In Manaus, UNHCR is working with the Brazilian Armed Forces to install RHUs in a bus terminal to serve as isolation areas for suspected coronavirus cases.

 **At the Colombia-Venezuela border,** patients with HIV and cancer, as well as those in need of dialysis and other seeking to buy medicines, are reportedly being allowed to cross the established humanitarian corridor between the two countries. With authorities showing increased flexibility in who they allow to use the corridor—pregnant women are also reportedly being allowed access—the number of users appears likely to rise. The corridor has also been used to bring antiviral treatments from Colombia to Venezuela for 37 people with HIV.

 **In Colombia,** UNHCR will distribute 2,500 masks and antibacterial hand gels to soup kitchens in the western city of Cali, where a video calling for solidarity and informing PoCs about hotlines they can use to access assistance has been launched. In Medellin, UNHCR is partnering with the local authorities to open of 10 points in the city center where the homeless will be able to access showers, toilets and other sanitary services, as well as food. The city’s mayor has also reiterated his commitment to provide humanitarian aid, regardless of nationality, to those living in 50 rundown boarding houses, known in Spanish as “inquilinos”. In the border cities of Cúcuta and Maicao, UNHCR provided several RHUs aimed at increasing hospital capacity and creating observation and isolation spaces for PoCs suspected of infection with COVID-19. In another border city, Villa del Rosario, a UNHCR-supported primary health care facility called La Margarita has reopened to provide medical services to local residents. In the northern city of Riohacha, UNHCR sponsored the hiring of a Regional Coordinator for the COVID-19 situation within the Departmental Health Secretariat, as well as a driver to carry out community health monitoring.

 **In the north of Central America,** UNHCR continues to provide information and guidance on access to protection for people of concern via telephone, e-mail and WhatsApp. In Guatemala, UNHCR and its partners have distributed over 300 coronavirus-prevention hygiene kits in shelters.

 **In Mexico,** UNHCR is supporting shelters to ensure the best possible sanitary conditions and prevent contagion, as well as supplying groceries, dry goods and personal hygiene items. UNHCR is also working to establish temporary handwashing and sleeping facilities so that those in the shelters can maintain a healthy distance from one another. We are also providing information and equipment for shelters to establish isolation areas, in case of contagion. In coordination with PAHO-WHO and Mexico’s national health authorities, UNHCR has identified several refugee doctors, nurses, paramedics and other health professionals who could potentially be mobilized to help in the response to COVID-19.

 **In Peru,** UNHCR’s advocacy ensured that Venezuelan refugees and migrants suspected of infection with coronavirus would be allowed access to health services, regardless of their status or nationality. Moreover, in close coordination with the national health authorities, UNHCR is facilitating the deployment of refugee health professionals—including doctors, nurses, paramedics and others—to help in Peru’s response to the pandemic.

Stories from the field

Having fled widespread violence and food and medicine shortages in his native Venezuela, physician Samuel Suárez is now providing potentially life-saving advice on how to prevent COVID-19 infection to some of the most vulnerable people in a remote corner of Ecuador. Attracted to the Andean country by the ease of validating medical degree there, Samuel was able to quickly secure a job working in a local health clinic in the northern Esmeraldas province. As coronavirus began its spread around the globe, the medic started making house calls to his most vulnerable patients—who include the elderly, as well as refugees from Venezuela and neighbouring Colombia—to teach them the concrete steps they can take to prevent contagion. You can read the story [HERE](#)



Coordination and Response to date



Through weekly meetings of the **Intersectoral Coordination Group (ISCG), the Regional Platform—led by UNHCR and IOM—is identifying priority activities for the sectorial response to COVID-19 in the region.** The Platform continues to produce weekly [flash updates](#) and various thematic guidance for the inter-agency response, all available at [R4V.info](#).



In Central America, UNHCR coordinates with UN Country Teams to develop contingency plans, support government responses and deliver assistance. UNHCR is also facilitating coordination and the exchange of best practices in addressing the challenges related to the pandemic through the MIRPS regional response mechanism.

Don't miss this out

Refugees and migrants from Venezuela during COVID-19 crisis: As needs soar, more inclusive measures and aid are essential

With the coronavirus pandemic testing health care systems around the world, UNHCR, the UN Refugee Agency, and IOM, the International Organization for Migration, are calling attention to the challenges facing refugees and migrants from Venezuela.

“At a time when the world’s attention is focused on COVID-19, and as governments and populations, particularly health workers, heroically come together to combat this virus, we should not lose sight of the needs of the millions of Venezuelan refugees and migrants,” said Eduardo Stein, joint UNHCR-IOM Special Representative for refugees and migrants from Venezuela.

For more: [Joint UNHCR-IOM Press Release](#)



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.

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.

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.

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 the right to seek asylum.

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.

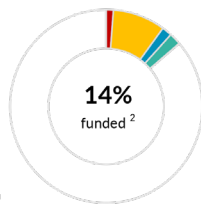
Country-level coordination, planning and monitoring



Advocating for 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.

Funding the response

UNHCR Americas - Funding Update



THE AMERICAS

as of 19 March 2020

- Tightly earmarked
- Earmarked
- Softly earmarked (indicative allocation)
- Unearmarked (indicative allocation)
- Funding gap (indicative)

\$ 528.1 million

UNHCR's financial requirements 2020¹

Notes:
1. The financial requirements for The Americas are for the operations in Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Peru, Trinidad and Tobago, United States of America and Venezuela.

While seeking funds to carry out COVID-19 preventative measures and response activities, UNHCR stresses the need for support to be in addition to the existing critical funding requirements laid out in UNHCR's regular Global Appeal for 2020. It is vital that the

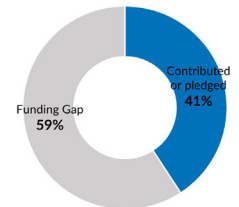
international community keeps supporting the millions of refugees and internally displaced people already living a precarious existence, for whom already limited self-reliance opportunities are likely to shrink further as a result of the economic impact of the crisis.

GLOBAL COVID-19 EMERGENCY RESPONSE FUNDING STATUS

As of 1 April 2020

Financial Requirements	\$255 million
Contributed or pledged	\$104 million

The UN has launched an inter-agency Global Humanitarian Response Plan seeking US\$2.01 billion, which includes US\$255 million for UNHCR's operations in affected countries until the end of the year. Monthly updates to the appeal are expected.



UNHCR's humanitarian response in the Americas is made possible thanks to the generous support of major donors who have contributed unrestricted funding to UNHCR's global operations, and to donors who have generously contributed directly to UNHCR Americas operations.

Thanks to donors in 2020:

