

Responding with life-saving support



Refugees from the Central African Republic queue up to collect core relief items from UNHCR in Yakoma, in the Democratic Republic of the Congo, while observing COVID-19 prevention measures.

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In 2020, the pandemic exacerbated existing humanitarian challenges. More than 85% of refugees were hosted in low- and middle-income countries. COVID-19 preparedness and response dominated UNHCR's activities. The High Commissioner declared a global Level 2 Emergency, activating emergency procedures and providing more flexibility to country teams on procurement, partnership and staffing issues. The Inter-Agency Standing Committee adopted system-wide scale-up protocols. UNHCR faced multiple [challenges](#): refugees and IDPs, in both camp and urban settings, often have inadequate housing, crowded living conditions, lack of access to clean water, and weak health infrastructure. COVID-19 increased their vulnerability as many lost jobs, adding to health and protection risks, including gender-based violence.

UNHCR built up the capacity of government and partner staff to conduct surveillance, contact tracing and case management, and provided personal protective equipment (PPE), medicines, oxygen, rapid testing kits and other supplies. It procured \$186.1 million worth of PPE, critical items and services to help its operations fight COVID-19. UNHCR repaired, upgraded and extended shelters to reduce population density, providing almost 1.8 million people with emergency shelters and 500,000 with transitional shelters. UNHCR developed context-specific guidance to support national responses, particularly with setting up emergency hospitals, quarantine, isolation and testing areas, and expansion of medical facilities to create additional space for triage and testing. It provided over 100 health care facilities and 95 schools with additional WASH facilities, distributing 50 million bars of soap, as well as hand sanitizer and disinfectant, to over 60 UNHCR operations. Thousands of handwashing facilities were installed in public spaces, schools, health care facilities and private accommodation. UNHCR scaled up cash assistance, distributing nearly \$700 million to 8.5 million people to mitigate the pandemic's impact.

Despite unprecedented global restrictions on travel and transportation of goods and additional staff safety and health risks, UNHCR continued to respond to major displacement emergencies such as those in Côte d'Ivoire, Ethiopia, Mozambique, Nagorno-Karabakh and the Sahel. Its timely, field-oriented support included over 300 emergency deployments of UNHCR and partner staff and shipment of more than \$36 million worth of core relief items and other critical goods from global stockpiles. UNHCR continued systematic efforts to prepare for conflict-induced emergencies in a complex, multi-hazard environment, ensuring operational capacity to assist and protect people in need, while taking into account access constraints, climate risks, security considerations and impact of the pandemic. These activities were closely coordinated with other UN agencies and NGOs via Inter-Agency Standing Committee mechanisms such as the Emergency Directors' Group.

This chapter outlines UNHCR's emergency preparedness and response in 2020 and its principled, comprehensive and prompt life-saving interventions. It details the key achievements, operational highlights and major challenges in meeting the most urgent humanitarian and protection needs of refugees and IDPs, as well as those of the communities hosting them.

In this chapter

- Emergency preparedness and response
- Global supply management
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- Mental health and psychosocial support
- Gender-based violence: prevention, risk mitigation and response
- Nutrition and food security
- Water, sanitation and hygiene
- Shelter and settlements



Emergency preparedness and response

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UNHCR supports winter preparations at Kara Tepe emergency site on Lesvos Island, Greece.

Global Strategic Priorities
Emergency preparedness and response
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Results and achievements

During 2020, UNHCR activated 10 new emergency situations at L3, L2 and L1 level, affecting 26 countries. In addition, the Office declared a L2 global emergency for the [COVID-19 pandemic](#).

The COVID-19 pandemic significantly impeded UNHCR's ability to deploy staff to new emergencies. However, the pace of emergency deployments increased in the second half of the year, when staff movements were hampered by pre-mission COVID-19 testing, quarantine requirements and reduced air transport. Some deployments started remotely until travel was possible, and standby partners were asked to identify in-country international experts. Overall, UNHCR facilitated 319 deployments, including 150 UNHCR staff and 169 external staff working for emergency standby partners.

Face-to-face training in emergency preparedness and response was cancelled and swiftly converted into online learning, and 90 UNHCR and 31 partner staff were trained. UNHCR developed an online alternative for emergency simulation exercises for the 2021 emergency roster cohort.

Safety and security

UNHCR's security workforce, made up of 88 international and more than 250 national security professionals, played an important role in UNHCR's ability to deliver in high-risk duty stations. Security missions were undertaken in several countries including Ethiopia, Mozambique and the Sahel region. Maintaining a robust training programme remained key to field security work. In 2020, over 3,000 UNHCR and almost 500 partner staff were trained on security-related topics, including the Security Management Learning Programme and Women's Security Awareness Training. UNHCR's security workforce responded to 298 security incidents and supported managers and staff on 13 critical incidents in 2020, coordinating with the UN Department of Safety and Security in New York and government personnel.

Operational highlights

In 2020, despite COVID-19, the eight-person full-time emergency response team spent 738 person-days on emergency missions in the field, leading

UNHCR standby partners

In 2020, UNHCR maintained 18 active emergency response partnerships:

 CANADEM International Civilian Response Corps, Canada	 DEMA Danish Emergency Management Agency	 DRC Danish Refugee Council	 DSB The Norwegian Directorate for Civil Protection	 DSS water Dutch Surge Support, Netherlands Enterprise Agency	 Emergency.lu Ministry of Foreign Affairs, Luxembourg
 IHP International Humanitarian Partnership	 iMMAP	 Irish Aid Department of Foreign Affairs, Ireland	 MSB Swedish Civil Contingencies Agency	 NRC Norwegian Refugee Council, including NORCAP	 RedR Australia
 Save the Children Norway	 SDC Swiss Agency for Development Cooperation	 THW German Federal Agency for Technical Relief	 UK aid	 Veolia	 White Helmets Commission Ministry of Foreign Affairs, Argentina



150 UNHCR emergency staff deployed.
Target: 170. 2019 result: 167.



169 UNHCR standby partners deployed.
Target: 130. 2019 result: 102.

complex emergency responses and supporting UNHCR operations.

In response to the L2 emergency in Sudan, an emergency response team (including WASH, registration, shelter and site planning specialists) arrived in eastern Chad to support UNHCR staff with reception of refugees in border areas. As a result, 7,000 refugees were relocated to a newly built camp where they received assistance, health services and protection. UNHCR instituted COVID-19 prevention and response measures at border areas and in the camp. Clear messages were shared with local authorities and communities about key principles of refugee protection, such as non-refoulement and non-discrimination.

In Somalia, UNHCR security specialists supported an extensive project that fulfilled a duty-of-care obligation to protect UNHCR staff and others: the development of a new office and accommodation site for UNHCR's Somalia operation, which was operating from a cramped compound that had been targeted by mortar fire. As well as risk analysis, UNHCR staff played an important role in identifying a site, designing the compound layout,

developing a security-compliant construction system, and overseeing delivery of building materials and construction work.

UNHCR strove to improve the gender balance of its security staff. Prior to 2020, 18 female security officers (national and international), represented only 8% of UNHCR's security workforce, and initiatives are underway to redress that imbalance. The recruitment of four female security officers in 2020 increased the total to 22, or 12%, with a long way to go.

Challenges and unmet needs

As well as bringing disruption, the pandemic quickened efforts to transfer knowledge to new regional structures on emergency preparedness, emergency partnerships, procurement and logistics and security management. COVID-19 brought upheaval to travel plans and training but spurred innovation, and rapid development of online alternatives kept training activities as interactive as possible. But some activities, such as women's security awareness training, needed face-to-face interaction and were largely put on hold, and some planned missions to conduct oversight and compliance reviews were also cancelled.



722 UNHCR staff/partners trained in emergency management/leadership, security management procedures/awareness, situation emergency, and inter-agency emergency exercises.
Target: 350. 2019 result: 1,094.

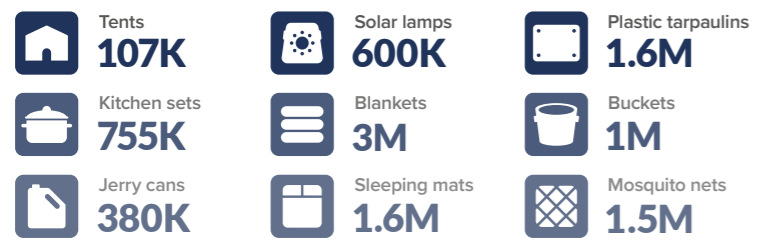
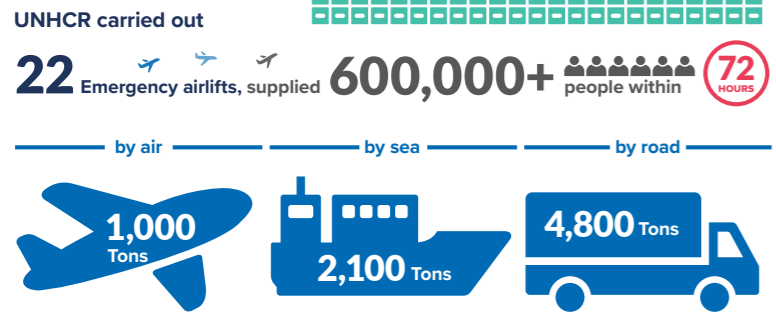
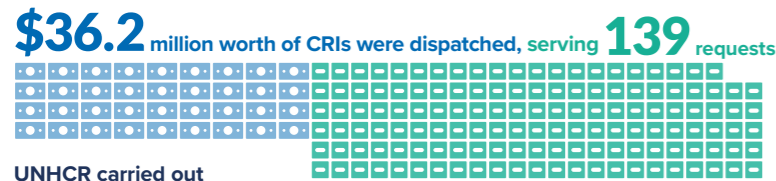


64% of high-risk countries in compliance with preparedness reporting in accordance with UNHCR's High Alert List for Emergency Preparedness (HALEP).
Target: 100%. 2019 result: 81%.



50% of HALEP red-rated countries had a preparedness action plan and received targeted support.
Target: 100%. 2019 result: 20%.

Global supply management



Results and achievements

Efficient and agile service delivery to emergencies was paramount in 2020 as the pandemic created global supply shortages and brought transport networks to the brink of collapse. UNHCR responded to COVID-19 by procuring personal protective equipment (PPE), critical items and services worth \$186.1 million and delivering such supplies to 95 operations.

UNHCR expedited and centralized procurement, ramped up logistics support at the operational and regional levels, and diversified its suppliers and delivery channels.

It participated in the creation of the UN COVID-19 Supply Chain Task Force, set up

in April 2020 to streamline and expedite joint procurement of common pandemic-related supplies. It also established stockpiles in Dubai and Accra to supply operations with PPE and other vital COVID-19 supplies on demand.

Despite the [pressures of COVID-19](#), UNHCR's supply chain did not stop responding to new and ongoing emergencies, dispatching \$36.2 million worth of emergency core relief items (CRIs) from its strategically located global stockpiles (GSM), serving 139 requests. 1,000 tons of CRIs were shipped by air, 2,100 tons by sea and 4,800 tons by road. UNHCR carried out 22 airlifts (11 from GSMs) for recipients in Bangladesh, Burkina Faso, Chad, the Islamic Republic of Iran, Liberia, Somalia and Sudan. Global stocks were regularly replenished to cover the urgent needs of up to 600,000 people within 72 hours. UNHCR added an eighth global stockpile in Panama to its existing seven, to enhance emergency response in the Americas.

To maximize the potential of the supply chain, UNHCR proactively engaged with sister agencies and partners, collaborating through the Logistics Cluster, the UN Procurement Network and the UN Global Marketplace. UNHCR increased piggybacking—using long-term agreements established by other UN organizations—by more than 20% compared to 2019, resulting in increased efficiency, active collaboration, better service delivery and cost-effective tendering. UNHCR also provided contract administration for over 400 global frame agreements, while procurement value increased from \$1.14 billion in 2019 to \$1.37 billion in 2020, excluding cash assistance.

UNHCR prioritized the practice of secondary bidding for high-value orders and shipment of CRIs procured through global frame agreements. Secondary bidding is a solicitation exercise whereby suppliers holding already established frame agreements with set prices are invited to further bid their best and final offers for the required goods and services. This approach results in significantly lower prices, thereby freeing resources to serve more people in need. As a result, in 2020 secondary bidding cut the cost of centrally procured CRIs by 16% (\$18 million) compared to the lowest frame agreement price.

Operational highlights

UNHCR reinforced its operational capacity with virtual supply missions, field procurement support and training. To ensure a broad range of qualified supply staff, UNHCR conducted more than 350 functional clearances (assessments, testing and interview processes) for supply positions worldwide.

A compliance workshop was organized to sensitize participants from almost 20 operations to supply-related risks

and jointly develop mitigating measures. UNHCR also started the audit of factories in India, ensuring all CRI manufacturers will have been audited at least once by the first quarter of 2021.

To enhance the supply chain, UNHCR started developing a shipment tracking system, rolled out logistics frame agreements to field offices, and created data dashboards to help operations monitor their supply performance related to the COVID-19 response. To improve forecasting, the roll-out for Demantra (a demand management and supply chain management tool) was completed; the tool is used by 56 operations.

Challenges and unmet needs

COVID-19 and its associated challenges, as well as other new emergencies, further highlighted the need for sustained availability of expert supply workforce as part of global workforce planning, supported by increased capacity building and an end-to-end process on supply chain management.



58.3 million refugees, IDPs and migrants particularly vulnerable to the pandemic received COVID-19 assistance.



\$36.2 million worth of core relief items dispatched from global stockpiles to 43 countries. Target: \$33 million. 2019 result: \$30 million.



600,000+ people of concern received core relief items in emergency-affected countries. Target: 600,000. 2019 result: 600,000.



64 million medical masks (surgical N95/FFP2) procured.



5.6 million gowns procured.



8 global stockpiles of core relief items maintained. Target: 7. 2019 result: 7.



Qatar Airways and UPS Foundation help deliver aid for forcibly displaced people

In 2020, UNHCR and [Qatar Airways](#) signed a two-year partnership. The company will provide free transport services to deliver humanitarian cargo under its “WeQare” programme. UNHCR has also a long-standing partnership with [The UPS Foundation](#), which provides assistance in emergency response, logistics, transport, capacity-building, as well as in areas such as health and protection. The partnerships with The UPS Foundation and Qatar Airways are key to enhancing UNHCR's capacity to respond to emergencies.



Cash assistance

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Sofia Ahmed, a 26-year-old asylum-seeker from Somalia, receives her cash card at the Urban Cash Centre in Athens, Greece.

Global Strategic Priorities
Cash assistance
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Results and achievements

2020 marked the culmination of [UNHCR's five-year "Strategy for the institutionalization of cash-based interventions"](#), which aimed to make UNHCR's operations consider cash systematically and use it as the means of transfer whenever appropriate, doubling cash assistance by 2020.

Despite the difficulties of face-to-face transactions in 2020, UNHCR achieved this goal and its Grand Bargain commitment, distributing [\\$695 million to 8.57 million people](#), a total of around \$3 billion to more than 25 million people in over 100 countries since 2016.

The strategy has transformed UNHCR's use of cash assistance. In 2016, [digital payments to refugees](#), including access to bank and or mobile money, were limited to a few countries. In 2020, refugees in 47 countries got digital payments, 32% in the form of mobile money.

The pandemic spurred UNHCR to rapidly scale up its [cash assistance programmes](#). In collaboration with governments and other partners, more than 65 UNHCR operations launched new cash initiatives and expanded or adapted existing cash assistance. They introduced new approaches and technology and designed

new cash grants and targeting criteria to assist vulnerable populations, as well as exit strategies and complaint/feedback mechanisms.

Financial and digital inclusion is a vital component of protection and fostering self-reliance and resilience, but refugees are often excluded from governments' social assistance efforts. Cash assistance complements government support with a safety net for vulnerable refugees and others of concern. In the COVID-19 response, UNHCR aligned cash assistance (mostly transfer values but also other elements such as eligibility criteria) with government schemes in several countries, including Armenia, Azerbaijan, Costa Rica, Mauritania, Morocco, Pakistan, Peru, and to some extent in Rwanda and Uganda. In addition, UNHCR provided cash for livelihoods in 52 operations to prevent refugees being forced to sell productive assets to shore up household budgets.

By the end of 2020, 14 operations (Brazil, Burkina Faso, Cameroon, Costa Rica, the Democratic Republic of the Congo, Ethiopia, Ghana, Greece, Guatemala, Jordan, Kenya, Mexico, Rwanda and Zambia) were using UNHCR's CashAssist cash management system and 60 were using the post-distribution monitoring

(PDM) tool. In a [PDM analysis](#) most cash recipients reported high satisfaction with cash assistance during the pandemic, reporting that they could find what they needed in the market and that cash had alleviated the impact of COVID-19.

Operational highlights

UNHCR distributed emergency \$75 grants through Pakistan's Post Office to over 216,000 refugees, mitigating the repercussions of COVID-19 and ensuing lockdowns. UNHCR's cash assistance was set up in close coordination with the Commissionerate for Afghan Refugees and mirrored the grants paid to vulnerable Pakistani citizens under the Government's Ehsaas Emergency Cash Programme.

WFP and UNHCR provided one-time mobile money assistance to all urban refugees in Kampala, where COVID-19 restrictions prevented casual work and triggered negative coping strategies. A PDM survey showed two thirds of recipients had started using their savings. 95% said the payment had reduced their financial burden and 60% reported recent price rises for commodities such as rice and beans. The cash assistance, which 74% of refugees could withdraw within 1 km of their home, mainly went towards food, rent, health costs, utilities, fuel and hygiene items.

In Ecuador, COVID-19 prompted UNHCR to switch from cash-in-hand payments to withdrawals via the national ATM network, using a code but no bank card. The codes

were created by the bank, assigned to vulnerable beneficiaries by UNHCR's partner and communicated by phone, unlocking payments without the need to meet in person or find an open bank branch.

Challenges and unmet needs

Despite the growth of cash assistance, major gaps remained in 2020. In [post-distribution monitoring](#) globally, 74% of respondents said they could meet only half of their basic needs or less. In Jordan, 64% said they could not afford enough food, 27% struggled to pay their rent, and 31% could not pay health costs. 60% of respondents had borrowed money in the four weeks prior to data collection.

To address some of the main challenges in attaining system-wide efficiency in cash assistance, UNHCR will work toward achieving the UN Common Cash Statement and build upon progress made in the seven focus countries: Afghanistan, Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Ecuador, Niger and Yemen. These countries have launched joint procurement for financial service providers, joint cash feasibility and risk assessments, and joint post-distribution monitoring.

UNHCR will continue using cash for urgent basic needs and to build sustainable and inclusive support for refugees, underpinned by financial inclusion and transitional safety nets, and aligned with national social protection schemes.



100 country operations implemented cash assistance. 2019 result: 100.



5,500 UNHCR staff trained in cash assistance. 2019 result: 5,000.



18 countries allowed people of concern to access formal financial services and benefit from the use of cash to promote longer-term solutions and inclusion. Target: 15.



57 contracts signed with financial providers.



24 countries strengthened partnerships and collaborative approaches to cash assistance. Target: 20.

\$695 million of cash assistance delivered to people of concern across all operations. Target: \$588 million. 2019 result: \$650 million.



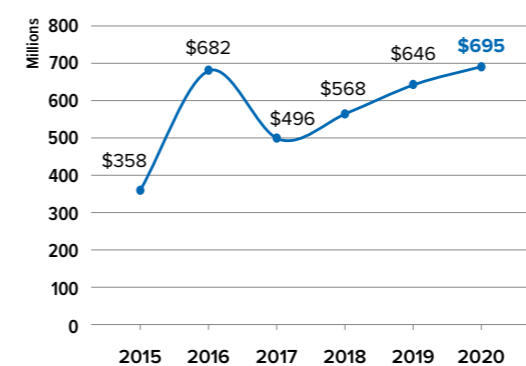
8.57 million refugees, IDPs and other people of concern received cash assistance related to the impact of COVID-19 in 100 countries.



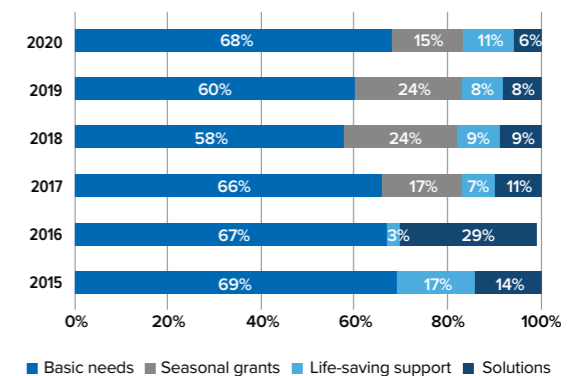
80% of UNHCR's cash assistance disbursed electronically. 2019 result: 80%.



CASH ASSISTANCE | 2015-2020



CASH ASSISTANCE BY SECTOR 2015-2020





Public health

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A health worker attends to 23-year-old Burundian refugee Ishimagizwe Eliana after she delivered her baby girl at Natukobenyo health clinic in Kalobeyei settlement, Kenya.

Global Strategic Priorities
Under-five mortality rate
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0.19 under-5 mortality rate (per 1,000 under-5s per month) in refugee camps. Target: <1.5. 2019 result: 0.3.



0.11 crude mortality rate (per 1,000 people per month). 2019 result: 0.12.



92% of births (104,618) were attended by skilled birth attendants in UNHCR refugee camps. Target: 95%. 2019 result: 93.5%.



Results and achievements

Faced with COVID-19, UNHCR supported governments and partners to bolster surveillance, contact tracing and case management, providing PPE, medicines, rapid testing kits and oxygen concentrators. UNHCR worked with national health counterparts to strengthen health infrastructure, supporting intensive care units, creating isolation and treatment units as well as ensuring refugee communities were informed about how to mitigate the risks. Together with UN and NGO partners, UNHCR worked with Ministries of Health to implement COVID-19 preparedness and response plans, addressing the health of people of concern, including nutrition, sexual and reproductive health, HIV, and mental health and psychosocial support.

UNHCR supported 9.89 million people with essential health care, adapting services with physical distancing, hand hygiene points, telephone consultations—especially for mental health and non-communicable diseases (NCDs), and provision of several months of NCD/HIV medicines at once.

Dedicated safe delivery areas for COVID-19 positive women allowed emergency care to continue, while 92% of births were attended by a skilled birth attendant. In line with the Sustainable Development Goals' focus on reducing maternal and newborn mortality, and access to modern contraceptive methods, UNHCR, with support from the Bill and Melinda Gates Foundation, implemented high-impact maternal and neonatal health interventions in 31 health facilities in Cameroon, Chad and Niger. The programme supported more than 8,300 mothers and their newborns in 2020.

Data from iRHIS showed under-5 mortality averaged 0.19 deaths per 1,000 under-5s per month across 158 sites in 19 countries, down from 0.30 in 2019 and within the standard of 1.5 deaths. Sites in Yemen, Zambia and the United Republic of Tanzania reported the highest rates, at 1.98, 0.55 and 0.39 respectively. The average crude mortality rate was 0.11 deaths per 1,000 total population per month, similar to the 0.12 reported in 2019.

By the end of 2020, 27% of refugee-hosting countries included refugees in their national health insurance schemes on the same basis as nationals. While much needs to be done, an encouraging survey of 48 refugee-hosting countries found 89.6% of refugees living with HIV could get antiretroviral treatment (ART) through national health systems. UNHCR supported HIV-related activities in more than 50 countries, helping HIV services for populations of concern to continue during the pandemic. As a co-sponsor of UNAIDS, UNHCR worked with partners at national, regional and global levels to scale up services available to adolescents, to improve health and protection services for people who sell or exchange sex, and to strengthen tuberculosis programming and linkages with HIV care. UNHCR provided funds to 15 country operations while 23 country operations mobilized additional UNAIDS resources at country level to advance HIV related services for refugees. Sexual and reproductive health services were scaled up for adolescents and young women in Malawi and harm reduction services were provided to people who inject drugs in Pakistan. In South Sudan, over 13,000 people received HIV counselling and testing and nearly 50,000 people benefited from HIV awareness-raising sessions, while in Uganda more than 1.5 million condoms were distributed, more than 180,000 people received HIV counselling and over 1,800 cases of TB were identified and initiated on treatment. Advocacy with national governments and international donors has increasingly given people of concern access to HIV services under the same conditions as nationals.

Operational highlights

In Europe, refugee health workers were involved in national COVID-19 responses, with increasing employment of refugee doctors and health workers. Across the Middle East and North Africa, over

24,000 outreach volunteers worked closely with UNHCR and partners and 66,000 visits were conducted to support families in remote areas and other people with specific needs.

In 20 refugee camps in Chad, a three-month supply of ART was given to refugees and host community members living with HIV through community-based distribution, using counsellors to reduce the need for monthly clinic visits. A WhatsApp group for psychosocial counsellors was created, and nearly 1,000 refugees living with HIV benefited from the remote communication and support.

Challenges and unmet needs

UNHCR made it a priority to ensure continuation of care and health service provision to refugees during the COVID-19 pandemic. It adapted to ensure continued access to pre- and postnatal care, delivery by skilled attendant, family planning, adolescent sexual and reproductive health, and HIV prevention, treatment and related care. Despite these additional measures, UNHCR's Health Information System showed lower utilization of health services for refugees, with 6,219,345 outpatient consultations, 13% down from 2019. The number of measles vaccinations administered to children under 5 decreased by 9.5% to 113,780.

UNHCR continues to advocate for the inclusion of refugees and others of concern in national vaccination plans. By December 2020, 52% of countries had included refugees in their national COVID-19 vaccination plans. UNHCR is a member of the Inter-Agency Standing Committee Working Group that worked with GAVI, the Vaccine Alliance, and the COVAX Facility on the allocation of vaccines as a "humanitarian buffer" of last resort, with up to 100 million doses for populations not included in national vaccine orders.



9.89 million people of concern received essential health care services in 68 countries.



1,235,111 women and girls accessed sexual and reproductive health services in 51 countries.



41,401 reported COVID-19 cases among people of concern. 401 reported COVID-19 related deaths among people of concern.



89.6% of refugee-hosting countries provided treatment for HIV to refugees through national programmes. Target: 100%. 2019 result: 89.6%.



97.7% of refugee-hosting countries provided treatment for tuberculosis to refugees through national programmes. Target: 100%. 2019 result: 97.7%.



78% of refugee-hosting countries included refugees within their national human papilloma virus vaccination programme. Target: 90%. 2019 result: 78%.



147,624 measles vaccinations given.

Mental health and psychosocial support

© UNHCR/ Diego Ibarra Sánchez

Syrian refugee Fahima Al-Daher leaves the Makhzoumi Foundation in Beirut with her daughter, who is getting psychological support at the foundation after the port explosion in Beirut, Lebanon.

Results and achievements

COVID-19 disrupted social support systems, devastated incomes and livelihood opportunities, and heightened anxieties about falling ill. For those already dealing with the stress of being uprooted, this created an added psychological burden. Many who previously coped well were less able to cope with the multiple stressors generated by the pandemic, which abruptly raised new threats to freedom of movement, social support systems, education and social contact.

Women and children especially faced increased protection risks, including intimate partner violence, sexual abuse and exploitation. Even the overflow of information, sometimes contradictory or false, fuelled stress levels.

UNHCR adapted and scaled up its response to identify and assist people

of concern with mental health and psychosocial issues. In 2020, 647,068 people were supported in six overarching areas:

- Community messaging about coping with distress;
- Training first responders in psychological first aid and basic psychosocial skills;
- Providing psychological support through helplines;
- Increasing capacity to provide psychological therapies for refugees;
- Ensuring continuation of care for people with mental health conditions; and
- Ensuring people with severe protection risks continue to receive psychosocial support.

It is important to communicate clearly about risks and how people can protect themselves. In Bangladesh, UNHCR and Translators without Borders made audio versions of the inter-agency children's book *My hero is you* to help community outreach volunteers explain to children about COVID-19 in Rohingya, Burmese and Bangla languages. Many UNHCR operations set up or expanded helplines to keep in contact with people of concern and link those in need to available services. In Iraq, UNHCR provided training on remote psychosocial support to the helpline operators of the Iraq Information Centre, a nationwide telephone service that provides information and referral assistance to IDPs and refugees. In Niger, more than 300 responders (UNHCR and partners) were trained online in psychological first aid, a set of skills to provide supportive and practical help to people suffering crisis events.

Where remote support was not practical or possible, wider use of community-based workers and adapted facility-based care allowed person-to-person support to continue. Physical distancing and restrictions on movement made psychotherapy difficult, and some group-based therapies had to be stopped or adapted.

In Colombia, UNHCR provided telephone and face-to-face psychosocial care, including for persons with disabilities, referring them when necessary for hospital consultations, psychiatric assessment and access to controlled medications.

In Zambia, restrictions on large gatherings forced UNHCR to cancel mental health training for primary health care staff. Instead, two trainers from the National Mental Health Resources Centre in Lusaka travelled to give on-the-job supervision and training in smaller groups, while observing physical distancing.

Operational highlights

Many local UNHCR offices and partners acted to fortify the mental health of humanitarian responders [during the pandemic](#), including refugee volunteers. In Egypt, UNHCR's partner PSTIC offered support and appreciation to its staff, mostly refugees themselves, who ran a nightly DJ or comedy show. All psychosocial workers had regular individual online supervision and a monthly online support group.

In Greece, refugees and asylum-seekers were trained as paraprofessionals to address psychosocial needs, bridging national mental health and social services and staffing helplines in Arabic, English, Farsi and Greek, offering psychosocial support, information about COVID-19, liaising with protection services, and providing referrals to psychological or psychiatric specialists.

Challenges and unmet needs

Despite efforts to adapt to COVID-19, mental health consultations decreased everywhere except in the United Republic of Tanzania and Yemen. Overall, there were 137,880 consultations, 14% down from 2019. While innovative methods were employed to support people of concern, the inability to physically interact made it hard to provide the support required. The pandemic will continue to affect people's mental well-being, especially if socioeconomic repercussions continue. UNHCR will keep mental health and psychosocial support at the forefront of its response.



647,068 refugees and other people of concern provided with mental health and psychosocial support services in 75 countries.



137,880 consultations provided for mental health, neurological and substance use conditions in refugee health facilities. 2019 result: **161,137**.



35% of countries hosting more than 50,000 refugees had a multisectoral technical working group for mental health and psychosocial support.



29% of refugee operations introduced evidence-based psychological treatments.



Gender-based violence: prevention, risk mitigation and response

© UNHCR/ Olivia Acland

A displaced Congolese woman who is getting vocational training and recovering from gender-based violence at the Mary, Mother of Hope Recovery and Reintegration Centre in Kananga, in the Democratic Republic of the Congo.

Global Strategic Priorities
Gender-based violence
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Results and achievements

Gender-based violence is a serious and under-reported human rights violation that disproportionately affects women and girls. COVID-19 dramatically increased the risk of gender-based violence, reversing important gains in gender equality. The pandemic put women and girls at greater risk of intimate partner violence and sexual exploitation due to lockdown measures, restrictions of movement and economic insecurity. However, it also made it harder for them to access education, information and services such as safe houses and case management facilities. In many countries, women subjected to intimate partner violence, and LGBTIQ+ people living within non-accepting households, were confined with their abusers—presenting life-threatening risks combined with a reduced ability to seek help. It was critical to increase and adapt gender-based violence programming to respond adequately.

The release of the “[UNHCR policy on the prevention, risk mitigation and response to gender-based violence](#)” in October 2020 instituted nine core actions to advance quality programming and coordination across UNHCR. The policy acknowledged that gender-based violence is rooted in the imbalance of power and recognized gender-based violence programming as life-saving.

In response to COVID-19, UNHCR adapted its gender-based violence programming by strengthening its collaboration with community/women-led organizations and local partners, expanding remote case management services and updating gender-based violence referral pathways to reflect the pandemic’s impact on survivors’ needs. In Egypt, cash assistance was delivered as part of holistic gender-based violence case management programming, which is designed to respond to the full spectrum of needs survivors face during their

recovery. Many operations created or expanded communication channels for survivors such as 24/7 emergency hotlines (e.g. Kenya, Pakistan, South Sudan and Zambia). UNHCR and partners assisted 2 million women and girls via 24/7 gender-based violence hotlines. In Colombia remote case management was provided through 29 information kiosks and gender-based violence focal points. This required transitioning from in-person comprehensive case management services to phone-based services focused on one-time crisis counselling to connect survivors with services for their immediate needs and safety concerns.

In more than three quarters of the 63 countries in the Global Humanitarian Response Plan, UNHCR operations reported that they had maintained or expanded gender-based violence services in response to COVID-19. A total of 64,796 survivors received psychosocial counselling, 3,297 received legal assistance and 5,736 medical assistance. Through the [Safe from the Start programme](#), UNHCR deployed senior gender-based violence specialist staff to 12 operations, including L2 and L3 emergencies, such as Burkina Faso, Burundi, Mali, Sudan and Yemen.

Operational highlights

In many countries, forcibly displaced women play a leading role in the response to gender-based violence. In the Syrian Arab Republic, UNHCR and its partners worked with a network of 91 women to share information on COVID-19 prevention measures and the availability of legal and medical services for gender-based violence survivors. In Malawi, 14 refugee-led community-based organizations served as community focal points for referral of survivors.

The need to keep services running remotely despite COVID-19 spurred innovative approaches. Information campaigns were developed and disseminated via WhatsApp in Mexico, and internally displaced, stateless and refugee communities were reached via Instagram, Facebook, and rural radio in Burkina Faso, Côte d’Ivoire, Niger, Nigeria and Senegal. More information on field practices can be found in the [COVID-19 and gender-based violence protection brief](#).

Challenges and unmet needs

The pandemic limited the capacity to deliver and access gender-based violence prevention, risk mitigation and response programming. It increased the risks of experiencing intimate partner violence, sexual violence, child marriage and the sale or exchange of sex as a coping mechanism. Despite the increase of gender-based violence during COVID-19-related lockdowns, Gender-Based Violence Information Management System reports showed a general decline of incident reporting in 2020 across the 34 countries using the system. UNHCR did not meet its target for medical assistance to be provided to survivors, mainly due to restrictions on movement. Many operations reported disruptions and significant challenges in accessing gender-based violence services, such as medical examinations required prior to admission to different shelters, or the refusal to receive additional survivors because of COVID-19 social distancing rules.

While the need for gender equality and gender-based violence interventions has never been greater, the pandemic shed further light on the chronic and severe under-funding of the gender-based violence sector in humanitarian settings, with dire consequences for refugee and forcibly displaced women and girls in particular.



64,796 reported gender-based violence incidents for which survivors received psychosocial counselling.
2019 result: **45,557**.



3,297 reported gender-based violence incidents for which survivors received legal assistance.
2019 result: **3,308**.



5,736 reported gender-based violence incidents for which survivors received medical assistance.
2019 result: **6,745**.



21 displacement situations where UNHCR sought to improve community involvement in preventing gender-based violence and protecting survivors.
2019 result: **34**.



42 displacement situations where known gender-based violence survivors received appropriate support.
2019 result: **50**.



Nutrition and food security

UNHCR supports a canteen providing food to refugees and locals in Quito, Ecuador.

Global Strategic Priorities
Global acute malnutrition
See p. 13 for GSP result



Results and achievements

When people are forced to flee their homes, access to and availability of food often becomes irregular and insecure, creating a risk of malnutrition and hunger while increasing vulnerability to exploitation and sexual abuse. COVID-19 compounded these risks and profoundly affected UNHCR's nutrition and food security programmes in terms of quality and scale.

UNHCR normally conducts Standardized Expanded Nutrition Surveys (SENS) across 100 sites in 15 countries each year, gaining crucial data on the nutritional status of refugees. The lockdown and restrictions caused by the pandemic forced cancellation or delay of the majority of the SENS surveys planned by 54 operations in 2020.

To understand the implications of [COVID-19 mitigation on nutrition and food security](#), UNHCR assessed how its operations were adapting food assistance, cash assistance, community management of acute malnutrition, the blanket supplementary feeding programme (BSFP), infant and young child feeding programmes (IYCF), nutrition surveys and surveillance, the school feeding programme, and nutrition support at COVID-19 quarantine and isolation centres.

Data from 12 operations in Africa and one in Asia, covering 60 sites, showed most adjusted their activities to allow continuity

of services without adding to COVID-19 risks. For operations where food assistance was provided, adjustments included scheduling more distribution days, giving two months of rations instead of one, and pre-packing food or switching to cash assistance. Food distribution became quicker, less crowded and less frequent. Similar adjustments were made to BSFP, a prevention of malnutrition programme. With mass screening for acute malnutrition suspended in most places, some operations increased house-to-house screening by community health workers, and introduced new avenues for community screening, such as mother-to-mother support groups and household screening by mothers/ caretakers. Nutrition clinics reworked their schedules to have fewer children visiting at once and simplified their procedures to reduce physical contact.

The figure opposite shows the number of operations that applied various adaptations to the management of acute malnutrition in response to COVID-19 pandemic. In 2020, 55,183 children aged 6-59 months with severe acute malnutrition (SAM) and 140,059 with moderate acute malnutrition (MAM) were admitted into treatment programmes for rehabilitation across 32 countries. A joint UNHCR/WFP hub was established to help operations better assess vulnerability to food insecurity, economic vulnerability and protection risks, and

target or prioritize assistance to those most in need, with a longer term aim to support programming for greater refugee inclusion and self-reliance. The hub team provided support to operations in Cameroon, the Democratic Republic of the Congo, Jordan, Mauritania, Mozambique, Rwanda and Zambia.

With COVID-19 prompting school closures, in Bangladesh, Kenya and Rwanda UNHCR and WFP adapted school feeding programmes to individual contexts. In west Rwanda, school feeding rations were included in the general food distribution; in Kakuma, Kenya, students attending online schooling were given a snack to ensure their nutrition needs were met and to encourage e-learning enrolment. In Cox's Bazar, Bangladesh, families with students received high energy biscuits, provided by WFP, as part of the general food distribution.

Operational highlights

In Algeria, Bangladesh, Chad, Ethiopia, Kenya, Rwanda, South Sudan and Uganda, UNHCR supplied families with tapes to measure mid-upper arm circumference (MUAC), a rapid screening tool for acute malnutrition, and provided training on their appropriate use. This allowed them to screen their children and self-refer if necessary, while reducing social contact. UNHCR operations in Chad, Rwanda and South Sudan innovated with radio and text messages to ensure uninterrupted messaging on IYCF—key for child survival, nutrition and development—and supported mothers with suspected or confirmed COVID-19 with information on respiratory hygiene during breastfeeding, as well as mental health support.

Challenges and unmet needs

Operational adaptations and innovations largely mitigated the pandemic's impact, but the use of simplified treatment protocols, reduced frequency of follow-up

visits, suspension of mass active case finding/screening of malnourished children, suspension of mass/group nutrition education, suspension of school feeding and suspension of SENS surveys were likely to have negative implications. The pandemic led to some groups such as urban refugees needing additional support. It created new operational challenges and required additional staff and more resources, such as PPE, sanitization materials and individual, not shared, nutrition measurement tools. The family MUAC roll-out meant a shortage of MUAC tapes, and there were pipeline breaks in some nutrition commodities, delays in food assistance delivery, funding cuts and inadequate staff/technical capacity.

Humanitarian food assistance for refugees decreased in many operations, leading to a sharp increase in global food insecurity. Refugees struggled to meet their food and other basic needs, engaging increasingly in negative coping strategies that put health and nutrition at risk. These changes and challenges will have undone some gains made towards reducing malnutrition and promoting optimal outcomes. Measures to mitigate the potential negative impact remain key, and operations will need resources to bridge the various gaps.



61% of surveyed sites had acceptable levels of acute malnutrition (<10%). 2019 result: **61%**.



6% of surveyed sites had acceptable levels of anaemia (<20%). 2019 result: **6%**.

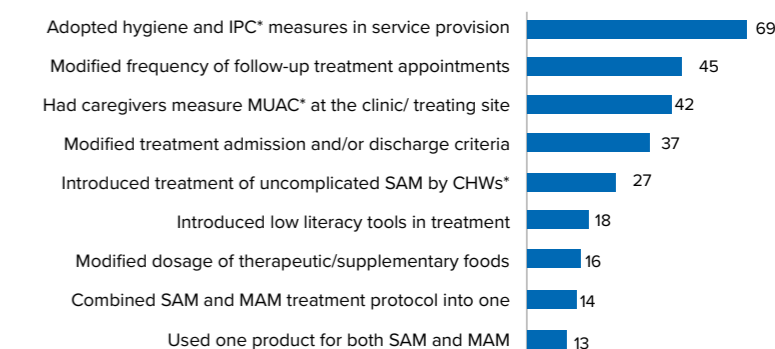


23% of surveyed sites had acceptable levels of stunting (<20%). 2019 result: **23%**.



74% of surveyed sites met UNHCR's target for the rate of exclusive breastfeeding. Target: **≥70%**. 2019 result: **74%**.

ADAPTATION TO THE MANAGEMENT OF ACUTE MALNUTRITION IN RESPONSE TO COVID-19 PANDEMIC



* Notes
IPC: Integrated Food Security Phase Classification
MUAC: mid-upper arm circumference
CHWs: community health workers

■ Number of operations



Water, sanitation and hygiene

© UNHCR/Selim Meddeb Hamrouni

A Nigerian refugee washes her child in the village of Garin Kaka in Niger's Maradi region.

Global Strategic Priorities
Water, sanitation and hygiene
See p. 13 for GSP result



Results and achievements

The seemingly simple act of washing one's hands is considered one of the most effective acts to stop the spread of COVID-19. In reality though, in 2020, 3 billion people lacked soap and water at home to practise good hand hygiene and 40% of healthcare facilities were not equipped with handwashing stations at points of care.

For many of the people of concern to UNHCR, particularly refugees, these dire conditions marred their daily lives and made COVID-19 prevention extremely challenging.

WASH programming is fundamentally multisectoral. All sectors and operational areas experience the impact of adequate or, more importantly, inadequate access to WASH services. UNHCR's COVID-19 WASH preparedness and response was comprehensive and far-reaching. From increasing hand-washing facilities in high

43% of people of concern had at least 20 litres of safe water per day. Target: 45%.



36% of people of concern had access to a safe household toilet. Target: 35%.



risk public places, to communicating culturally appropriate messages to foster behaviour changes, to distributing cash assistance and hygiene supplies, UNHCR focused on strengthening and adapting WASH services in living areas, health care facilities and schools.

In emergencies, the minimum standard for daily water consumption is 15 litres per person, for drinking, personal hygiene, washing and cooking. Encouragingly, the average daily amount of potable water available increased from 21 to 25 litres per person during 2020.

Operational highlights

The Democratic Republic of the Congo hosts 490,200 refugees and 5.2 million IDPs. COVID-19 came on the heels of Ebola and measles epidemics that claimed more than 4,700 lives. To reduce the spread of COVID-19, UNHCR installed 2,122 hand-washing stations

(including 61 donated to authorities and 288 to health facilities), distributed 65,000 bars of soap and disinfected 1,599 community buildings. In the Meri site and at household level, UNHCR promoted "Tippy Taps"—handwashing stations made by trained refugees with recycled materials.

South Sudan has 314,500 refugees, mostly in remote locations, and around 1.6 million IDPs scattered in hard-to-reach places. Very few have a television or Internet access and disseminating urgent information on COVID-19 was a major challenge for UNHCR's operation.

It leveraged the most popular medium, radio, to respond to questions and myths on COVID-19 through call-in radio talk shows. To amplify these messages, "boda boda" or "mobile radios"—motorbikes with loudspeakers that broadcast radio shows and songs—drove through communities to reach as many people as possible.

UNHCR worked with refugees and IDPs to create culturally and linguistically appropriate public service announcements, radio shows and jingles about COVID-19. [Refugees wrote, recorded and performed their own COVID-19 awareness-raising songs.](#)

Challenges and unmet needs

Whilst the focus has been on increasing the provision of water in UNHCR operations and the various innovative solutions implemented in country operations, at the end of 2020 only 43% of people of concern had at least 20 litres of safe water per day. Further efforts are required to ensure that people of concern to UNHCR can enjoy one of their most basic rights.

Accessibility remains one of the main challenges. Many field operations are located in deeply remote areas where UNHCR is often the sole service provider for refugees. In some instances, UNHCR works with refugees in difficult operational conditions that are already impacted by conflict, climate change and extremely limited resources. Building on 2020 achievements, to respond to these challenges that were further exacerbated by COVID-19, UNHCR and the WASH partners will focus on redesigning and installing additional WASH facilities to decrease COVID-19 transmission rates; leveraging refugee voices to communicate about COVID-19; and expanding cash assistance when COVID-related economic losses endanger hygiene practices.



25 litres of potable water on average available per person per day. 2019 result: 21.



17 people of concern per drop-hole on average. 2019 result: 17.



1,634 people of concern per hygiene promoter on average. 2019 result: 1,755.



22 people of concern per shower/bathing facility on average. 2019 result: 20.



50 million of bars of soap distributed.

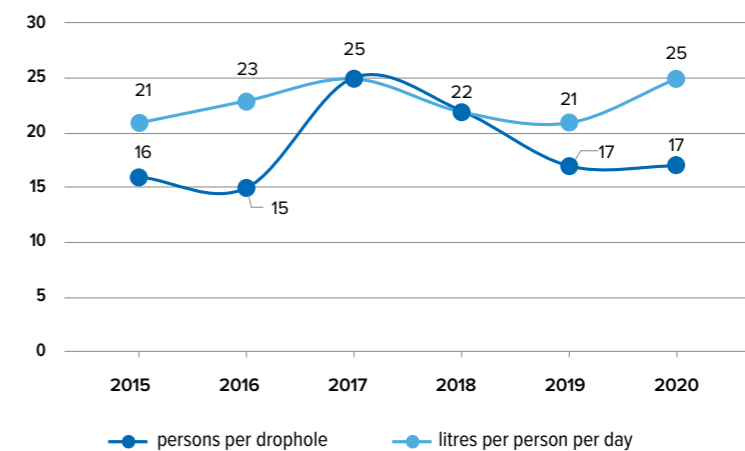


160 people per usable handpump/well/spring.



141 people per usable water tap.

WATER SUPPLY AND SANITATION SERVICES | 2015-2020





Shelter and settlements

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UNHCR is piloting steel-framed double-storey shelters to make better use of space in refugee camps in Cox's Bazar, Bangladesh. The frames can be dismantled and the steel reused when they are no longer needed.

Global Strategic Priorities
Shelter
See p. 13 for GSP result



Results and achievements

Physical distancing is fundamental to containing COVID-19 but requires space. Displaced populations often live in overcrowded conditions in camps, makeshift settlements or urban centres. In 2020, a primary focus for UNHCR was the development of context-specific guidance to support national emergency responses, particularly with the establishment of emergency hospitals, quarantine and isolation areas, and the expansion of medical facilities to create additional space for triage and testing.

UNHCR's COVID-19 response emphasized the need to provide shelter, modify existing homes and build isolation and quarantine centres to support national authorities in managing caseloads. In 2020, the number of emergency shelters provided increased by 58%, enabling more people of concern to practise physical distancing and have space for isolation or quarantine.

UNHCR provided 362,691 people with shelter-related relief items, helping those modifying their homes to create additional space. It built 268 isolation centres, enhancing national triage capacity.

During 2020, UNHCR distributed 9,000 refugee housing units and 10,160 tents—emergency shelter for approximately 100,000 individuals—decongesting collective centres and settlements to reduce transmission and provide dignified shelter options.

UNHCR and UN-Habitat continued working on comprehensive settlement planning and using the “master plan approach”, a framework for spatial design of humanitarian settlements, and jointly developed a comprehensive settlement plan for the Rohingya refugee response, covering the Ukhiya and Teknaf sub-districts in Cox's Bazar, Bangladesh.

Operational highlights

In Nayapara camp in Cox's Bazar, home to over 22,000 refugees, space inside residents' houses was limited. With COVID-19 magnifying the risks of overcrowding, UNHCR and the Government of Bangladesh piloted an alternative shelter design to increase internal floor space. By adding a mezzanine floor, the total shelter area rose from 21m² to 36m², giving families 69% more space without needing more land.

In Niger, nearly 140,000 IDPs and 60,000 refugees are often housed in overcrowded conditions. UNHCR worked with the authorities to identify overcrowded sites and initiate site planning to ensure the necessary distance between shelters. UNHCR also helped to set up isolation units and boost health care infrastructure.

With its NGO partners, UNHCR provided cash assistance to displaced and conflict-affected people with specific needs, including people stranded at checkpoints along the contact line in eastern Ukraine and prevented by COVID-19 restrictions from returning to non-government-controlled areas. Cash assistance helped them rent apartments close to the checkpoints and stay in dignified spaces while waiting for permission to cross.

Challenges and unmet needs

Restricted funding was the main obstacle in meeting widespread shelter needs. Operations consistently cited

underfunding as the reason for being unable to achieve shelter targets. In Ethiopia, for example, underfunding severely limited shelter interventions in six refugee camps for Eritrean refugees. A significant number lived in deteriorated mud brick and/or communal shelters with iron sheeting walls and roofs, with 8-10 people under one roof, not the standard five per household. COVID-19 demonstrated the risks of having limited space, especially in urban areas. In Brazil, loss of income in the pandemic greatly reduced people's ability to host Venezuelans, making NGO-run centres vital. But UNHCR's limited funding meant it was unable to support four centres that closed, with the loss of 47% of slots for people with special needs such as gender-based violence survivors, older persons and persons with disabilities.

To this end, UNHCR will place additional focus on cash-for-rent programmes and innovative shelter designs, as in Bangladesh, to increase living space without using more land.



91,782 households received cash grants for rental accommodation. 2019 result: 86,426.



12,806 long-term/permanent shelters were provided to people of concern. 2019 result: 9,516.



149,734 emergency shelters were provided to people of concern. 2019 result: 94,488.



743,635 people of concern were reached with COVID-19-related shelter support.



362,691 people of concern supported with shelter-related core relief items.



8,800 refugee housing units distributed for quarantine, physical distancing or other COVID-19 measures.



268 isolation, quarantine and treatment centres built/supported.

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SPOTLIGHT: Data visualization casts light on displaced people's deprivation amid the pandemic

As the world battled the coronavirus, UNHCR highlighted how acutely vulnerable displaced populations must contend with extreme overcrowding and limited access to basics such as soap and water. “[Space, shelter and scarce resources – coping with COVID-19](#)” is a data visualization that shows just how hard it is for refugees and IDPs to keep to physical distancing rules and advice on handwashing—key to controlling the spread of the virus.

“Having access to basic services such as health care, sanitation and a decent shelter to call home are essential for all human beings to live with dignity. Yet this is not the reality for millions of refugees and other displaced persons around the world,” says Raouf Mazou, UNHCR's Assistant High Commissioner for Operations. “While COVID-19 has affected us all, refugees already living with uncertainty have been disproportionately impacted.”

The data visualization also shows how UNHCR is responding to support displaced communities all over the world to face the challenges posed by the pandemic.