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**Update on global programmes****A. Introduction**

The COVID-19 pandemic has had significant impacts on persons of concern to UNHCR, as well as on its global programmes. In many contexts, COVID-19 has exacerbated the existing vulnerabilities of persons of concern and is expected to have longer-term implications. In this regard, UNHCR and its partners have adapted existing programmes and are designing new operational and technical approaches to ensure continued access to assistance and to mitigate the socioeconomic ramifications of the pandemic. These adaptations are in line with UNHCR's core standards and approaches, such as ensuring the inclusion of forcibly displaced people in national systems when possible. UNHCR has also been able to rapidly deploy its global programmes in response to COVID-19, including through quickly scaling up cash assistance to over 1 million refugees and internally displaced persons (IDPs) in vulnerable situations. The Office is further leveraging its partnerships to assess the impact of COVID-19 on displaced people, while encouraging partners to include them in their programming. This paper provides an update on the progress achieved in UNHCR's global programmes in 2020 and the impact of COVID-19 on their implementation.

**B. Update on progress and key achievements related to global programmes in 2020**

UNHCR's approach towards ensuring the equitable access of refugees to health care continued to be guided by the principle of inclusion in national systems, policies and plans. A survey, completed in January 2020 and comprising 48 countries, found that refugees were included in or covered by national health policies, plans and legislation in 32 countries (nearly 68 per cent). Refugees were found to have access to primary health care under the same conditions as nationals in 44 countries (92 per cent) and to secondary health care in 36 countries (77 per cent).

UNHCR provided support in 15 countries in Asia, South America and sub-Saharan Africa for health activities related to human immunodeficiency virus (HIV) and tuberculosis (TB). This was achieved in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and included treatment support for people living with HIV and TB, as well as support for health services, including to prevent the transmission of HIV, for adolescents and youth. This was in addition to the funds provided to 23 operations through the UNAIDS-led allocation process at the county level to strengthen HIV-related services.

As part of UNHCR's shelter solutions, over 6,900 refugee housing units were deployed to 19 operations. The "master plan approach" to settlement planning was implemented in Niger to transform camps into integrated settlements and UNHCR is constructing permanent houses for persons of concern and host community members in a vulnerable situation.

In tandem with efforts to strengthen its engagement in situations of internal displacement, UNHCR continued to co-lead the shelter and the camp coordination and camp management clusters (CCCM). The Office led 16 of the 30 active shelter clusters at the country level, providing shelter and non-food items to 2.6 million people through the coordinated efforts

of over 380 partners and a combined budget of nearly \$150 million. UNHCR also co-led 14 of the 23 CCCM cluster and cluster-like mechanisms. The Office provided technical assistance on CCCM to operations involved in the Venezuela and Sahel situations. Tailored trainings were also provided to UNHCR personnel working in IDP operations.

UNHCR began the implementation of its “[Global strategy for sustainable energy 2019-2024](#)”, aimed at meeting the energy needs of persons of concern in a safe and sustainable manner from the onset of an emergency. The Office launched the clean energy challenge at the first Global Refugee Forum in 2019, and over 30 stakeholders, including member States, United Nations partners, private-sector entities and non-governmental organizations (NGOs) have since joined the initiative to provide affordable and sustainable energy to all refugee settlements and nearby host communities by 2030. For example, under this initiative, UNHCR and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) are implementing a project in Ethiopia, Kenya and Uganda to improve access to renewable energy.

The implementation of the global strategy for sustainable energy has also reinforced efforts to reduce UNHCR’s environmental footprint. So far this year, improvements in the packaging of kitchen sets have helped reduce annual plastic and cardboard waste by 47 and 43 metric tons per year respectively. UNHCR has further established a “green fund” of approximately \$4 million to shift the energy source of field operations from diesel to solar. The Office continued collaboration with its partners to deliver clean energy solutions in Jordan and Rwanda. UNHCR is also working with the World Food Programme (WFP), the United Nations Environment Programme and the United Nations Children’s Fund (UNICEF) on a project to address deforestation and land degradation in Burundi and the Sudan.

In line with the United Nations sustainable development goals, UNHCR aims to provide universal and equitable access to safe and affordable drinking water to displaced populations. The priority is to ensure access to the minimum standards of 15 and 20 litres per person, per day, during and after an emergency respectively. To do so, UNHCR updated its water, sanitation and hygiene (WASH) monitoring mechanism, including information on WASH operations in 152 sites across 29 countries, which provide services to over 4.2 million refugees. The Office is also piloting innovative technologies to monitor real-time water service levels in operations in Iraq, Kenya, Rwanda, the United Republic of Tanzania and Uganda, which will help optimize water trucking and distribution patterns. UNHCR and UNICEF launched a joint action plan for the period from 2020 to 2021, aimed at increasing refugee and returnee children’s access to protection, education and WASH services.

UNHCR updated the Standardised Expanded Nutrition Survey website, providing new guidance, data collection tools and trainings, which can be used to encourage collaborative needs assessments and intervention planning. The Office strengthened collaboration with WFP through the joint programme excellence and targeting hub to promote refugee protection and self-reliance in Algeria, Cameroon, the Democratic Republic of the Congo, Jordan, Mozambique, Rwanda and Zambia.

In 2020, UNHCR increased its engagement in inter-agency coordination efforts regarding global nutrition and food security to advocate the inclusion of refugees. This included engaging in the development of the “Global action plan on child wasting”; the 2020 edition of the “Global report on food crises”; and the inclusion of refugees in integrated food security phase classification, a multi-partner initiative for improving food security and nutrition analysis in Djibouti, South Sudan and Uganda. This work will help better understand the challenges that refugees face in this area.

UNHCR achieved its “grand bargain” commitment to double the proportion of its assistance provided through cash by 2020. Some \$2.4 billion in cash assistance has been delivered since 2016 in over 100 countries, and cash assistance now exceeds in-kind assistance. Monitoring after the distribution of cash assistance and evaluations at the country level indicates that cash, together with in-kind assistance and access to services, helps prevent displaced populations from resorting to negative coping mechanisms. Since the launch of UNHCR’s “Strategy for the institutionalization of cash-based interventions (2016-2020)”, over 5,000 personnel and partner staff have been trained, and guidance, tools

and mechanisms have been developed to ensure the effective implementation of cash programmes. This included CashAssist, UNHCR's cash management system, which is being implemented in 10 operations, with plans underway to roll it out in 50 other operations over the coming years. Moving forward, UNHCR will pursue the sustainable use of cash assistance, aligning it with social safety nets and livelihood opportunities, while leveraging it to further the financial inclusion of persons of concern, social cohesion and local economic development in host countries.

The pledges made at the Global Refugee Forum helped advance economic inclusion and self-reliance. Some 130 pledges and over 110 good practices were submitted in the focus area of jobs and livelihoods, including commitments to support the "Prospects partnership". This international partnership programme, involving the Government of the Netherlands, the World Bank, the International Finance Corporation, the International Labour Organization, UNICEF and UNHCR, aims to improve prospects for forcibly displaced persons and their host communities. It will do so through focusing on the nexus between education, protection and employment, and shifting from a humanitarian to a development approach.

During 2020, UNHCR continued to collaborate with governments and private-sector partners to provide access to primary education for refugee children who are out of school. Considering the effects of COVID-19, UNHCR is working with relevant stakeholders to facilitate a safe return to school for refugee children, their teachers and the wider community. The Office also strengthened its response in related areas, including girls' education, preventing child marriage and promoting safety in schools.

UNHCR established the Secondary Education Working Group, a global platform, to increase secondary school enrolment for refugee and crisis-affected children in collaboration with 16 partners, including international NGOs, States and donors. The secondary education initiative also provided funding to 14 countries to advance the inclusion of refugees in secondary education programmes in collaboration with relevant ministries.

In the first half of 2020, UNHCR, with the support of the Albert Einstein German Academic Refugee Initiative (DAFI), provided scholarships to over 7,000 students with a moderate intake of 150 students due to COVID-19-related restrictions. An additional 12,500 refugee students accessed tertiary education through certified connected higher education degree and bridging programmes. In addition to launching the expansion of the Instant Network Schools programme, UNHCR hosted an "ideation challenge" as part of the Humanitarian Education Accelerator, which helps to identify and scale innovative continuous learning approaches for refugee-hosting communities around the world.

### **C. Impact of COVID-19 on UNHCR's Global Programmes**

In the context of the COVID-19 pandemic, UNHCR focused its support to health systems in areas that could be scaled up in low-resource settings. This included training partners on COVID-19 surveillance; case management of patients requiring oxygen therapy; contact tracing, isolation and quarantine procedures; and communication with communities. National health services in Bangladesh, Cameroon, Chad and Uganda were supported to provide refugees and host communities with case management. UNHCR continued to work to ensure access to personal protective equipment (PPE) and testing for persons of concern and host communities.

Adaptations were made in the provision of health and nutrition services to reduce gatherings at clinics and face-to-face consultations (e.g. providing people with chronic diseases with a three-month supply of medication and arranging follow-ups through home visits or by telephone). To reduce the frequency of gatherings, two months of food assistance was also provided. The admission criteria for children into acute malnutrition programmes were simplified, and mother-led mid-upper arm circumference (MUAC) screening was initiated to ensure the enrolment of wasted children into treatment programmes in countries including Ethiopia, the Sudan and the United Republic of Tanzania. The provision of mental health and psychosocial support (MHPSS) became progressively important due to

higher levels of distress and insecurity among refugees. In this regard, remote consultations increased significantly through tele-counselling, and the training of staff in helplines and of first responders in psychological first aid.

UNHCR continues to focus on COVID-19 preparedness, response and service delivery with the aim of ensuring access to health services for all. This includes providing support to national systems and assistance with addressing increased rates of infection. Hygiene practices play a central role in COVID-19 mitigation measures, and to this end, UNHCR has focused on increasing access to water and the distribution of hygiene materials, as well as community outreach programmes to promote safe hygiene practices. Strong collaboration with other actors in public health, reproductive health, MHPPS and nutrition continue to support UNHCR's preparedness and response efforts. UNHCR collaborated with a wide range of actors to develop and support the implementation of new guidance on public health responses; WASH; sexual and reproductive health and HIV continuity of services; food assistance; continuity of nutrition services; and MHPSS. Actors included: the World Health Organization, WFP, UNICEF, the International Organization for Migration, the United Nations Population Fund, the International Federation of Red Cross and Red Crescent Societies and the Inter-agency Working Group on Reproductive Health in Crises.

In response to the COVID-19 crisis, a dedicated live page and dashboard was created on the Global Shelter Cluster (GSC) website compiling Inter-Agency Standing Committee and shelter-related guidance from different countries and organizations in multiple languages. This includes guidance on key issues such as tenure security and how shelter and settlements programmes can help mitigate the spread of COVID-19. The GSC provided 159 days of mission support to country-level clusters in Burkina Faso, the Democratic Republic of the Congo, the Sudan and Turkey.

The pandemic has had disproportionate socioeconomic impacts on refugees, leading to significant losses of jobs and income. In order to better understand the impact of COVID-19 on household welfare, UNHCR, in collaboration with the World Bank, the World Bank-UNHCR Joint Data Center and the National Bureau of Statistics, is implementing a series of COVID-19 socioeconomic surveys, including in Kenya and Uganda, for refugees, stateless persons and nationals. Initial results from Kenya reveal that compared to nationals, refugees are less likely to be employed, are more likely to go to bed hungry, have much lower education attainment and have significantly less access to health services. The survey data will help identify gaps and opportunities, support evidence-based advocacy and better inform the design of related programmes.

Refugees tend to be concentrated in sectors with high levels of temporary, informal or unprotected work characterized by low wages and a lack of social protection. Their challenges have been compounded by lockdown measures, further endangering the food security of refugees and their ability to meet their basic needs, leading many to resort to negative coping mechanisms. UNHCR is responding to these impacts by bridging cash assistance to help to meet basic needs, while also supporting markets and local economies, building longer-term resilience. Over 65 operations have assisted 3 million vulnerable people with cash assistance as a means of empowering families to meet their basic needs and to mitigate some of the negative socioeconomic impacts. The importance of cash in the COVID-19 response is expected to increase, with an emphasis on including displaced persons in social protection systems and through post-distribution monitoring.

In line with the Global Compact on Refugees, UNHCR is leveraging its role as a convener towards inclusion in responses and filling gaps as needed. As of July, over 800,000 persons of concern in 50 countries have been supported with regard to livelihoods. Ongoing advocacy is underway to ensure that refugees are included in national social protection, with a number of countries already including refugees in social safety nets, and others extending social protection schemes to reach informal workers.

Refugee employment and entrepreneurship in high-demand sectors are being facilitated through collaboration with governments, private-sector and development actors. In response to the pandemic, the employment of refugees as doctors and health workers has been enabled in Europe and Latin America, while in Mexico the recognition of these

qualifications of refugees is being expedited. The production of essential items by refugees, such as PPE, masks and soap, is also taking place in many countries, using the MADE51 partnership model with local social enterprises where possible.

Enhancing access to finance and loans is a critical enabler for economic recovery. UNHCR is working with microfinance institutions to support refugees during these difficult times, including through restructuring or refinancing loans, halting repayment and promoting digital services. Collaborations with financial service providers and banks have been seen in Cambodia, Kenya, the Philippines, Rwanda, Uganda and several European countries.

#### **D. Conclusion**

Advancing its global programmes remains a key priority for UNHCR. With this in mind, the Office proactively adapted its global programmes to effectively address the challenges presented by COVID-19. Such efforts entailed collaborating with partners; providing a prompt response, including the rapid scale-up of cash assistance; and promoting the inclusion of forcibly displaced people in national systems. UNHCR will continue to ensure that support to refugees, IDPs, stateless persons and returnees is comprehensive and tailored to their needs.

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