In Kosovo, the government established the national coordination mechanisms and enforced COVID-19 preventive measures as of beginning of March 2020. The Public Health Emergency was declared on 16 March 2020 and strict restrictions have been imposed since.

As of beginning of pandemic, UNHCR in close cooperation with WHO and responsible authorities ensured access to COVID-19 related information available in eight languages to enable asylum seekers, refugees, displaced persons and voluntary non-majority returnees in urban and rural settings to access information in a language they understand. A two-way communication mechanism for the most vulnerable women, men, boys and girls, forcibly displaced persons has been early established by UNHCR. Advocacy at grassroot level, including through UNHCR Partners enabled inclusion of the most vulnerable persons of concern to access emergency assistance provided by municipalities on timely manner. UNHCR’s directly and through partners distributed food, hygienic packages and PPE assistance, information tools, legal aid and psychosocial counselling throughout Kosovo.

UNHCR activities focused on continuing, adapting and increasing delivery of protection, assistance and ensuring access to essential services, particularly with the most vulnerable displaced persons, asylum seekers, refugees and host communities. Immediate interventions to prevent spreading of the virus have been prioritized. UNHCR offered guidance and fact-based information on prevention measures, such as handwashing, social distancing, self-isolation and where to access healthcare services. Currently there are no reported cases of among asylum seekers, refugees, persons at risk of statelessness, internally displaced persons and voluntary non-majority returnees that are tested positive for COVID-19.

Considering the unprecedented impact that the COVID-19 outbreak has had as of beginning of April, UNHCR jointly with Partners initiated the comprehensive needs assessment targeting the most vulnerable persons of concern. In total, some 4,500 individuals were covered by this assessment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary minority returnees</td>
<td>2501</td>
</tr>
<tr>
<td>Internally displaced persons</td>
<td>1752</td>
</tr>
<tr>
<td>Persons at risk of statelessness</td>
<td>118</td>
</tr>
<tr>
<td>Asylum Seekers and Refugees</td>
<td>200</td>
</tr>
</tbody>
</table>

1 References to Kosovo shall be understood to be in the context of Security Council Resolution 1244 (1999).
2 UNHCR Partners: Civil Rights Programme Kosovo; Advancing Together; Kosovo Rehabilitation Centre for Torture Victims; Jahjaga Foundation.
Overall findings revealed that the COVID-19 pandemic is having a major impact on the socio-economic spheres of life for all persons of concern. The preventive measures undertaken by the government, such as strict limitations of the freedom of movement, suspension of procedures, reduced provision of services and other measures, have heavily affected welfare of the already vulnerable persons UNHCR cares for.

Confinement measures to increase social distancing, separate people within the asylum centres, collective shelters, but also in urban settings affected social interactions, further decreased employment opportunities and in due course increased vulnerabilities. In addition, restrictive measures affected social cohesion; it had an impact on mental health of particularly elderly population and increased SGBV incidence reportedly. While challenges to return home or integrate at the place of displacement persist, vulnerable communities are furthermore exposed to other shocks including inadequate living conditions, food security, poverty, limited access to social protection and economic inclusion. Deterioration of local dynamics and already fragile economies are expected to have long-term consequences within these vulnerable communities.

Consequently, during the COVID-19 pandemic, access to the most vulnerable populations through immediate assistance and actions to mitigate socio-economic conditions is considered essential, simultaneously ensuring early stage inclusion within the all recovery programmes.

**ASYLUM SEEKERS**

While the number of asylum seekers present at the centers was changing on a daily basis, an average of 200 asylum seekers were accommodated at three Asylum Centres (Magure, Vranidoll and Tauk Basce), majority from Syria, Iraq and Palestine.

<table>
<thead>
<tr>
<th>Country</th>
<th>Men</th>
<th>Women</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syria</td>
<td>37%</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Iraq</td>
<td></td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Palestine</td>
<td></td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Morocco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algeria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the government decision declaring the Health Emergency, all border crossings were closed. Nevertheless, since the onset of COVID-19, movements within the region has decreased, while sporadic arrivals and departures have been noticed. UNHCR's advocacy for the inclusion of refugees and asylum-seekers in national response plans as well as their free access to health facilities and services was duly taken into consideration. Medical screening, testing and designated quarantine premises have been established by the authorities. Refugee status determination procedures have been suspended and are in the process of being resumed.

UNHCR sponsored connection to internet services in two asylum centers and provided pre-paid mobile cards which enabled asylum seekers to increase two-way communication and access information. The applicants are very happy and quite interested to learn more about COVID-19 related situation, measures and their rights. They were provided with leaflets advising on access to legal and psychosocial assistance. Virtual legal counselling, psychological counselling/treatment, online workshops, group therapy and psychosocial activities with children, women, youth and other vulnerable groups accordingly have been reinstated by UNHCR Partner. Individual and urgent interventions were considered duly by UNHCR, including provision of tent for initial medical check of the asylum seekers, delivery of the medicines, interpretation services, etc. Ten children have been registered in the elementary school and were supported to attend e-learning classes provided by the government. TV sets, computers, specific teacher/interpreter and schooling material were delivered only in one center so far. The system is being established in the second asylum center in Vranidoll.
Comprehensive Needs assessments with asylum seekers – findings

- Despite the measures taken by the authorities, asylum seekers are vulnerable to respiratory infections due to overcrowded living conditions, difficulties and inability of practicing social distancing as well as self-isolation.
- Lack of equipment for biometric registration hinders prompt access to adequate registration and profiling of asylum seekers.
- Language barriers and often limited access to interpreter’s, limits communication with the officials at the centers.
- Delays in provision of and application for social assistance.
- Delays in establishing online RSD procedures.
- Provision of adequate food for different age groups.
- Clothing for all ages and gender and seasons.
- Sanitary items for girls and women, baby diapers.
- Increased need for disinfection and hygienic kits due to other infectious diseases reported during this period remains a pressing need due to collective nature of habitation.
- Access to local health services is available however, language barrier and limited capacity of engaged medical personnel in addition to the financial obstacles in purchasing medicines increases reluctance of the asylum seekers to ask for help.
- Access to language courses remain of utmost importance.
- Limited availability of playgrounds, sport and leisure activities to enhance the wellbeing.
- Best interest determination procedures are not yet in place, which limits prioritization of treatment of unaccompanied and separated minors.
- There’s no Safe House for the SGBV cases among asylum seekers and refugees category of population.

REFUGEES

Persons granted subsidiary protection were provided accommodation by the authorities as provided by law, meeting all safety requirements for appropriate health conditions, however integration opportunities remain scarce. Access to health institutions is available. COVID-19 related Information through direct communication and specific brochures in Arabic language were shared by UNHCR on timely manner and communication has been maintained throughout this period. Through contacts, the psychological well-being and integration into social life and job market has been pursued by UNHCR. None of the persons with subsidiary protection status declared that they are discriminated, stigmatized or faced with xenophobia during the public health emergency. Food and Non-Food Items (NFI) assistance have been delivered by UNHCR. Legal aid and psychosocial counseling are being provided by UNHCR Partners.

Comprehensive Needs assessments with refugees - findings

- Unemployment.
- Relying on social assistance.
- Lack of language courses and communication in local language prevents full access to job opportunities, health and public institutions, hence dependent from interpreters.
- Due to suspension of the procedures, Refugee ID cards are pending issuance by the authorities which grant their residence permit and access to services.
- Inability to open bank account due to lack of refugee ID card.
- The apartments are partially equipped with furniture and housing appliances by the authorities.
- Need for access to internet – at least pre-paid mobile cards.
- Lack of food and hygienic items.
There are 118 persons at risk of statelessness, mainly belonging to Roma, Ashkali and Egyptian communities. Ninety-five (95) percent of personal claims are related to the late birth registration procedures, whilst only five (5) percent of persons of concern are in need for ID cards to be able to utilize access to rights. Vast majority of the requests for late birth registration of the adults are interlinked with the requests for their children registration. Unregistered persons are legally invisible and in very vulnerable position, thus excluded from an access to rights and services. All 81 families with 118 persons are living in extreme poverty and reside in deplorable living conditions, without regular source of income and/or employment and therefore their vulnerability has further increased as a consequence of the pandemic.

Alternative communication means were established with persons of concern with the support of the community advocates due to their extensive poverty and unavailability of other means of communication to realize their rights. Authorities have downsized all administrative and judiciary proceedings which envisaged working only with the essential requests. No cases on late birth registrations were classified as essential and thus were left on hold. With the support of the Civil Registration Agency (CRA) and upon UNHCR advocacy the online applications for birth registration were accepted but with limited success of solution provision in several municipalities. UNHCR advocated with CRA for issuance of the decision that would remove a legal requirement, including fees and penalties, foreseen for regular birth registrations that have occurred during the pandemic, namely extending an administrative deadline for the regular birth registration due to non-functionality of the Municipal Civil Status Offices (MCSOs).

Comprehensive Needs assessments with persons at risk of statelessness – findings

- Majority of these extremely vulnerable families live in overcrowded spaces which increases their vulnerability to pandemics.
- Online application although foreseen by law, was not available or functional in respective municipality webpages.
- Decisions for late birth registration due to downsized capacity of MCSOs were not either decided or issued, leaving unregistered children and adults entirely out of the assistance provision (particularly in situations when the delivery was preconditioned with the identity proof).
- Administrative and court procedures for review of appeals submitted prior to and/or during the pandemic period have been suspended, hence increasing the backlog.
- Due to lack of legal identity, this category of population had no freedom of movement and is excluded from all opportunities, i.e. employment, social protection, government grants, fiscal packages and benefit from government provided emergency assistance and the recovery support.
- Due to poverty, children lack access to internet, cable TV, other technical means and school material to follow online classes.
- Lack of access to medicines for chronic illnesses.
- Families are in dire need for food and hygiene packages.

INTERNALLY DISPLACED PERSONS (IDPs)

IDPs accommodated in collective shelters

Internally displaced persons continue to be in a disadvantaged situation in all spheres of life. Moreover, the inability to attain durable solutions to the forced displacement since 1999, amplified their level of vulnerability. The preventive measures against COVID-19 have further increased the vulnerability of this population group. COVID-19 measures effects were noticed mostly on elderly and those susceptible to respiratory infections due to overcrowded living conditions, inability of practicing social distancing and self-isolation. In general, IDPs, were
lacking food assistance and hygienic items which were to certain extent covered by other donors including UNHCR.

The unemployment rate among IDPs in collective shelters reaches 80%. For those few employed, there were no job losses reported so far, however there is a risk that some of the employers may cut jobs due to the reduced consummatory capacity among the population.

<table>
<thead>
<tr>
<th>Children</th>
<th>Women</th>
<th>Men</th>
<th>Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>31%</td>
<td>21%</td>
<td>21%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**IDPs in private accommodation**

Roma, Ashkali and Egyptian IDP communities face extreme poverty risks as a result of COVID-19 measures. The large majority relied on precarious self-employment, irregular daily work, collecting recyclable material or on other sources of income which could not be performed during pandemic. On top of economic related risks, the community faces inadequate living conditions, lack of hygiene, water-sanitation issues, low level of education, no access to communication means and to internet services.

On the other side, the Serb IDP community have been less affected as in one hand they benefit from both Kosovo and Serbian social services, and on the other hand are engaged in public employment. Reportedly, several IDP family residing in rural areas are engaged in farming facing difficulties to access the market to sell the products.

**Comprehensive Needs assessments with IDPs – findings**

- Lack of income – high unemployment.
- Insufficient food and hygienic items.
- Access to education - children could not attend distance learning, lacking means for distance communication due to poverty.
- Difficulties to apply for different financial assistance opportunities due to lack of mean for online applications and illiteracy.
- Difficulties on obtaining medicaments for elderly and those suffering from chronicle diseases.
- Use of official languages - absence of translations of COVID-19 related official statements and press releases issued by the local and central authorities resulted with delayed reach out to Serb speaking communities.
- Environmental risks in some locations due to the poor infrastructure and/or limited responses by municipalities.
- Lack of disinfection of community spaces and collective accommodations.

**VOLUNTARY NON-MAJORITY RETURNEES**

The preventive measures against COVID-19 had a significant impact on voluntary non-majority returnees increasing their level of vulnerability in general. The most affected are Roma, Ashkali and Egyptian returnee communities due to inability to perform daily informal work, mainly garbage collection for recycling purposes. In addition, the vulnerability is also linked to lack of durable solutions, inadequate living conditions, lack of hygiene, inadequate water-sanitation, low level of education, no access to online communication means and to internet.

The vulnerability increased among the Serb returnee community also, especially for the elderly and those with specific needs. Even though better supported by the Serbian and Kosovo institutions with social assistance and pensions, the restrictive movement measures affected Serb returnees in remote areas on accessing these services. Many Serb returnee farmers had no access to the markets for selling their products affecting their wellbeing as their investments is resulting with losses.
Women returnees have faced additional difficulties compared to other family members trying to cope with reduced or no incomes and the need to accommodate the family needs, especially with food and hygiene. The rate of unemployment among returnees is very high. Also, all those who used to work without contract and lost their jobs during the pandemic are at risk of not benefiting from the government fiscal package as private companies are reluctant to formalize their contracts.

Comprehensive Needs assessments with voluntary non-majority returnees – findings

- Lack of incomes - unemployment.
- Insufficient food and hygienic items.
- Sustainable shelter - 51 families/ 190 returnees lacking durable housing solution, are unable to pay the rent and are at risk of eviction from the owners.
- Environmental risks in some locations due to the poor infrastructure and/or respective services.
- Access to education – large number of children could not attend distance learning, lacking means for distance communication due to poverty.
- Difficulties in obtaining medicines for elderly and those suffering from chronic illnesses.
- Inability of registering newborn/birth registration due to decreased capacities of the municipalities including limited freedom of movement and lack of public transport means due to government COVID-19 imposed measures.
- Difficulties to apply for different financial assistance opportunities due to lack of ICT infrastructure, internet for online applications and illiteracy.
- Limited opportunities for inclusive social dialogue among non-majority communities and host community requiring community participation and empowerment.
- Inter-ethnic relations – there’s a lack or no communication between returnee and receiving communities which in some occasions results with distrusts event with security incidents.
- Use of official languages - absence of translations of COVID-19 related official statements and press releases issued by the local and central authorities resulted with delayed reach out to Serb speaking communities.

Sexual and gender-based violence (SGBV) among UNHCR Persons of Concern

During this period, there are 54 identified and reported survivors of sexual and gender-based violence (SGBV), mainly belonging to Roma, Ashkali and Egyptian communities. 75 percent of incidents are related to the denial of resources, opportunities and services and 25 percent are related to sexual and physical assault, forced (early) marriage and psychological/emotional abuse. As reported, in 95 percent of incidents, the perpetrator is a family member and in five percent, the perpetrators are from the community. Child labor and begging has increased during COVID-19 as consequence of lack of daily labor. It is worth mentioning that Courts were prioritizing and processing the cases of SGBV throughout this period. UNHCR to majority SGBV survivors provided food and hygienic assistance, legal assistance and psychological counselling.

Comprehensive Needs assessments with SGBV survivors – findings

- SGBV increase for 25-30% among persons of concern
- Uncompleted safe house for the Serbian community in northern Kosovo that requires refurbishment and installation of appliance.
- Lack of documentation among the survivors.
- Lack of alternative housing solutions and income security which prevails survivors to return and live with perpetrators.
- Inability to benefit social assistance which is usually assigned to the spouse perpetrator.
- Slow response by relevant institutions.
- Lack of food and hygienic items.
- Not able to attend online education due to lack of technical equipment and internet.