

UNHCR Regional Bureau for Middle East and North Africa

COVID-19 Emergency Response Update

8 April 2020

Algeria, Bahrain, Egypt, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, Western Sahara, Yemen, and Turkey¹

Key Figures

19 out of 20 UNHCR countries / operations are reporting COVID-19 cases in the region

The million

2020 planning figure for people of concern in the Middle East and North Africa



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COVID-19 cases reported among POCs in MENA

Regional Developments

Operational Context

The COVID-19 pandemic in the Middle East and North Africa (MENA) region is fast-evolving. Many countries in the region have progressively adopted measures to contain the spread of the virus.

UNHCR stands in solidarity with all the countries in the region as they face this enormous public health and socioeconomic challenge. Many of these countries are battling an economic downturn while also hosting millions of refugees and internally displaced persons

UNHCR has and will continue to ramp up its response to this new challenge in support of host countries, while ensuring that the most vulnerable are also protected – refugees, asylumseekers, stateless persons, the internally displaced (IDPs) and communities who are hosting them. National COVID-19 preparedness and response plans are the priority. **UNHCR will support and supplement national efforts** wherever needed. **COVID-19 does not discriminate.** It is crucial that all are included and supported in the national plans, including refugees, asylum seekers, migrants, and IDPs.

Governments are taking necessary measures to limit the spread of COVID, including **limiting freedom of movement**, with **border closures** effective in many countries (11 with partially open borders and seven with closed borders). These measures have further **heightened protection risks for UNHCR's people of concern**, impacting on **access to safety and to seek asylum**.

The impact of these government measures, however, is far-reaching, affecting all. Many have lost jobs and income opportunities or are unable to leave their houses to look for work. **Those living in the economic margins of society, including urban poor, and many refugees will be particularly affected.** UNHCR has already identified a spike in domestic violence and psychological distress among people of concern arising from isolation or loss of income, and has received reports of more families reverting to negative coping mechanisms. While COVID-19 is primarily a public health crisis, the secondary socio-economic and long-lasting impact of COVID-19 are in turn deepening a poverty and protection crisis.

¹ UNHCR Turkey reports to the UNHCR Europe Bureau, although operations in Turkey related to the Syria and Iraq Situations are included in the MENA update.





UNHCR Preparedness and Response

UNHCR is **staying and delivering**, and working with governments, partners and communities to ensure that **essential and life- saving assistance and services are being provided across 20 countries / operations in MENA**. This is already resulting in innovations, including **strengthening information networks** and **virtual / on-line systems** between UNHCR and persons of concern, and delivering **critical protection activities** including refugee status determination (RSD), resettlement, and two-way communication through remote means, in a manner that is secure and appropriate to the specific needs. **Cash assistance** is proving to be a critical modality, with refugees receiving cash grants several months up- front, to reduce unnecessary movements to collect cash each month.

At present, UNHCR's response to COVID-19 across MENA is focused on:

 Continuing, adapting and delivering protection and assistance to the most vulnerable, through strengthening monitoring and reporting mechanisms, and ensuring access to essential services, particularly in areas with high concentrations of refugees and IDPs living among host communities.

Advocating for the inclusion of refugees, IDPs and

 other marginalized groups into national public health and other responses, and supporting national systems to deliver health, WASH and shelter assistance directly to those who need it.

Prioritizing immediate interventions to prevent infections, through distribution of shelter kits, core

 relief items such as jerry cans and kitchen sets, as well as supporting access to water, sanitation and hygienic materials.

Strengthening communication with communities, as part of UNHCR's accountability to affected

 populations strategy. Dissemination of guidance and fact-based information on preventive measures such as handwashing, social distancing, selfisolation when needed, as well as where to access healthcare services.

Empowering individuals and families to make the best decisions on how to care for themselves, through cash- based assistance – a rapid and

efficient means to address poverty and address some associated protection risks. Cash will be particularly useful in enabling people to buy food, soap, water or pay their rent in the event of lockdown. **Freedom of movement** and **access to asylum** has been impacted by states' **restrictions on movement**, and in some cases, lockdown. Protecting public health is a priority and responsibility of States during this global crisis. UNHCR advocates for measures such as health screening, testing, quarantine and self-isolation to manage health risks while also respecting refugees' rights to access protection.

In instances where **quarantine measures** are being employed, UNHCR alongside UN agencies, advises on the **standards to be adopted and human rights principles that should be adhered to**. In **detention centres** where refugees, asylum seekers and migrants are held, UNHCR joins OHCHR and WHO in calling on public authorities to take immediate steps to address overcrowding in prisons and detention centres, including measures to respect WHO guidance on social distancing and other health measures.

Across MENA, hotlines, call centres and other remote modalities are being adapted and enhanced to provide support to people of concern, whether for protection-related issues or to report on active cases, or as a form of triage, such as in Algeria, Morocco, Tunisia, Jordan, Lebanon the Syrian Arab Republic (Syria), and Israel. Communication with communities has also been strengthened along with partners and other UN agencies, including in camps and camp-like situations or in urban areas with high concentrations of refugees. In Iraq, Jordan, Lebanon, Syria, Turkey, Mauritania, Tunisia, Morocco, Algeria and Yemen health awareness and sensitization campaigns on COVID-19 are being rolled out through health personnel, partners and community outreach volunteers. The dissemination of information, such as through bulk SMS message and social media, has been expanded in Lebanon, Jordan, Turkey, Libya, Egypt and Morocco – informing people of concern on how



to prevent infections of oneself and the surrounding community through personal hygiene measures, as well as identifying COVID-19 symptoms and where to access healthcare services.

Operations are addressing ways to ensure **protection and assistance to the most vulnerable** – including the elderly in assisted living and people living with disabilities. In **Kuwait**, the **Kingdom of Saudi Arabia**, and **Iraq, refugee status determination (RSD) interviews are being conducted remotely**, while in Jordan, remote RSD interviews are being piloted, followed by remote RSD assessments and reviews by UNHCR staff.

In response to an increasing number of refugees requesting cash support in March, **urgent cashbased assistance** is being mobilized in **Jordan, Iraq, Turkey, Yemen, Morocco** and **Egypt**, within available resources, to address vulnerable urban populations' protection needs. To ensure coordination, in **Morocco**, UNHCR is co-leading with UNDP a recently established Task Force on the socio- economic impact of COVID 19 with the Economic Commission for Africa, the World Bank and UN. In **Egypt**, UNHCR launched a mapping tool for agencies and partners to track the scope and size of assistance being provided with regard to COVID-19, to ensure effective support, coordination and resource mobilization.

Many refugees, IDPs and other people of concern live in **densely populated camps or informal settlements**, or in **poorer urban areas with inadequate health** infrastructure and WASH – water, sanitation and hygiene – facilities. In countries where there are camp, informal settlements or camp-like situations, such as in Yemen, Jordan, Turkey, Iraq, Syria, Lebanon, Mauritania and Algeria – UNHCR operations are following standardized guidelines and drawing up extensive preparedness response plans and measures to prevent or delay COVID-19 infections and any potential outbreak. A single coordinated response that involves multiple sectors, such as WASH, shelter, camp coordination and management and communitybased protection to name just some, is key.

Supplies are being prepared and pre-positioned as much as possible. These include medical equipment for facilities that benefit both people of concern and host communities, personal protective equipment for frontline healthcare staff at border areas and camps as well as disinfectant, in Iraq, Syria, Jordan and Turkey. WASH conditions are being improved and in the case of Mauritania, Al-Hol camp in north-east Syria, and Azraq camp in **Jordan** – isolation facilities for potential infected cases are being prepared. New distribution modalities for regular programmes of providing core relief items, cash or food have been adopted in Iraq, Syria, Jordan, Lebanon and Mauritania, to ensure that large gatherings are avoided, and social distancing is respected. In **Libya**, the situation of people of concern held in detention centres is particularly worrying, given the sub-standard sanitary conditions people are confined to, many of whom have existing medical conditions that make them vulnerable to COVID-19.

UNHCR is also working with UN partners to find solutions to **logistics challenge**s resulting from disrupted manufacturing capacity and border closures. This includes stepping up local and regional procurement.



A Syrian refugee woman puts a face mask on a boy as a precaution against the spread of coronavirus, in al-Wazzani area, in southern Lebanon. Photo © Ritzau Scanpix



Financial Requirements

To urgently support **COVID-19 preparedness and response** in situations of forced displacement, on 27 March 2020, UNHCR launched the revised **Coronavirus emergency appeal (USD 255 million)** for the coming nine months, which is fully in line with the UN's Global Humanitarian Response Plan of USD 2.01 billion, launched on 25 March. **Some USD 96.9 million are the prioritized requirements for MENA**. UNHCR's appeal is the first phase of **immediate, prioritized needs**. It is expected that needs will expand, and the appeal will be updated accordingly. Notwithstanding UNHCR's COVID-19 appeal, the continuation of regular programmes in MENA – already under-funded – is critical at this juncture in time. Many of these activities – not least protection responses by remote and regular provision of cash assistance – will also help people of concern to cope with COVID-19 and the subsequent protection and poverty crisis, even if not included in the prioritized appeal.



UNHCR and partner staff are carrying out COVID-19 awareness campaigns in most refugee and IDP camps in Iraq, including posters, leaflets and awareness raising sessions with the help of community outreach volunteers. Photo © UNHCR / Firas Al-Khateeb

Total contributed or pledged:

USD 104 million has been contributed or pledged (41% funded)

United States USD 64 M | Japan USD 23.9 M | UN CERF USD 6.9 M | European Union USD 6.2 M | Canada USD 1.8 M | Private donors USD 0.7 M

Unearmarked contributions:

Sweden 76.4 M | Norway 41.4 M | Netherlands 36.1 M | Denmark 34.6 M | United Kingdom 31.7 M | Germany 25.9 M | Switzerland 16.4 M | Private donors Spain 13.2 M

Contributed without restrictions on its use, unearmarked funding allows UNHCR critical flexibility in how best to reach refugees and other populations of concern who are in the greatest need and at the greatest risk.

Resources and links:

http://reporting.unhcr.org/covid-19

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