UNHCR Regional Bureau for Middle East and North Africa

COVID-19 Emergency Response Update #3

28 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 Turkey

Key Figures

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

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

0	COVID-19 cases reported among POCs in MENA

Regional Developments

Operational Context

As Ramadan commenced last week, many across the Middle East and North Africa (MENA) region will be facing a very different holy month – one where gatherings between friends and families to break fasts are restricted and one where providing meals could become uncertain. As Ramadan traditions are being adapted across the MENA region, strict curfew measures remain in place, with partial and full countrywide lockdowns mostly extended. However, in some countries, including in Jordan, Iraq, Syria and Turkey, Governments announced slight modifications to curfew restrictions as Ramadan approached, with longer hours in place for public movements.

On 23 April, UNHCR launched the global Ramadan campaign ‘Every Gift Counts’ to help raise funds, through Zakat and Sadaqah donations, to provide vital support such as shelter, food, clean water and cash assistance for the most vulnerable refugees and IDPs, including in Syria, Yemen, and Iraq. In light of mounting needs caused by the COVID-19 pandemic, the campaign will allow UNHCR to continue its regular programming but also fund additional activities that are focused on preventing and mitigating the effects of COVID-19.

Main Lines of Response

Continuing, adapting, and delivering protection and assistance to the most vulnerable

Strengthening communication with communities

Prioritizing immediate interventions to prevent infections and supporting access to services and materials

Advocating for the inclusion of refugees, IDPs and other marginalized groups into national public health and other responses, and supporting national systems to deliver assistance

Empowering individuals and families to make the best decisions for themselves, through cash-based assistance

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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.

2 In Mauritania, as of 26 April, there are no active reported cases of COVID-19, while 364 persons still remain in quarantine.
Highlights from the Field

National COVID-19 preparedness and response plans continue to be the priority, to the benefit of all. However, the inclusion of refugees, asylum-seekers, stateless persons and the internally displaced, can be challenging due to health system capacities, the financial resources of refugees themselves, and other compounding factors. Access to health services for people of concern is also a challenge in many of the countries that have implemented strict curfews and movement restrictions. Countries who have been ravaged by conflict, such as Syria and Yemen, have weakened medical infrastructure and services, meaning that the reliance on humanitarian actors is far greater.

Lebanon
UNHCR is committed to funding the temporary expansion of six Government hospitals and one private hospital, all seven being part of the UNHCR-contracted hospital network since the beginning of the Syria crisis. These expansions will contribute to enhancing the hospitals’ response capacity to treat COVID-19 infected patients, including refugees, through the provision of 285 additional hospital beds, and 39 additional ICU beds in the initial phase, and up to a total of 800 hospital beds and 100 ICU beds in subsequent phases based on the evolution of the pandemic. The six hospitals were selected based on their standards, expansion capacity and proximity to areas of high refugee concentrations.

Turkey
A Presidential Decision was issued on 14 April stating that under COVID-19 measures, all persons irrespective of whether they have a social security, will be exempted from costs associated with the following measures: all PPE; tests, kits and other equipment used for the detection of the virus; and medications used in any associated treatments.

Jordan
Following advocacy with the Ministry of Health, UNHCR’s health partner received movement permits for urban areas, allowing for the home delivery of non-communicable disease medication for over 7,000 refugees – as primary health clinics remain closed to abide by national regulations.

Kuwait
People of concern to UNHCR are included in Kuwait’s national response plan for COVID-19.

Libya
In support of the Libyan national health system, UNHCR has provided 200 mattresses, 200 hygiene kits, two prefabricated containers and two power generators to Misrata’s Corona Crisis Committee. UNHCR has also provided ambulances in support of local healthcare services.

Tunisia
Refugees are able to access public health services thanks to agreements reached with the Ministry of Health.
Protection and Poverty Crisis

Beyond the physical health effects of COVID-19, daily life for those living on the margins of society – the poor, the vulnerable, single mothers, the elderly, and living with disabilities – has become even more difficult. The socio-economic impacts of the pandemic are palpable, particularly amongst the internally displaced, refugees and asylum-seekers and disadvantaged host communities.

Livelihood opportunities are more limited than they were before the COVID-19 pandemic because of movement restrictions and strict curfews, tenure security is a fluid concept with many people of concern under the threat of eviction for not being able to pay their rents, and food insecurity is rising, not helped by inflating costs of basic goods in some countries and difficulties in accessing food.

In Turkey for example, UNHCR’s Counselling Line, which offers direct and personal advice to people of concern, received almost 19,000 calls since mid-March. Over one-third of all calls were related to financial concerns as a result of the impact of COVID-19. Similar trends have been observed across the region, including in Egypt, Israel, Algeria, Lebanon, Jordan and Iraq.

UNHCR has been putting in place several measures to mitigate the socio-economic effects of COVID-19, including adjusting vulnerability criteria that is used to determine who receives cash assistance, to ensure that families impacted by COVID-19 are not further marginalized. Cash assistance is also being used as part of COVID-19 prevention measures, helping families purchase basic hygiene items without the means to do so.

Jordan
Basic needs assistance for close to 33,000 families for April and May commenced in early April. To ensure large gatherings are avoided and social distancing measures are implemented, a daily staggered list for release has been developed mapping the families’ residence to the closest Cairo Amman Bank ATM, and ensuring that only a maximum of 50-60 individuals are mapped to a particular ATM. Based on this, the accounts are unfrozen on a daily basis and text messages are sent to the beneficiaries requesting them to access ATMs. By 26 April, 90 per cent of all families had withdrawn the assistance.

Iraq
UNHCR aims to assist 125,000 vulnerable families (over 625,000 people) from the refugee, internally displaced, and returnee communities in Iraq by providing them with cash so that they can purchase basic hygiene items to prevent the spread of COVID-19. During the past days, over 3,000 families have received cash assistance in Erbil.

With the apprehension faced by UNHCR’s people of concern to simply put food on the table, the levels of psychosocial distress and risk of sexual and gender-based violence are also rising. In Tunisia, mental health and psychosocial support through remote counselling have been reinforced to respond to increasing needs, such as acute anxiety, depression and insomnia. Psychologists from UNHCR’s partner have been conducting visits to shelters to provide individual and group support. In north-west Syria, displaced populations and host communities have shown high levels of psychosocial distress while available specialized mental health support remains extremely limited. UNHCR partners have taken key actions to strengthen the mental health and psychosocial response regarding COVID-19, with individual and Peer to Peer activities continuing as necessary. Mobility restrictions and isolation have put women and girls at heightened risk of sexual and gender-based violence and made it difficult for them to access help. In Syria, virtual awareness sessions on intimate partner violence have been carried out by UNHCR partners, aimed at raising awareness on the seriousness of such violence against females, while providing solutions that reduce such violence.
Global 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), which is fully in line with the UN’s COVID-19 Global Humanitarian Response Plan of USD 2.01 billion, launched on 25 March.

UNHCR’s appeal is the first phase of immediate, prioritized needs. So far, a total of USD 177 million has been contributed or pledged to the Global Appeal. Needs are increasing amid the COVID-19 pandemic, including in countries not presently included within the Appeal. UNHCR MENA is currently undertaking a second round of analysis to determine prioritized needs for its Operations, to feed into the next update of the UN’s Global Humanitarian Response plan.

While some activities may be specific to the COVID-19 response, many of UNHCR MENA’s regular activities – including protection response by remote means, provision of cash assistance, shelter and basic relief items - are helping to prevent potential outbreaks and bolster the resilience of our people of concern to cope with COVID-19 and the subsequent protection and poverty crisis. The continuation of regular programmes in MENA – already considerably under-funded – is therefore critical at this juncture in time.

USD 255 M
Requested for UNHCR’s COVID-19 response globally

Total contributed or pledged

USD 177 million has been contributed or pledged including:
United States 64 M | United Kingdom 25 M | Japan 23.9 M | European Union 17.9 M | Denmark 14.6 M | CERF 6.9 M | Canada 6.4 M | Ireland 3.3 M | Sweden 3 M | Sony Corporation 3 M | Education Cannot Wait 1.8 M | Qatar Charity 1.5 M | Australia 0.8 M | Private Donors 0.4 M | Portugal 0.1 M | Liechtenstein 0.1 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 | Private donors in Spain 20 M | Switzerland 16.4 M | Private donors in Republic of Korea 10.5 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:
• Access to health services is key to halting COVID-19 and saving refugee lives – Q&A: https://www.unhcr.org/news/latest/2020/3/5e7dab2c4/qa-access-health-services-key-halting-covid-19-saving-refugee-lives.html

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