

UNHCR Regional Bureau for Middle East and North Africa

COVID-19 Emergency Response Update #14

25 January 2021

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

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

17.4 million 2021 planning figure for persons of concern in the Middle East and North Africa



cases of active COVID-19 reported among persons of concern¹ including fatalities

Regional Developments

The COVID-19 situation in the **Middle East and North Africa** (**MENA**) region continues to stabilize in certain countries, while in some a resurgence of cases is being observed. Governments across MENA are beginning the widespread roll-out of COVID-19 national vaccination campaigns. While UNHCR is not procuring vaccinations—as this remains the prerogative and responsibility of governments—it is supporting refugee host countries through other COVID-preparedness and response interventions. Among these are critical health, sanitation, hygiene and logistical support as well as personal protective equipment (PPE).

In **Israel**, a first round of vaccinations was launched in late 2020, targeting elderly persons and those working in the health sector. The Ministry of Health (MoH) has instructed clinics and health centres to include non-citizen residents above the age of 55 (including asylum-seekers and refugees) into the MoH priority group so they can access the vaccine on par with Israeli citizens.

In January, **Jordan** also began COVID-19 vaccinations for refugees. As part of Jordan's national COVID-19 vaccination plan, anyone living in the country, including refugees and asylum-seekers, is entitled to receive the vaccine free of charge.

According to WHO Regional Office for Eastern Mediterranean, **Egypt** continues to experience an upward trend in cases. The MoH announced the first phase of vaccinations in the country would be conducted in January, prioritizing vulnerable groups and frontline workers. The country has started to implement renewed measures to control the spread of COVID-19 including mandatory face masks in public, and limiting the number of people in commercial establishments.

In **Mauritania**, the Government announced the adoption of special socio-economic measures to support vulnerable sections of the population. UNHCR is working with the Government, WHO and UNICEF to ensure that refugees are included in the MoH's vaccination plan as soon as the vaccine becomes available in Mauritania.

Main Lines of Response

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



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

¹ The breakdown of confirmed COVID-19 cases is as follows: Algeria (31), Egypt (40), Iraq (513), Jordan (1,928), Lebanon (2,355), Mauritania (9), and Yemen (6). The change in the number of confirmed COVID-19 cases among UNHCR persons of concern in MENA is a result of increased monitoring across Operations, and not indicative of a rise in COVID-19 transmissions.





Highlights from the Field

COVID-19 cases across **Iraq** continue to rise at a slightly lower rate compared to previous weeks, with an average of 1,300 daily cases during December (down from 2,100 daily cases during November), with the number of fatalities to date reaching 12,813. Meanwhile, in response to the new COVID-19 variant, the Government of Iraq and the Kurdistan Regional Government banned entry from the UK, South Africa, Australia, Denmark, Netherlands, Belgium, Iran and Japan. Iraqis returning from these countries need to quarantine for 14 days in locations designated by the MoH.

The Protection Working Group in Iraq's findings for round three of protection monitoring for refugees in response to COVID-19 covering November -December 2020 indicate that:

- The majority of households (HH) continue to feel well informed about COVID-19, sourcing information from the media and close acquaintances, with the highest degree of trust in government sources and increasing trust in aid agencies, possibly due to expanded communication efforts;
- 60 per cent of surveyed HH reduced overall food consumption and took on debt despite the rollout of winterization and humanitarian cash assistance, with nearly a third of HH now reliant on humanitarian cash assistance (up from 22 per cent in Round 1);
- Less than half of the boys and girls enrolled in formal primary and secondary school prior to COVID-19 continued schooling at home after physical school closures, with most parents still feeling unable to support children's at-home learning;
- Governorates where Mental Health and Psychosocial Support Services (MHPSS) were available corresponded with lower levels of anxiety, suggesting these programmes' efficacy.

Through its Communication with Communities (CwC) partner, UNHCR completed a mask-making campaign in Duhok Governorate reaching 9,406 individuals (2,869 IDPs, 5,334 refugees and 1,203 host community members). Mask-making awareness sessions were conducted through video, household visits, and the provision of leaflets with mask-making instructions by WHO and the Centre for Disease Control and Prevention.

In Jordan, UNHCR continues to respond to COVID-19 in camps, working closely with the MoH and the Syrian Refugee Affairs Directorate. MoH teams continue surveillance and contact tracing exercises in the camps, while confirmed cases are being quarantined either in their own shelters or at isolation sites and transferred to hospital as needed, as per the established protocol. In urban areas, UNHCR community-based protection teams are following-up on individual cases through phone counselling, to better understand the impact of COVID-19 on urban refugee populations and assess the needs.

In **Lebanon**, though the number of COVID-19 cases remained high during the reporting period (with an average of more than 1,500 new cases per day), authorities worked to accommodate concerns over the dire economic situation in the country by easing restriction measures during the end-of-year holiday period. Consequently, a significant increase in cases with record daily numbers was reported by the end of December, with hospitals reaching near full capacity for COVID-19 treatment.

Outreach volunteers continued to raise community concerns related to fears over the spread of COVID-19, especially in schools. They report an increase in school dropout rates to pursue child labour, in addition to a significant lack of awareness about complaint mechanisms related to basic assistance among refugees, especially in the North and in the Bekaa. WASH/Shelter concerns also continued to be raised mainly in Baalbek, Bekaa and North Lebanon, particularly relating to the dire need for tent sheeting and tent renovation capable of resisting storms during the winter season.





Jordan: Iraqi refugee Ziad receives the COVID-19 vaccine at a clinic in Irbid, Jordan. His wife Raia became the first UNHCR-registered refugee in the country to receive the vaccine. The couple fled the Iraq conflict in 2006. They were prioritised for the vaccine because Ziad has chronic diseases and is high-risk. © UNHCR/Jose Cendon

In **Syria**, as of 31 December, UNHCR has reached 210,365 individuals across the country through 8,000 WhatsApp groups, as well as 419,578 individuals (refugees, IDPs and host community members) through outreach volunteers. In addition, between March and end-December 2020, UNHCR received 144,943 calls through hotlines on issues related to child protection, gender-based violence, legal matters, health, and mental health and psychosocial support (MHPSS). UNHCR has so far distributed 235,100 examination gloves and 283,339 surgical masks in community centres, distribution points, to emergency teams, health facilities and to outreach volunteers. In north-west Syria, there are currently 37 operational community-based treatment centres for patients with mild-to-moderate cases of COVID-19.

For the urban refugee programme in **Algeria**, UNHCR Algiers distributed digital tablets to beneficiaries of the DAFI scholarship to support distance learning following the partial resumption of university studies. UNHCR's partner continues to assist children in pursuing their studies in primary and secondary school. Meanwhile, UNHCR continued to provide additional cash assistance to support vulnerable asylum-seekers due to the precarious situation; a new round of cash distributions took place in November and December for some 600 refugees. Since the beginning of the pandemic, over 1,062 persons of concern have been provided with cash assistance through adapted distribution modalities, including home delivery and mobile teams.

For Sahrawi refugees living in the camps around Tindouf, basic and essential life-saving services continue to be provided. UNHCR is coordinating the COVID-19 response in the camps, alongside the Sahrawi health experts and the health department in Tindouf. Critical WASH services have been maintained, with thanks to partners present on the ground. UNHCR is continuing rehabilitation and equipping of Rabouni's central hospital to adapt it to the new context. UNHCR is also supporting with the establishment of a specific COVID-19 ward in the same hospital by equipping the inpatient ward with adapted equipment and installation of an oxygen system.

In light of increasing COVID-19 cases in **Egypt**, outreach and assistance has remained significant: 40,384 individuals benefited from protection counselling in 2020; 6,511 persons of concern were assisted with free legal assistance and counselling; 3,012 GBV survivors were assisted, as well as 4,000 unaccompanied or separated children. The Community-Based Protection team addressed 4,573 individual cases. However, refugees and asylum-seekers in Egypt continue to report on deteriorating living conditions and growing despair due to their socio-economic situation, which has been heightened by the pandemic.



In 2020, UNHCR and its partners implemented 43 quick impact projects (QIPs) in **Libya** with the active participation of host communities and IDPs and in consultation with national authorities. To overcome the challenges that accompanied the pandemic, UNHCR supported the local community in its COVID-19 response by aiding health facilities. COVID-19 created further strains on the already burdened health sector in Libya, which was weakened by the country's unstable security situation. In 2020, UNHCR supported several municipalities, hospitals and schools with medical and school supplies, with assistance reaching across Libya. During the reporting period, partner CESVI provided a total of 177 refugee/asylum-seeker households (466 individuals) with cash assistance, however the ongoing national liquidity crisis continues to be a factor for lower cash-based intervention capacity.

While the crisis has severely impacted refugees and asylumseekers across **Morocco** — with increasing vulnerabilities, limited resources and little to no access to income earning activities — these impacts continue to be acutely felt during the current period, with ongoing curfews and movement restriction measures between cities impacting on access to livelihood opportunities for persons of concern.

In **Israel**, the effects of the pandemic have left most in the refugee community unemployed with increasing food needs and lack of resources to cover their rent and bills. While some national programmes to provide food supply exist, available resources are limited and food is becoming increasingly scarce for persons of concern, as their needs increase rapidly. UNHCR is currently evaluating its cash assistance programme for 2021 to meet the evolving needs.

In **Yemen**, critical assistance continues to be delivered in areas with a high density of displaced populations. UNHCR has adopted new distribution modalities and suspended large-scale activities that drew crowds to ensure assistance is delivered in a safe manner. Additionally, while boat rotations have been suspended since mid-March, during the reporting period UNHCR and partners continued to counsel and register refugees for the Assisted Spontaneous Return Programme at the Return Help Desks in Basateen and Mukalla, in Aden UNHCR has begun renewing documentation for refugees and asylum-seekers whose documentation expired since the beginning of the crisis. Documentation renewal outreach missions are ongoing to discourage unnecessary movements of persons of concern between cities; missions have been conducted in Oujda, Tangier, Marrakesh, Fes and Agadir with up to 3,000 documents renewed so far throughout Morocco. Meanwhile, over 90 income generating activities have been supported since September to assist refugees in relaunching their business activities and encourage self-reliance as cash assistance remains insufficient given the increasing number of vulnerable households in Morocco.

and Hadramaut governorates. Over 1,200 refugees have been registered to date for future departures. UNHCR is working with partners in Yemen and Somalia to resume boat voyages and provide refugees with safe returns, when conditions allow. Finally, UNHCR and partner inaugurated one of Sana'a's largest and fully equipped Intensive Care Units at Al-Gomhori hospital on 11 January. Once fully functional, the facility will receive and treat 4,000 emergency cases annually, serving both refugees and host community members.



Global Financial Requirements

UNHCR is grateful for the timely, generous, and flexible support of donors in 2020. So far, a total of USD 473 million (63 per cent) has been contributed or pledged to the UNHCR Global Appeal 2020 out of USD 745 million required.

UNHCR's <u>COVID-19 Supplementary Appeal 2021</u> is seeking an additional USD 455 million, with USD 18 million received so far. A more detailed update on 2021 will be provided in the next MENA COVID-19 update.

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:

- UNHCR's 2021 Supplementary Appeal
- For MENA regional and country reports on COVID-19 response, please visit <u>UNHCR Global Focus</u>; <u>UNHCR Operational Portal</u> (Syria Regional Refugee Response); and <u>Regional Refugee and Resilience Plan website</u>
- Support UNHCR's COVID-19 preparedness and response plans: https://giving.unhcr.org/en/coronavirus/
- UNHCR MENA's COVID-19 Emergency Education Response Update (November 2020)



Jordan: Fatemeh, 85, a Syrian refugee from Zaatari Camp, is helped by a nurse before receiving her COVID-19 vaccine at the Department of Chest Infection Health Clinic in Mafraq, Jordan. © UNHCR/Shawkat Alharfosh

For more details, please contact UNHCR MENA Regional Office in Amman (Jordan) at: MENAreporting@unhcr.org