UNHCR Regional Bureau for the Middle East and North Africa

COVID-19 Emergency Response Update #19

1 – 31 May 2021

Operational Areas: 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 people of concern in the Middle East and North Africa (2021 planning figures)
- 12,930 cases of COVID-19 reported among persons of concern to UNHCR from March 2020 to May 2021, including fatalities
- 19 out of 19 countries in the MENA region have confirmed the inclusion of refugees in their national vaccination programmes or plans

Regional Developments

Across the Middle East and North Africa (MENA) region, refugees in 15 countries have already started receiving COVID-19 vaccinations. These countries in MENA are among 91 countries of the 162 countries worldwide monitored by UNHCR where refugees are receiving vaccinations. UNHCR is calling on States to remove barriers for refugees and asylum-seekers to access vaccines. Hurdles for people of concern include a lack of identity documents, vaccination sites being far from where refugees live, the real or perceived cost of vaccine services, technology barriers, language barriers, as well as the lack of information, misinformation and limited opportunity to ask questions.

In Jordan, successfully, a third of camp-based refugees eligible for the COVID-19 vaccine (some 13,500 and which excludes children under the age of 18 and pregnant women) have already received at least their first dose of the vaccine in the refugee camps, with the number of vaccinated refugees having more than tripled during May. Refugees living in urban areas and cities in Jordan have also been receiving their COVID-19 vaccine through the Ministry of Health’s programme.

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

* UNHCR Turkey reports to the UNHCR Europe Bureau, although operations in Turkey related to the Syria & Iraq Situations are included in the MENA update.
In the Sahrawi refugee camps in Algeria, a decreasing trend of positive cases was observed during May – following months of rising cases. The first round of the camps’ vaccination campaign ended on 15 May, with second doses of the vaccine due to be administered in June. Over 760 Sahrawi refugees have already been vaccinated. UNHCR and partners worked with Ministry of Health personnel to provide logistical support and provide incentives for support staff working on the campaign.

In Egypt, UNHCR has significantly enhanced its registration processing capacity, with estimations that registration backlogs will be eliminated or significantly reduced by the end of 2021. The focus will be on document renewal for 7,350 cases (17,372 persons) and some 900 new registration interviews. The backlog was a result of COVID-19 related restrictions – which included a five-month suspension of all registration services, except for emergency cases. Meanwhile, since the start of this year, UNHCR has continued to conduct remote Refugee Status Determination (RSD) interviews with stringent procedural and integrity standards in place. During the month of May, 1,533 interviews were conducted with 2,851 individuals, and 1,781 decisions were finalized for 3,034 individuals.

Additionally, to help improve the socio-economic situation of refugees and asylum-seekers in Egypt following the onset of the COVID-19 pandemic, some 1,800 families were provided with a one-off basic needs cash grant, expected to cover 65 per cent of the survival minimum expenditure basket for three months. Eligibility was determined on the basis of poverty level and specific needs.

Due to the low coronavirus morbidity in Israel, almost all pandemic restrictions were lifted as of 1 June. While many people of the asylum-seeker community are slowly returning to work and children have returned to school, poverty and destitution remain, with many community members having accumulated debts throughout the past year and a half. Thus, much assistance is still needed in terms of food security and basic needs to address the poverty impact of COVID-19.

In Jordan, following a continued downward trend of daily recorded COVID-19 cases, the Government started lifting a number of restrictions during May, including Friday lockdowns and extended curfew hours. Cases among refugees in camps continue to be well below the national average, with 3 per cent of the refugee camp population testing positive compared to 7 per cent of the total Jordanian population.

In the Kingdom of Saudi Arabia, UNHCR has been responding to address the exceptional needs of people of concern impacted by the COVID-19 pandemic. One-off cash assistance has been provided to targeted families who have been identified as more vulnerable due to restrictions implemented to curb COVID-19. UNHCR continues to be engaged with populations of concern, monitoring their overall general situation in Bahrain, Oman, Qatar and Saudi Arabia through different communication channels while adhering to COVID-19 measures. In the United Arab Emirates, UNHCR has been able to verify that people of concern have access to COVID-19 vaccinations, irrespective of their residency status and whether holding expired identity documentation.

During May, the overall number of positive COVID-19 cases in Lebanon and among refugees continued to significantly decrease, alongside the rates of hospitalizations and deaths. During May, UNHCR resumed in-person border monitoring activities for the first time since the total lockdown was reintroduced in January 2021. Visits will continue on a weekly basis under the present circumstances. Community-based protection teams resumed some in-person activities at community centres, coupled with online modalities. Additionally, in-person outreach by community health volunteers, outreach volunteers and education community liaisons has been increased over the past weeks. Outreach volunteers are also conducting intensive vaccine awareness campaigns in all locations, though refugees have displayed hesitancy thus far.

UNHCR in Lebanon conducts protection monitoring with partners on an ongoing basis to analyse overall trends in the protection environment and risks facing refugees, including the impact that COVID-19 is having on their lives.

Data elicited through protection monitoring across Lebanon during the first quarter of 2021 has confirmed that refugees face more and more difficulties in meeting their basic needs in a safe and dignified manner, many have had no choice but to resort to harmful coping strategies to survive. More than 6,800 households were interviewed.

Reducing spending on rent/ not paying rent rose over the quarter (from 53 per cent to 64 per cent) and is now nearly even with reducing spending on food and skipping meals (67 per cent), which is the coping mechanism that
The Refugee Housing Unit is an innovative, prefabricated shelter solution that has been utilized by UNHCR as part of the COVID-19 response, including for screening and isolation of cases.

Most refugees resort to. Two worrying trends emerged during the first quarter of 2021 concerning the economic capacity of refugee families. First, there was a rise in loss of employment and/or livelihoods (from 54 per cent to 61 per cent), and second, more refugees are borrowing to meet their basic needs, with nearly half resorting to buying food on credit, and over half borrowing money. With rising levels of debt and shrinking income and livelihood opportunities, refugees may soon lose access to credit and with it their primary means of obtaining food, shelter, healthcare, and other basic needs.

In Mbera camp in Mauritania, refugee community leaders and health workers, as well as UNHCR staff operating in the camp, received their first dose of the COVID-19 vaccine. Meanwhile, in Bassikounou as part of measures to curb and prevent the spread of COVID-19, UNHCR distributed 12,500 masks to the refugee community.

In the Syrian Arab Republic (Syria), where only 58 per cent of hospitals are fully functional, COVID-19 has added more pressure on an already strained healthcare system. UNHCR continues to support through provision of critical medical equipment, establishing isolation and quarantine sites, distributing personal protective equipment, among other interventions. In mid-May, UNHCR began distributing 500,000 face masks to UNHCR’s field offices, the Ministry of Health and the Ministry of Higher Education, intended to support frontline health workers in health facilities country-wide. Following UNHCR’s advocacy, refugees have been included in the national COVID-19 vaccination plan. In May, 33 refugees who are in the priority groups received their first dose of the vaccine.

In Morocco, 115 refugees have been vaccinated following the Government’s confirmation that migrants and refugees are included in the national COVID-19 vaccination campaign. Meanwhile, protection interviews, counselling, psychosocial support and identification of refugees’ needs continued to be conducted both in-person and remotely through protection hotlines. Since the start of 2021, over 500 counselling sessions have been conducted through UNHCR’s protection hotlines, of which 30 per cent have been for women.

In the north-west Syria, UNHCR organized four trans-shipments in May, of a total of 5,800 core relief items and 2,000 tents, for distribution by partners in Idleb and Aleppo Governorates. As part of the COVID-19 response, WASH and Health Cluster members have so far provided more than 420,000 people with additional soap as part of non-food item (NFI) distributions in 2021, including 20,000 in May.

During May, UNHCR in Tunisia donated and installed three Refugee Housing Units 1 to two vaccination centres in Medenine and to the regional hospital in Zarzis, as part of continuous efforts to strengthen the local authorities’ public health mechanisms. UNHCR also donated a fully equipped ambulance to the Ministry of Health.

Findings of the third-round of the Protection sector inter-agency needs assessment have been issued for Turkey. The assessment was carried out via 16 sector partners and ten municipalities in January 2021 with a sample size of 1,173 individuals. The comparative analysis aims to provide an overview of the impact of COVID-19 on refugee communities over a period of time. Overall, the levels of information on rights and services remain high, with 75 per cent of respondents indicating to have enough information on rights and services, and 89 per cent indicating to have received information in their own languages. Access to essential services has deteriorated slightly over time. The employment status of a large majority (76 per cent) has been negatively impact, as indicated in previous rounds, with the prospects of securing employment decreasing steadily since the first round of assessments in June 2020.

1 The Refugee Housing Unit is an innovative, prefabricated shelter solution that has been utilized by UNHCR as part of the COVID-19 response, including for screening and isolation of cases.

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In Yemen, the vaccination campaign is ongoing in southern governorates, where some 54,000 persons have been vaccinated to date. Since the beginning of the campaign the turnout of people willing to be vaccinated has not been as high as expected by the authorities, partly due to lack of awareness and misinformation on the vaccine. Nevertheless, during the last week of May, health facilities saw an unprecedented turnout for vaccinations after the Kingdom of Saudi Arabia made it mandatory for visitors from Yemen. During May, UNHCR-supported clinics in the Basateen neighbourhood in Aden and Kharaz refugee camp in Lahj governorate, receiving over 80 patients with COVID-19-like symptoms and providing medication where needed. In addition, UNHCR distributed hygiene kits and NFIs to 1,800 refugee and asylum-seeker families.

To mitigate the socio-economic effects of COVID-19 in Yemen and ensure families have the necessary means to cover their most basic needs, UNHCR has supported some half a million vulnerable displaced Yemeni and refugees (some 83,000 families) with multi-purpose cash assistance. This critical assistance is helping families afford their food, shelter, and health needs, among others, and is contributing to reduce the number of households resorting to harmful coping mechanisms.

Global and MENA Financial Information

In 2021, UNHCR is seeking USD 924 million, of which over 50 per cent is mainstreamed in the annual budget and some USD 455 million is sought through the COVID-19 Supplementary Appeal, for activities in 2021 related to the exceptional socio-economic and protection impacts of COVID-19. As of 22 June, UNHCR’s total financial requirements for the COVID-19 Emergency are 28 per cent funded, with USD 254.3 million received (inclusive of indicative allocations of softly earmarked and unearmarked funds), of which USD 75.5 million is for the MENA region.

Resources:

- UNHCR’s 2021 COVID-19 Supplementary Appeal
- For MENA regional and country reports on COVID-19 response, please visit – UNHCR Global Focus; UNHCR Operational Portal (Syria Regional Refugee Response); and Regional Refugee and Resilience Plan website