COVID-19 Emergency Response Update #10

23 July 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

- **20** 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
- **175** cases of active COVID-19 reported among POCs including fatalities

Regional Developments

Operational Context

On 30 June, the fourth Brussels Conference Supporting Syria and the Region conference was held. The impact of COVID-19 on host communities and refugees featured through the Conference, compounding the existing economic downturn and further exacerbating protection risks for the most vulnerable. With USD 5.5 billion for 2020 and USD 2.2 billion in multi-year funding pledged, the international community reaffirmed their commitment to Syrians and the region.

Inside Syria, more than 11 million people are in need of aid and protection. As of 20 July, 522 laboratory-confirmed cases have been reported by the Ministry of Health and 25 fatalities. Of the 4.1 million people living in north-west Syria, 2.7 million people are estimated to be internally displaced. As of 15 July, eight COVID-19 cases have been confirmed in north-west Syria, with humanitarian and health partners continuing efforts to mitigate against the spread of the pandemic. Contact tracing has been activated, and people who have been in contact with the individuals have been advised to self-isolate and be alert to potential symptoms. Persons exhibiting symptoms are being tested for COVID-19. Precautions against a potential spread of the virus have been scaled up, including restrictions on movements, gatherings, and commercial activities. As of 12 July, more than 2,500 samples had been tested for COVID-19. With the confirmation of the first positive cases of COVID-19 in north-west Syria, UNHCR has requested all its partners to prioritize online awareness raising messages on COVID-19 and mitigation measures.

Despite the COVID-19 pandemic, in 2020 UNHCR has quadrupled its emergency response and support through its cross-border operation from Gaziantep, Turkey. In total this year (January to June), over 250,000 people have received non-food item (NFI) kits, and over 20,000 households have been assisted with tents. As of end-June, UNHCR had reached its target of 90,000 NFI kits to be sent across the border to Syria (trans-shipped). In addition, 37,360 tents (93% of the 40,000 target) have been trans-shipped so far. With the UN Security Council Resolution on 11 June authorizing cross-border operations extended for one year through the Bab Al-Hawa border crossing, UNHCR is adjusting its provision of humanitarian assistance accordingly.

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1. UNHCR Turkey reports to the UNHCR Europe Bureau, although operations in Turkey related to the Syria & Iraq Situations are included in the MENA update
2. The breakdown of confirmed COVID-19 cases is as follows: Egypt (19), Iraq (18), Lebanon (125), Mauritania (5) and Yemen (8). The change in the number of confirmed COVID-19 cases among UNHCR POCs in MENA since the 1 July update is a result of increased monitoring across Operations, and not indicative of a rise in COVID-19 transmissions.
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

Highlights from the field

Over the past weeks, Iraq has been increasingly hit by COVID-19, with over 2,800 new infections confirmed on a single day. In this context, UNHCR in Iraq is in regular contact with authorities at the federal, regional, and governorate level to ensure that all refugees, IDPs, returnees, and stateless persons are included in national COVID-19 prevention and response plans, particularly with regards to access to treatment and health facilities. So far, all confirmed COVID-19 cases (a total of 18 to date, including a fatality) have received assistance from UNHCR and the respective health authorities. Contract tracing and testing has been conducted, and Camp Coordination and Camp Management COVID-19 preparedness and response plans have been activated and implemented in all affected camps, including strict movement restrictions.

Given the significant increase in cases and the capacity of public health facilities in certain governorates across Iraq, some Directorates of Health (DoH) have stated that only moderate, severe, and critical cases will be accepted to their health facilities. Asymptomatic cases and those with mild symptoms will be advised to self-isolate at home and will receive instructions on how to proceed. UNHCR in Iraq is already supporting the DoH in some governorates to conduct trainings, targeting nurses of camp-based Primary Health Care Centres. Trainings are currently taking place in Duhok, and more will be delivered across the country, with a focus on monitoring, following-up medical conditions, and home-care of positive cases in camps.

Meanwhile, UNHCR Iraq has distributed cash assistance to over 85,000 refugee and IDP families to date. As the COVID-19 crisis continues and lockdown and curfew measures have endured, UNHCR has noted a rise in the number of families requesting cash support during the past few weeks.

The epidemiological situation in Jordan has remained under control, with random testing reaching over 500,000 persons to date, including within refugee camps. While the refugee camps in Jordan remain under more stringent movement controls to combat COVID-19, additional precaution measures are being reinforced. A transit site in Zaatari camp is currently being prepared with a capacity of 120, while in Azraq 153 people are currently in the quarantine site. In addition to these sites for those returning to the camps, inpatient capacity for any potential moderate or severe cases of COVID-19 is also being increased. In Azraq, UNHCR’s partner is creating inpatient capacity of 50 beds, while the inpatient treatment centre completed by an operational partner in Zaatari has capacity for 100 patients.

In Lebanon, as of 17 July, there have been 125 positive COVID-19 cases among the Syrian refugee population, including one fatality. These cases have been identified in urban areas through contact tracing and testing, where clusters of cases have been found among the local population. UNHCR has completed the first phase of expansion works in three public hospitals to accommodate critical COVID-19 cases. The hospitals will be gradually equipped with newly procured medical equipment and supplies, with the aim to be operational in July. An additional ward rehabilitated by UNHCR is fully operational in Beirut (Rafik Hariri hospital) with a 72-bed capacity. UNHCR is also supporting with the Government’s efforts to expand capacity at isolation facilities. Moreover, the polymerase chain reaction (PCR) testing campaign in informal settlements and collective shelters was completed at the end of June, with nearly 3,600 samples collected over 147 sites country-wide, and all test results coming back negative. In line with gradual deconfinement measures, UNHCR’s four reception centres are slowly resuming prioritized activities with safeguards in place. As such, in-person interviews...
have resumed for the most urgent cases who have pressing protection, documentation, refugee status determination and resettlement needs.

In Syria, in line with the less restrictive measures being gradually introduced by government authorities, community centres were authorized to re-open at 30 per cent capacity, with strict guidelines in place to minimize the risk of the spread of COVID-19. Virtual briefings on the required safety protocols were run with UNHCR partners, to discuss the new measures. At the end of June, UNHCR’s partner opened one community centre in Aleppo governorate to primarily serve the IDP returnee population, providing a set integrated protection services such as child protection, case management, legal aid and services for persons with specific needs. The opening of the centre brings the total number to 126 countrywide. In addition, 11 clinics in community centres continue to provide medical consultations and 14 UNHCR-run primary health care facilities Damascus, rural Damascus, Homs, Hama, Aleppo and Hasakeh are fully functional and providing health services to persons of concern. Since the start of the COVID-19 crisis, more than 43,300 medical consultations have been provided. UNHCR’s response is closely coordinated with the health sector ensuring it is in line with the World Health Organization’s recommendations and other partner services, and advocates for the inclusion of refugees in the country preparedness and response plans.

In a recent Security Council Briefing on Yemen, ERC Mark Lowcock indicated that the death rates for COVID-19 are five times higher than the global average, although the World Health Organization noted that the limited number of tests available is likely to skew these results, as only the most severe and terminal cases are being tested. In the south of Yemen, as the major entry point for mixed population movements, UNHCR and partners are continuing with active surveillance and screening for COVID-19 like symptoms at entry points at Kharaz Refugee Camp and the four registration centres. Since the start of the COVID-19 crisis, some 18,000 screenings (by thermo-scan) have been conducted for arrivals and visitors, and those with symptoms were referred to health services. Furthermore, COVID-19 awareness-raising campaigns have reached thousands of refugees and host community members in Kharaz, Basateen neighbourhood in Aden, as well as Mukalla and Hadramout (major migratory entry points). Meanwhile, UNHCR is supporting the Immigration, Passport Naturalization Authority in the south to ensure that all prevention measures are in place for persons of concern visiting for documentation purposes, with all partner staff equipped with personal protective equipment (PPE).

In Israel, the rate of newly infected COVID-19 cases continues to rise, prompting the government to re-implement some previously lifted restrictions. Among nearly 52,000 total confirmed COVID-19 cases across the country, according to data from the Ministry of Health’s (MoH) Tel Aviv District, some 200 persons of concern have tested positive following testing at two centres that were opened at the end of May. In response to an increase in reported positive cases among refugees and asylum-seekers, the MoH, in coordination with UNHCR and other organizations, distributed flyers and presented short films about the coronavirus and the facilities established to help isolate positive cases from the rest of the community. Meanwhile, UNHCR together with partners, IsraAid and community members disseminated two short videos about stress and anxiety during COVID-19 in the Tigrinya language, targeting Eritrean and Ethiopian persons of concern. A second video for the Sudanese refugee community will be prepared in Arabic and will be circulated by UNHCR to refugee leaders, refugee community-based organizations, UNHCR WhatsApp refugee groups (national group and regional groups) and partner organizations, among others.

Jamila (57) takes care of eight children alone. Her family have been displaced since 2016, escaping extensive shelling in her neighbourhood by the frontlines in Taizz governorate. Since then, the family has been renting a basic room as a minimum layer of protection. Jamila collects cash assistance to help pay for her basic needs, including shelter. Photo by UNHCR / YWU
In Libya, one of UNHCR’s core priorities has been to continue its regular activities, including refugee status determinations, to the greatest extent possible without placing refugees and asylum-seekers at undue risk of catching COVID-19. Meanwhile, UNHCR and partner International Rescue Committee (IRC) recently supported the reopening of the primary healthcare centre in Gergaresh, Tripoli, which was closed by the government when a state of emergency was declared as the first cases of COVID-19 appeared in March. With support of UNHCR and IRC, a catchment area of at least 30,000 people, including high concentrations of refugees from sub-Saharan Africa, as well as migrants and Libyans, will be provided with medical and protection services. UNHCR and IRC have procured personal protective equipment, sanitizers, medical and office equipment to support the centre; with a generator to follow. Furthermore, given the already dire living conditions in detention centres, UNHCR partners are continuing distributions of core relief items and hygiene kits to person of concern in detention centres, having thus far distributed over 13,000 hygiene kits to persons of concern. At present, there are an estimated 1,200 refugees and asylum-seekers held in detention centres in Libya, where social distancing is not realistic nor practiced.

In Egypt, there have been nearly 90,000 cases of COVID-19 since the start of the pandemic and over 4,400 deaths. There is currently a total of 119 cases among UNHCR persons of concern, out of whom 19 are confirmed to have COVID-19 and 100 are suspected. Following a period of suspension due to COVID-19 prevention measures, UNHCR in Egypt successfully commenced its piloting of remote refugee status determination interviews. Since the start of these remote modalities in June, 472 remote interviews have been conducted, with most applicants expressing appreciation to UNHCR. In the meantime, as part of UNHCR’s contribution to the joint UN Country Team Preparedness and Response Plan to support the Ministry of Health and Population reduce COVID-19 infection transmission, UNHCR donated 160,000 units (3,200 boxes) of surgical masks for use in public health facilities to meet urgent medical needs. This follows the first donation of 15,000 N95 masks in April.

In Algeria, with the partial resumption of reception activities at the Algiers Office, UNHCR has adapted its call centre system that was established at the onset of the COVID-19 crisis, reducing it from three to two lines. The two mobile lines are available for refugees and asylum-seekers, with operators speaking English, French and Arabic. These lines are in addition to 24 hour/7 days a week emergency hotline, the HELP website, and a bulk SMS system that updates persons of concern on COVID-19 preventive measures and sensitizes people on priority protection issues.

In Mauritania, as part of UNHCR’s efforts to support social protection outcomes, the distribution of cash to 1,024 vulnerable urban refugee households was completed. During the six weeks of distribution, the total amount distributed to beneficiaries was over USD 264,000. Some ninety households were unable to receive their assistance due to difficulties in reaching them, such as non-responsiveness through registered phone numbers, and some refugees had very limited access to ATMs.

In Morocco, UNHCR is resuming regular capacity for refugee status determination interviews. Registration continues both remotely and in UNHCR’s office for asylum seekers living in Rabat.
Global Financial Requirements

UNHCR’s revised prioritized requirements to support the COVID-19 preparedness and response in situation of forced displacement, including those for UNHCR MENA, has increased from USD 255 million to USD 749 million. So far, a total of USD 448.7 million (60 per cent) has been contributed or pledged to the UNHCR Global Appeal out of USD 745 million required.

MENA Financial Information

Earmarked contributions for the Coronavirus Emergency Situation in MENA amount to some USD 90 million, including:
United States of America 67.8M | Japan 9M | CERF 2.4M | United Nations Foundation 2M | Austria 1.8M | Qatar Charity 3.5M

Special thanks to the major donors of softly earmarked contributions and pledges at the global level to the Coronavirus Emergency Situation:
Germany 62M | United Kingdom 25M | United States of America 20M | Canada 6.4M | United Nations Foundation 4.8M | Ireland 3.3M | France 3M | Sweden 3M | Sony Corporation 2.9M | Norway 1.4M | Private donors in the UK 1.5M | UNO-Flüchtlingshilfe 1.1M | USA for UNHCR 1M

Special thanks to the major donors of unearmarked contributions to UNHCR’s 2020:
Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | Private donors Spain 33.1M | United Kingdom 31.7M | Germany 25.9M | Private donors Republic of Korea 17.3M | Switzerland 16.4M

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:

- UN chiefs urge sustained support to Syrians and the region ahead of fourth Brussels conference
- UNHCR helps re-open health centre during lockdown in Libya
- Refugees deliver mental health services to locked down camps in Iraq: community workers many of them refugees themselves – are providing vital mental health support during the COVID-19 outbreak in northern Iraq
- Supporting Continued Access to Education during COVID-19
- Emerging Practices: WASH and COVID-19 field practices
- COVID-19 communities getting involved
- UNHCR Protecting Forcibly Displaced Women and Girls during the COVID-19 Pandemic
- UNHCR’s Coronavirus Emergency Appeal (Revision)
- UNHCR MENA’s comprehensive funding needs for the COVID-19 response
- 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

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