UNHCR Regional Bureau for Middle East and North Africa

COVID-19 Emergency Response Update #11

5 August 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

UNHCR has called upon States to urgently release refugees and asylum-seekers who are being unlawful and arbitrarily held in detention, asking that States act in accordance with international law and that amidst the COVID-19 pandemic, vulnerable refugees are not placed at heightened and unnecessary risk.

In Libya, there are some 2,500 people currently held in detention centres across the country, of whom 1,212 are persons of concern to UNHCR. Prior to COVID-19, conditions in detention were already extremely dire and well below minimum standards, with limits on humanitarian actors’, including UNHCR’s, access to detention centres. With the threat of COVID-19 now prevalent in Libya, the situation in detention centres presents an acute health concern due to the substandard sanitary conditions, overcrowding, and nutritional status and existing medical conditions of detainees, which renders them more susceptible to COVID-19.

During the last five months, UNHCR and partners have distributed 9,000 hygiene kits (of 13,081 in total) to detainees in detention centres as part of the COVID-19 response and have continued distribution of non-food item kits and carried out protection monitoring visits when given access (180 visits since the start of 2020). Advocacy for the release of refugees and asylum-seekers from detention is ongoing, noting the additional risks to individuals posed by COVID-19.

In addition to those refugees and asylum-seekers arbitrarily detained, others are held by criminal smuggling and trafficking groups operating in Libya. Many have been traumatised and require specialized medical care and psychosocial support. UNHCR and the Mixed Migration Centre at the Danish Refugee Council recently issued a new report on the human rights abuses suffered by refugees and migrants on the journeys between West and East Africa and Africa’s Mediterranean coast. The report “On this journey, no one cares if you live or die” highlights that efforts to identify and provide protection for refugee survivors of abuses should be strengthened, including in the context of COVID-19. In 2020, risks faced by refugees and migrants along routes from Libya and elsewhere may be further increased as COVID-19 related border closures or movement restrictions may result in the use of more risky routes and further exposure to abuse, exploitation, trafficking (UNODC,

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.
How COVID-19 restrictions and the economic consequences are likely to impact migrant smuggling and cross-border trafficking in persons to Europe and North America, May 2020).

Meanwhile, to address growing needs resulting from persistent conflict and COVID-19, UNHCR and WFP are providing emergency food aid to refugees and asylum-seekers, with some 900 so far reached out of the planned target of 10,000.

UNHCR, WFP and partner staff distribute emergency food packages to refugees at UNHCR's registration centre in Serraj, Tripoli. Photo by UNHCR / Caroline Gluck

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

After a deadly blast devasted large parts of Beirut, Lebanon on 4 August, an already overstretched health sector is grappling with the response to treat thousands of injured civilians.

Lebanon has been going through a major economic crisis along with a rise in COVID-19 infections, with this latest event overwhelming the country further. The explosion in the port
area of Beirut has destroyed at least 17 containers of medicine, medical equipment and personal protective equipment that would have been used for the COVID-19 response. With significant dependency on wheat imports for food supplies, the destruction of large quantities of wheat and flour is prompting fears of further food insecurity.

As the host to the largest refugee population per capita in the world, the crisis in Lebanon has fueled socio-economic vulnerabilities among Lebanese and refugees, pushing families further into poverty. UNHCR outreach volunteers, dedicated hotlines and the UNHCR-WFP call centre indicate that persons of concern are consequently facing numerous protection risks including exploitation and abuse; mental health issues; raids/evictions; children at risk of worst forms of child labour or of dropping out of school; inability to meet basic needs; and unaffordability of health care and medication. Self-harm has been reported. In response, UNHCR has raised the cash transfer value as well as the number of beneficiaries of its regular, monthly multipurpose cash assistance programme. The number of beneficiaries increased from 34,500 families to 51,400 families in June and July, with the value rising to LBP 400,000 (compared to LBP 320,000 in May and June, and LBP 262,500 prior). Furthermore, UNHCR’s temporary cash assistance programme, implemented to address new needs arising from COVID-19 crisis was implemented for three months from May to July, and reached 11,500 refugee families.

A second round of temporary cash assistance is currently under consideration.

In Iraq, as the spread of COVID-19 prevails, the main concern of refugees, IDPs, returnees, and stateless persons raised through UNHCR’s feedback and complaint mechanisms and ongoing remote protection monitoring is the inability to access livelihood opportunities. Most individuals affected by displacement were living on daily wages, and the current movement restrictions have significantly affected their ability to meet ends meet. This has translated into an increased number of individuals resorting to negative coping mechanisms.

UNHCR has been conducting some protection activities remotely, including protection monitoring, Mental Health and Psychosocial Support, case management, verification interviews, among others. From the lockdown that was implemented on 15 March to 31 May, close to 44,000 individuals have been verified remotely by UNHCR.

In Jordan, UNHCR has received official notification through the Prime Minister’s Office that health access costs will be lowered for non-Syrian refugees, representing a significant gain, particularly at a time when equitable access to health services for refugees is of the utmost importance. Previously, non-Syrian refugees were obliged to pay 80 per cent of the foreigner rate, making access to healthcare unaffordable for most, and with UNHCR only able to financially support the most life-threatening cases. The lowering of costs now means that all refugees in Jordan will pay the un-insured Jordanian rate, which are possible through the Multi-Donor Account set up directly with the Ministry of Health and supported by USAID, the World Bank, Canada, Qatar and Denmark.

Another success resulting from UNHCR’s advocacy, the Ministry of Interior announced that Asylum-Seeker and Refugee Certificates issued by UNHCR to refugees in Jordan will be considered valid until the end of 2020, regardless of the date of expiry. The decision came in an effort to limit large in-person gatherings as part of COVID-19 prevention measures and will support refugees’ access to healthcare and other services. Prior to the crisis, an average of 50,000 refugees approached UNHCR’s registration centres every month to renew their certificates.

In Syria, more than 467,000 individuals have been reached though risk communication and community engagement including more than 121,000 Syrians reached through WhatsApp groups, and 135,000 Syrians as well as refugees reached through community outreach volunteers. Furthermore, as part of infrastructure and shelter activities, UNHCR has supported 30 collective shelters with renovation and rehabilitation and 200 emergency shelters have been distributed for the COVID-19 response. To help communities socially distance, more than 900 shelter kits, with doors and windows, have been distributed since the start of the COVID-19 crisis. For north-west Syria, UNHCR cross-border operation in Gaziantep transported 20,000 hygiene kits between May and mid-July, with over 16,000 of those kits so far distributed to 82,000 displaced persons.

Across the border in Turkey, UNHCR is working closely with the Ministry of National Education on the planned resumption of activities in Public Education Centres, with discussions also initiated to expand online learning opportunities for refugees that will encourage Turkish language skills and support social cohesion.

In Yemen, phone call requests from refugees and asylum-seekers for financial assistance have increased by 30 per cent in the north, compared to weeks prior. Many single refugee males requested livelihood support, while families reported lack of income opportunities and threats of eviction as the main challenges. Out of the 5,500 refugees and asylum-seeking families who are receiving cash assistance, 4,000 families were
selected due to COVID-19 related vulnerabilities. Meanwhile, UNHCR is supporting the public health response through provision of medical equipment that included three ventilators and three anaesthetic machines to a hospital in Sana’a where refugees and impoverished Yemeni patients are referred for secondary and tertiary care. UNHCR also continues to support the construction of a large intensive care unit in the north to accommodate up to 28 patients.

In **Israel**, nearly 750 individuals, from the most vulnerable groups, have so far benefited from UNHCR’s cash programme in the last three months, amounting to a total disbursement of USD 278,000. Special attention has been dedicated to women engaged in survival sex and their children, who traditionally refrain from reaching out for financial and humanitarian assistance, due to fears of stigmatisation. Preparations are underway for another round of cash assistance.

Four months into the COVID-19 situation in **Egypt**, refugees and asylum-seekers continue to face worsening living conditions. Since mid-March, UNHCR has responded to over 47,100 calls from refugees and asylum-seekers, many of whom have shared their concerns relating to the economic repercussions of COVID-19. UNHCR has kept abreast about similar worries through virtual meetings with members of the refugee community, mobile messaging groups as well as individual protection phone interviews, which in turn has helped to inform programming for the COVID-19 response. Recently, even after the Government reduced the curfew and other precautionary measures, refugees and asylum-seekers reported that they could not return to their jobs, as employers have decreased the number of workers at their businesses, leaving them at a loss to support themselves and their families. With the gradual easing of movement restrictions by the Egyptian Government, UNHCR’s Primary Health Care partners have increased clinics’ operating hours and have started to receive more refugees and asylum-seekers through appointments, while strictly adhering to infection prevention and control measures.

On 23 July, UNHCR entered into a **tripartite agreement** alongside the African Development Bank and the G5 Sahel to back efforts to curb the coronavirus’ impact on the forcibly displaced and their hosts. The agreement will enable a critical USD 20 million COVID-19 response across the five countries of the Sahel region, including **Mauritania**. UNHCR’s Operation in Mauritania conducted a **sampling survey** on the socio-economic and protection impacts of COVID-19 on refugees in Mbera camp, in partnership with its camp management partner. Ten trained refugee surveyors visited 102 household (0.8 per cent of the total households in the camp) and posed questions about food, health, water, sanitation and hygiene, livelihoods, education and connectivity, and SGBV/Child protection. The study found out that while 100 per cent of the respondents were aware of COVID-19 and appropriate preventive measures, 62 per cent could not afford to buy hygiene items to implement the measures. The survey confirmed a strong need for the continuation of general food distributions, with as 75 per cent stating that their economic situation was negatively impacted by COVID-19, and that 83 per cent had to spend their savings during the past 30 days to cope with the situation. Meanwhile, non-food item packages that included soap were distributed to the entire camp population, as well as clothes donated by UNIQLO and hygiene kits to some 20,000 women/girls of child-bearing age.

In **Morocco**, the state of national emergency was extended until 10 August. Although some regions have started to progressively ease confinement measures, the impacts of COVID-19, including little to no access to income-earning activities, continue to be felt by refugees and asylum-seekers during the deconfinement phase. UNHCR continues to be kept informed of refugee’ needs through protection hotlines run by UNHCR and partners. Since the start of the COVID-19 crisis, over 2,000 cases have been dealt with through UNHCR’s protection hotlines. In parallel, UNHCR is progressively reopening its office in Rabat to welcome persons of concern through an appointment-based system.
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 449 million (60 per cent) has been contributed or pledged to the UNHCR Global Appeal out of USD 745 million required.

Global Financial Requirements

MENA Financial Information

Earmarked contributions for the Coronavirus Emergency Situation in MENA amount to some USD 94 million, including:
United States of America 67.8M | Japan 9M | African Development Bank 3.9M | Qatar Charity 3.5M | CERF 2.4M | United Nations Foundation 2M | Austria 1.8M

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 | Denmark 15M | United States of America 20M | Canada 6.4M | United Nations Foundation 4.8M | Spain 3.5M | 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 programme:
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 | France 14M | Private donors Japan 11.7M

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 stresses urgent need for States to end unlawful detention of refugees and asylum-seekers, amidst COVID-19 pandemic
• ‘On this journey, no one cares if you live or die’
• US$20 million for Sahel drive to curb COVID-19
• 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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