Impact of COVID-19 in the Middle East, North Africa, Central Asia, and Eastern Europe
Update #5

September 2020
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Key Messages

- An additional 14.3 million people are expected to fall below the poverty line in the Arab Middle-Income Countries (MICs) and Least Developed Countries (LDCs), and an additional 1.9 million people will become undernourished.
- Projections for economic growth in MENA indicate a contraction of 5.7 percent by end of fiscal year 2020, with some countries shrinking up to 13 percent.
- Unemployment is also forecasted to rise sharply in 2021 in the region, especially in Jordan (20.5 percent), and Iran (14.4 percent).
- Currency devaluation in Lebanon and Syria are the highest in the region, followed by Sudan, Iran, and Libya.
- Remittances are expected to decline in Europe and Central Asia by 28 percent in 2020 as a result of the COVID-19 outbreak in addition to the lower oil prices.
- National policies on taxation of sugary drinks, nutrition labelling, and non-communicable diseases (NCD)-specific are existent only in Armenia, Egypt, and Tunisia, and completely non-existent in Jordan, Libya, Sudan, Syria, Tajikistan, and Yemen. Existence of such policies would prevent and control risk factors during the pandemic outbreak for people with NCDs.
- Ultra-processed foods, which have a limited nutritional value are quite popular in the region, especially in Lebanon and Armenia.
- Women experienced more economic difficulties than men in purchasing medicines and food in several countries.
- Women account for around 40 percent of COVID-19 cases, ranging between 35 percent to over 55 percent.
- Compared to men, women experience higher psychological distress due to COVID-19 as women face gender disparities when accessing quality health care.
- WFP sustained continuity of humanitarian relief services throughout the pandemic, and has responded through various activities, including cash transfers, school feeding, food and in-kind, assessments, livelihood activities, and technical assistance, all while maintaining hygiene and safety measures.

The objective of this analysis is to provide an overview and update on the potential impact of COVID-19 on food security, the economy, and the nutrition status in the region. In this update, a gender and protection lens is reflected, as well as an overview of the different responses from WFP in the region to absorb the COVID-19 shock. The analysis is based on secondary desk review from various sources. This document was developed in consultation with country offices, as well as the various programme units in RBC.
Section 1: Global and Regional Status of COVID-19

The COVID-19 outbreak has started to slow down globally. As of September 5th 2020, there have been 26,468,031 cumulative confirmed cases of COVID-19, including 871,166 deaths, and 296,032 new cases reported to WHO. Even though the pandemic started to contract in number of new cases confirmed globally, it is still widely spread in the United States (with 6,095,007 confirmed cases), followed by Brazil (4,041,638), India (4,023,179), and Russian Federation (1,020,310).1

Zooming into the region, as of September 6th 2020, the total number of confirmed cases reached 1,321,802. Countries with the highest number of cases and deaths are Iran (384,666 cases and 22,154 deaths), Turkey (278,228 cases and 6,620 deaths), Iraq (256,719 cases and 7,422 deaths) and Egypt (99,712 cases and 5,511 deaths).2

Map 1: COVID-19 Regional Status as of September 6th, 2020

1 Source: WHO https://covid19.who.int/
2 Source: The Center for Systems Science and Engineering Johns Hopkins University - Daily update
Section 2: Macroeconomic Forecasts

The pandemic is expected to have some long-lasting implications on the region’s economy from different dimensions. This sections delves deep into forecasts regarding the impact of COVID-19 on some major macroeconomic indicators, including economic growth, unemployment, different forms of vulnerability, and remittances in the region.

Economic Growth

The pandemic has invaded the MENA region for 8 months now, and the consequences are likely to be deep and long-lasting. Credit rating agencies, financial institutions and international organizations all take a pessimistic economic outlook for 2020. An average of 23 per cent loss to the major Arab stock markets has been recorded since the beginning of the pandemic, depleting part of the region’s wealth. The International Monetary Fund has lowered its Middle East and North Africa economic forecast to its lowest level in 50 years.³

According to ESCWA, the Arab region’s economy is expected to contract by 5.7 percent⁴ by the end of fiscal year 2020, with the economies of some conflict-affected countries projected to shrink by as much as 13 percent. This accounts for an overall loss of USD 152 billion⁵. Similarly, Focus Economics sees economic growth to plummet this year, mainly for Lebanon (GDP down by 13.9 percent), Iraq (-6.9 percent), Iran (-8.3 percent), Jordan (-4.4 percent) Yemen (-4.3 percent). Each of these countries is expected to witness a somewhat slow recovery in economic growth in 2021 (estimated to vary between 2.4 percent and 4.1 percent), except for Lebanon, which is forecasted to continue experiencing a negative growth of -2.4 percent.⁶ In Central Asia, economic growth in Kyrgyzstan is expected to plunge this year, with GDP down by 4 percent. In Tajikistan, however, a GDP growth of 1 percent is forecasted. In Armenia, a decline of 1 percent in GDP is expected in 2020.⁷

Additionally, public debt is expected to continue to rise in 2020 and 2021 for many countries in the region, including Iran, Egypt, Iraq, and Jordan. Even though public debt is forecasted to rise for Yemen in 2020 (56.7 percent of GDP), that figure is expected to become lower in 2021 (52.9 percent of GDP). Public debt in Lebanon is forecasted to go down to 168 percent in 2020 and 160 percent in 2021, when compared to 172 percent of GDP in 2019.⁸ In Kyrgyzstan, Tajikistan, and Armenia, general government debt is forecasted to go down in 2020 by 9.6 percent, 6.4 percent, and 5 percent respectively.⁹

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⁵ ESCWA estimates
⁶ WFP RBC Markets Team/Focus Economics, August 2020
⁷ Source: International Monetary Fund
⁸ WFP RBC Markets Team/Focus Economics, August 2020
⁹ Source: International Monetary Fund
Unemployment

Measures necessary to limit the spread of COVID-19 are reducing employment across all sectors, especially the services which is the main employer in the Arab region. ILO estimates that 13.2 per cent of working hours were lost across the entire Arab region in the second quarter of 2020, compared to the final quarter of 2019. This is the equivalent of 8 million full time jobs, based on a 48-hour working week.\(^{10}\) The proportion of unemployed people among the active population is forecasted to rise quite significantly in 2020, with a variation ranging from 6.6 percent in Kyrgyzstan to 25.7 percent in Jordan. This is expected to improve slightly in 2021, (between 6.6 percent in Kyrgyzstan\(^{11}\) and 20.5 percent in Jordan\(^{12}\)).

Vulnerability

Owing to the pandemic, an estimated 14.3 million more people will slide into poverty, raising the total to 115 million people – slightly over 32 per cent of the population of the Arab Middle-Income Countries (MICS) and Least Developed Countries (LDCs). Increased poverty could also lead to an additional 1.9 million people becoming undernourished.\(^{13}\) Additionally, inflation is forecasted to rise sharply in 2020 in many countries; especially in Lebanon (32.8 percent), Iran (25.7 percent), Yemen (21.5 percent), and Kyrgyzstan (10.6 percent)\(^{14}\). Inflation is expected to continue rising sharply for those countries in 2021, with 18.9 percent in Lebanon, 19.6 percent in Iran, 11.7 percent in Yemen,\(^ {15}\) and 7.2 percent in Kyrgyzstan.\(^ {16}\)

The region is home to 55.7 million people who need humanitarian assistance, including 26 million forcibly displaced. 74 million people are at a higher risk of contracting the virus due to lack of handwashing facilities. An additional USD 1.7 billion is required in 2020 alone to address the risks and impact of the COVID-19 pandemic\(^ {17}\) on the most vulnerable people in countries affected by humanitarian crises or otherwise at risk.

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\(^{11}\) Source: International Monetary Fund

\(^{12}\) WFP RBC Markets Team/Focus Economics, August 2020


\(^{14}\) Source: International Monetary Fund

\(^{15}\) WFP RBC Markets Team/Focus Economics, August 2020

\(^{16}\) Source: International Monetary Fund

The region has faced major currency devaluations throughout 2020, which makes it subject to more severe adverse impacts of COVID-19. Countries experiencing the most significant currency devaluation include Lebanon, where the Lebanese pound depreciated against the USD from 2,229 in January 2020 to 7,250 in September 2020. The currency devaluation in Lebanon is by far the most severe witnessed in the region, with a 225 percent appreciation of the USD against the Lebanese Pound in September, when compared with the beginning of the year. Following Lebanon is Syria, with a 108 percent appreciation of the USD against the Syrian pound in September, compared to January (from 1,028 in January to 2,143 in September). It is also worth noting that the currency devaluation in Sudan, Iran, and Libya was also significant throughout the year (table 1).

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18 Source: ESCWA calculations and estimates (all figures are of July 2020 and are likely to increase as the pandemic evolves
19 Source: Fxtop, COs
Remittances

The economic impacts of the COVID-19 are increasingly hitting countries in the region. The global disruption caused by the pandemic outbreak, international travel restrictions and the full or partial closure of businesses have led to reduce the flows of remittances into the region.

In Europe and Central Asia, remittance volume has increased by six percent to $65 billion in 2019, with Ukraine was the largest recipient of remittances as high of nearly $16 billion. According to the World bank, remittances are expected to decline in Europe and Central Asia by 28 percent in 2020 as a result of the COVID-19 outbreak in addition to the lower oil prices\(^\text{20}\). In Tajikistan, more than 61 percent of recipient households reported a fall in remittances in April 2020 and still expected additional declines in remittance income in June 2020\(^\text{21}\). Moreover, in Kyrgyzstan, as per NBKR, the volume of remittances decreased by 10 percent. The highest decrease of remittances by 38 % was in April 2020 in comparison to April 2019.

In 2018, the Middle East and North Africa (MENA) received remittances of around USD 62 billion, representing an increase of 9 percent compared to 2017. As a result of the COVID-19 crisis, the World Bank estimates that remittances to the MENA region is expected to experience a sharp fall by 19.6 percent to USD 42 billion in 2020, after the 2.6 percent growth witnessed in 2019. This decline is largely attributed to the global slowdown as well as the impact of lower oil prices in Gulf Cooperation Council (GCC) countries. However, in 2021 remittances to MENA is expected to slightly increase by around 1.6 percent due to projected moderate growth in the Eurozone and GCC outflows.\(^\text{22}\)

Egypt and Lebanon are the most affected countries in MENA by the decline in remittances caused by COVID-19. Egypt is the fifth highest recipient of remittances in the world, reaching USD 26.8 billion in 2019. Prior to the widespread of COVID-19 in Egypt, however the remittance volume over the first three months in 2020 averaged USD 6 billion, and a decrease by USD 2.3 billion is expected during the second quarter in 2020 due to the pandemic. In Lebanon, remittances accounted for USD 7.5 billion in 2019; and nearly half of these payments are from the GCC countries. Due to COVID-19 crisis which has coincided with the decline of oil prices, remittances volume dropped.\(^\text{23}\) Moreover, remittances in Tunisia are also expected to decline by 12 percent in 2020 according to the International Monetary Fund.\(^\text{24}\)

Interruptions in remittances can have perilous effects on local economies, which translates into a decrease in productive investment, consumption spending, and access to education and healthcare facilities. So, it is critical to ensure that remittances keep flowing to prevent the negative socioeconomic impacts of COVID-19 on the region.

Figure 2: Remittances in Billion USD, 2019
Section 3: Food Environments and Individual Purchase Behaviors

This nutrition analysis focuses on food ecosystem namely supply chain, environment and individual purchase behaviours specifically focusing on retail and marketing, messaging, and related government policies on food systems. COVID-19 pandemic’s impact on all sectors and particularly agriculture/food system has highlighted the food industry’s very essential role in ensuring access to healthy food in a sustainable manner for everyone. It is also a crucial opportunity to reorient the food system towards a healthier, equitable and sustainable future during COVID-19.

Government Policies Specific to Non-Communicable Diseases, Taxation of Sugar Drinks and Nutrition Labelling

COVID-19 has implications for future policy making; in particular, policies that aim to help people maintaining a healthy diet and reduce obesity or overweight. If healthy eating initiatives are to be effective, they need to take into account how people’s relationships with food and purchasing are changing.

Table 2: Existence of National Policies Specific to NCDs, Taxation of Sugary Drinks and Nutrition Labels

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<th>NCD-Specific National Policies</th>
<th>Policy on Taxation of Sugary Drinks</th>
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<td>Tajikistan</td>
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<td>Yemen</td>
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During the current pandemic, it is established by several studies that patients with underlying NCD conditions can have worse outcomes with COVID-19 infection. Table 2 above shows RBC countries situation on existence of national policies specific to non-communicable diseases (NCDs), taxation of sugary drinks and nutrition labels. Prevention and treatment services for NCDs have been severely disrupted across RBC countries since the COVID-19 pandemic began.

In addition, only Armenia, Egypt, Tunisia and Morocco have some level of taxes imposed for sugary drinks. Revenues from these taxes may be used to fund nutrition and health programs. These taxes are intended to inform consumers and reduce consummation of sugar sweetened beverages, which has potential to increase risk of overweight and obesity, diabetes, and cardiovascular diseases.


Green indicates an existence of the policy in the country
As countries are taking several measures to contain the spread of COVID-19, self-quarantine and the temporary closing of businesses has affected food-ecosystem. Good nutrition is crucial for health, particularly in times when the immune system needs to fight virus. Limited access to fresh foods rich in nutrients compromises opportunities to continue eating a healthy and varied diet shifting to increased consumption of highly processed foods, which tend to be high in fats, sugars and salt. The WHO recommends the use of standardized nutritional labelling on processed and ultra-processed food to help consumers make healthy food choices (WHO 2016), however this practice is not widespread in RBC countries as only Armenia, Egypt, Tunisia, Algeria, Iran, Kyrgyzstan, Turkey and Palestine have some kind of nutrition labelling policies.

Figure 3: Retail Value of Ultra-Processed Food Sales Per Capita (Total, USD) 

The current health crisis may increase the tendency to rely on ultra-processed foods in countries. Evidence has linked consumption of ultra-processed foods to overweight/obesity and chronic diseases. During the pandemic people who are likely to indulge in ultra-processed foods were found to be more vulnerable than those who like to eat healthy foods. Experts state that consumption of ultra-processed foods might be a risk factor for contracting COVID-19. Figure 3 shows, Lebanon, Armenia, Turkey and Jordan fall under countries with highest per capita consumption of ultra-processed foods. Many studies have already established that ultra-processed foods can increase the risk of developing certain conditions like obesity, cancer, and cardiovascular diseases.

26 Numerator: Euromonitor International, Denominator: World Bank
27 Ultra-processed foods are defined as foods made of mostly industrial ingredients and additives with minimal amounts of unprocessed foods. These additives are not naturally occurring in the food but are added in the processing phase in order to increase palatability and shelf life (Monteiro et al 2018). Examples of ultra-processed foods include sweet and savory snacks, instant noodles, confectionery, meat substitutes and soft drinks among others. Ultra-processed foods are typically produced by transnational food corporations, are highly profitable, and are desirable to consumers. Ultra-processed foods are typically energy dense, and unless they are fortified, they typically have limited nutritional value beyond calories. They are often high in added salt, sugars, and fat.
As economies develop and incomes per capita increase, so does consumer spending on food and beverages. Figure 4 reflects income as well as food retail prices, which increase as higher wages are spent on more diverse foods (i.e. beyond starchy staples). Turkey has the highest rate of food and beverage consumption, followed by Egypt. During COVID-19 times, tracking spending on food and beverages purchased from grocery stores and supermarkets should be monitored for medium and long-term changes in customer behaviour and demand.

Figure 4: Household Consumption on Food and Beverages by Country (in Million USD-2010)

Source: Global Consumption Database – World Bank

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28 Source: Global Consumption Database – World Bank
Section 4: Impact of COVID-19 on Gender

The pandemic and its gendered impact have been the focal discussion of several organizations, especially highlighting the pandemic’s impact in deepening pre-existing inequalities, exposing vulnerabilities of women’s livelihood, food security, healthcare, and security. The burden of unpaid domestic and care work has worsened. Although the lockdown has been lifted in several countries unemployment is on the rise in female-dominated sectors such as childcare, domestic work, retail, and service sectors.

Impact on Healthcare

Women were already facing health and safety implications in managing their psychological, sexual, and reproductive health before the crisis. When healthcare systems are overburdened and resources are redistributed to respond to the pandemic, healthcare facilities and treatments for conceived for the wellbeing of women are less accessible. The impact on health can be significant, especially in rural, and marginalized societies, where women are less likely to have access to quality, health services, essential medicines, or insurance coverage. Figure 5 shows various factors explaining why women are more likely than men to worry due to COVID-19. The impact of the pandemic on savings is among the main reasons why women are concerned about COVID-19, followed by being worried that a family member might contract the virus.

During public health emergencies, women are at an increased risk of malnutrition, and are more prone to food insecurity due to the financial burden of these indirect factors. During the COVID-19 pandemic, it was noted that men receive better care in terms of treatment and healthcare due to gender norms in the countries such as Tajikistan29. Some government have declared an initiative of doubling the salaries of nurses ($30/month to $90/month) who are fighting COVID-19 at the frontline; however, it was not clear if this was gender-neutral or specific30. In addition, during the lockdown, women experienced economic difficulties in purchasing medicines countries such as Kyrgyzstan31.

Figure 5: Negative Impact of COVID-19 on Psychological Health32

30 Source: https://www.flandersinvestmentandtrade.com/export/nieuws/corona-virus-situation-tajikistan
At the onset of the COVID-19 pandemic, many entities were concerned with the period of lockdown and its secondary impacts on women in terms of their livelihood, food security and the burden they had to endure due to extra work, as well as staying at home with their aggressors. The number of gender-based violence cases kept rising under lockdown measures, and discrimination against women in their jobs and homes took a toll on their food security and health. It has been almost 5 months since the outbreak was declared a pandemic by the WHO on 11 March 2020 and countries were requested to respond to the public health emergency crisis through lockdowns and other precautionary measures to prevent the spread of the virus. The following table represents the changes that occurred in the stated countries since their last review, regarding gendered impacts on livelihoods, food security, and domestic violence during the COVID-19 pandemic.

Table 3: Summary of the Gender Situation in the Region

<table>
<thead>
<tr>
<th>Country</th>
<th>Gender Situation</th>
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| Algeria | - Women protection associations stated that new domestic violence cases have been reported, in which 10 calls per day, on average, are received.  
- Crisis is likely to reduce women’s quality and quantity of food consumption due to burdens of work and increased domestic violence                                                                                           |
| Armenia | - NGOs extended financial support to 32 women in Lori, Syunik, and Yerevan, allowing them to meet their basic household expenses, including food, medical care, and housing.  
- Domestic violence rate has doubled, witnessing a 50 % increase                                                                                                                                          |
| Iraq    | - Reproductive health services, including basic and comprehensive emergency obstetric care, continue to be provided in 9 refugee camps, with 6 camps allocated for internally displaced people.  
- There has been a 40% increase in GBV incidents among women.  
- Livelihoods and cash assistance were among the least available services for GBV survivors.                                                                                                             |
| Kyrgyzstan | - Some households were limiting their food intake to cope with food and money shortages. These strategies were used to maintain access to food during the crisis and, if applied regularly in the medium or long-term, could pose a risk to the health and nutrition situation, especially for women and children.  
- One-quarter of households (and every second household among the first income quintile) did not have any **haemoglobin iron-rich foods** in their diet during the last seven days. Iron deficiency, one of the main causes of anaemia, affects a significant                                                                                                                                 |


36 Source: [https://reliefweb.int/sites/reliefweb.int/files/resources/ocha_irak_humanitarian_snapshot_june_final_20200723.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/ocha_irak_humanitarian_snapshot_june_final_20200723.pdf)

37 HSFA 2020
| **Libya** |分享儿童和妇女的份额可能会导致长期影响，如果这些类型的食品项目不被充分消费。
- 妇女聚集在相对低收入的政府服务职位上（占所有女性就业的32%，与所有总就业的18%相比）。
- 妇女在更好的支付的建筑工作（1%的女性就业）和其他工业角色（3%）中就业较少。
- 84%的工作被解雇或被解雇。
- 67%的女性与58%的男性在支付家庭生活费用方面面临困难。困难也被预测到小农和食品不安全的家庭由于基本食品供应的通胀，如油、大米和其他谷物。

| **Lebanon** | - 一个越来越多的女领导家庭已经出现；COVID-19对生计和家庭收入的影响风险威胁到教育女孩超出冲突的国家目前正在经历的背景下。
- 548累积COVID-19阳性病例已确认（47%女性 | 53%男性）;48名医护人员已被感染（60%女性 | 40%男性）。
- 家庭暴力的比率继续上升。
- 法医医生在警察局无法/不愿意记录幸存者的身体虐待，由于对COVID-19的恐惧。
- 贝鲁特港的即刻后果严重影响了女性（约81,000名生育年龄），她们的医疗和食品;收容所的康复;现金援助;生计支持。
- 几个组织和工作人员已努力整合难民、女性和女孩、儿童、性与基于性别的暴力受害者的需求。

| **Women’s labor market participation in Lebanon** | - 妇女的劳动市场参与率为29%，而男性则为76%。黎巴嫩整体就业女性的经济收缩已估计为14-19%的减少。
- 食品价格因黎巴嫩的经济危机而持续上涨。食品价格预计会继续上升，特别是在当前的经济和政治危机期间，特别是在约85%的国家的谷物储备损失后。
- 29%的男性和26%的女性完全失去了工作或薪水大幅下降。|

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38 Source: [https://lebanon.unfpa.org/sites/default/files/pub-pdf/Gender%20Alert%20on%20COVID%20Lebanon%20FINAL.pdf](https://lebanon.unfpa.org/sites/default/files/pub-pdf/Gender%20Alert%20on%20COVID%20Lebanon%20FINAL.pdf)

39 Source: [https://reliefweb.int/sites/reliefweb.int/files/resources/Beirut%20Port_SitRep%20No.8.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/Beirut%20Port_SitRep%20No.8.pdf)

40 Source: [https://reliefweb.int/sites/reliefweb.int/files/resources/un%20women%20lebanon%20response%20to%20beirut%20explosion%20final%202.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/un%20women%20lebanon%20response%20to%20beirut%20explosion%20final%202.pdf)
Palestine  
- Women make up about 60% of medical care workers and 70% are part of the nursing division, making them more exposed to the virus.  
- COVID-19 has immense impacts on food security. Subjective indications have shown that households headed by women are likely to reduce the quality and quantity of food consumption and adopt negative coping strategies  
- Gender-based violence has increased by approximately 20% during the pandemic in comparison to the same period last year

Tajikistan  
- The government has declared an initiative of doubling the salaries of nurses ($30/month to $90/month) who are fighting COVID-19 at the frontline; however, the statement wasn’t clear if this was gender-neutral or specific  
- 17.54% of women in 2020 were self-employed; the pandemic affected the livelihoods of several self-employed/underpaid women, hence affecting their food security.  
- GBV calls increased at least 3 times more than in April.

Tunisia\textsuperscript{41,42}  
- Due to the economic crisis that came with the pandemic, many women continue to lose their jobs, or are not getting paid. A majority of women in Tunisia work in the informal sector, so they were unable to continue working and left without any source of income.  
- 14% of women experience intimate partner violence.  
- Health services access has decreased.  
- 50% of women have reported difficulty in accessing family planning support.

Section 5: Impact of COVID-19 Restriction Measures on Human Activity

In response to the epidemiological risk connected to the spread of COVID-19 virus, many countries have adopted drastic response measures such as limitation of opening hours for non-essential commercial activities, curfews and in some cases lockdown. Such measures had a strong impact on populations whose freedom of movement has been limited, and an even stronger impact on economics, with major impact on small business activities. On the other hand, limitation of circulation of vehicles and reduction of industrial activities had a positive impact on the environment. It is possible to gauge the environmental impact by comparing the presence of polluting gases in the air.

For this analysis, the concentration in the air of Nitrogen Dioxide (NO2) has been used. NO2 is the strongest and heaviest gas in the NOx family and its presence in the air is the result of combustions of fuels and its concentration is higher where a higher concentration of vehicles or industries is found. Using remote sensing tools and satellite imagery it is possible to compare monthly average level of NO2 in the period from January to August, and looking at the regional picture, a consistent decrease of NO2-related human activity for the largest part of the most developed urban areas was observed.

Capital cities in the region and urban areas in general are areas where largest differences can be found. This is due to the fact that areas where level is normally high, have witnessed a remarkable decrease in NO2 due to the gradual diminishing, or in some cases sudden interruption of human activities. On the contrary, areas that do not have industrial facilities report a much less evident decline of pollution levels, which is probably due also to the fact that lower levels of population density generate a sparser distribution of polluting gases and particles. For this reason, we can notice that in most rural areas the decrease of pollution can still be observed, and this indicates a general decrease of human movements rather than a decrease of industrial production.

Map 2: Evolution of Level of Pollution-Related Human Activities in Damascus, Syria

For the urban area of Damascus and the rural areas around it we can observe a consistent decrease of NO2-related gases from January to April; In April in particular the human related activities are reported to be the minimum during the year, while normally during this time we can observe an increase of environmental pollution due to the increase of transportation. It is also possible to notice that starting May and June, a gradual intensification of human activity has taken place, in particular in July and August the values measured are very much within the expected average for this period of the year.
Map 3: Evolution of the Level of Pollution-Related Human Activities in Istanbul, Turkey

For Istanbul, we can observe a very similar situation to the one observed at regional scale, with a gradual but consistent decrease of NO2 pollution during the time when limitation to movement and time restrictions have been put in place. In addition to this, for Istanbul the measured level of pollution during the month of July seems still very low, while a considerable growth of human and industrial activities can be observed in August.

Map 4: Evolution of the Level of Pollution-Related Human Activities in Lebanon

For Lebanon we can observe a decrease of levels of pollutions in the months of March and April, at times where normally the NO2 level starts to be more relevant, due to the intensification of transportation and movement that normally occurs during this part of the year. On the contrary, in May there has been a sudden growth of pollution, whose levels are the highest registered throughout the year to date. Above average activity is reported for August and might be related to the Beirut port explosion which happened on the 4th of the month.
For the Greater Cairo area, we can observe some differences with the regional picture, in this case the monthly average map shows a rather similar level of NO2, January to August. On one hand Cairo is one of the largest and most densely populated areas and at the same time has a large number of industrial facilities that use NOx and similar fuels as source of energy for industrial production. On the other hand, the government restrictions have never completely blocked all the activities but rather limited the working hours and the extent of movement between the administrative areas. Such policies seemed to work well to contain the spread of epidemics and have had at the same time a minimum impact on the city and country economic situation.

In conclusion, and with reference to the broader regional impact of measures undertaken to limit the spread of disease, we can mention that large urban areas in countries that have been highly affected (Iran, Turkey) show a clear decrease of NO2 concentration during the lockdown. The sequence also shows how countries with low number of cases (Kyrgyz Republic, Tajikistan, Lebanon) have also successfully implemented preemptive measures in order to prevent the spread in densely populated areas. In the majority of large urban areas, the minimum NO2 concentration is observed in the period between March and April, while during the months of May, June and July a slight and gradual increase of NO2 concentration reveal a slow progress in human and industrial related activities.
Section 6: WFP Response to the COVID-19 Pandemic

Amid the recent COVID-19 pandemic, WFP sustained the continuity of humanitarian relief services following the implementation of novel adjustments to accommodate for the recent pandemic’s unsolicited challenges. WFP carried out a three-pronged approach which comprised; nutrition activities, school feeding activities, and livelihood activities. The nutrition activities aimed to ensure proper nutrition and limit the incidence of household food shortages or malnutrition potentially caused by the uprising unemployment rates and plummeting incomes. Nutrition activities also included the provision of cash assistance to the most vulnerable sectors of society and households inhabited by infants and children. In addition, WFP partook in Social Behavior Change Communication (SBCC) activities to perpetuate awareness on hygiene and proper practices during the pandemic.

School feeding activities have continued during the pandemic despite school closures by implementing the proper measures and adjustments. Take-home rations (THR) and home-schooling snacks have been distributed to ensure proper nutrition for vulnerable families during lockdown and in some cases substituting take-home rations with cash-based transfers, benefiting millions of students and their families. As for livelihood activities, cash-for-work programmes have been implemented to foster vulnerable individuals during the pandemic and shift some activities to an online platform, while suspending activities that require large gatherings. In addition to this, miscellaneous activities pertaining to the provision of hygiene items and ensuring good practices have been implemented, as well as a multitude of assessments and studies to determine vulnerability during COVID-19.

Table 4: Activities Implemented by WFP in Response to the COVID-19 Pandemic

<table>
<thead>
<tr>
<th>Activities</th>
<th>Pillars of Activities</th>
<th>Target countries</th>
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<tbody>
<tr>
<td>Cash transfers</td>
<td>Measures aimed to negate the effects of pandemic-sourced unemployment and decremented incomes and to ensure proper food resources including; cash transfer increases, conversion of take-home rations (THR) to unconditional Cash Based Transfers (CBT), scaling up of cash-based transfers and incentives for girls’ education. Groups targeted for the reception of these benefits include casual labor workers, Pregnant and lactating women (PLW), family members of community school students and teachers, non-enrolled individuals in the government’s social protection system, families with children under three years, out-of-school children and refugees.</td>
<td>Iran, Iraq, Egypt, Armenia, West Bank and Gaza, Libya, Sudan, Tunisia, Syria and Jordan</td>
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<tr>
<td>School feeding</td>
<td>Upon closure of schools, adjustments to the regular school feeding activities have been made including, distribution of home-schooling snacks, take-home rations (THR) and General Food Assistance (GFA).</td>
<td>Iran, Armenia, Kyrgyzstan, Libya, Sudan, Yemen, Syria, Tajikistan, Jordan, Iran, Algeria, Egypt and Tunisia.</td>
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<tr>
<td>Hygiene and safety measures</td>
<td>Owing to the recent pandemic, new measures for maintaining proper hygiene and curbing infections have been implemented including, provision of hygiene items, personal hygiene brochures, personal</td>
<td>Iran, Turkey, Algeria, Kyrgyzstan, Syria,</td>
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<td><strong>protective equipment, sanitization campaigns and regular disinfection measures. UN agencies are limiting all non-essential movements to infected areas and adjusting programme activities to an online platform. Awareness measures are also implemented, including sharing COVID-19 awareness-raising and prevention measures through SMS, online platforms and printed material, and cash-based transfer retailers.</strong></td>
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<td><strong>Food and in-kind</strong></td>
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<td>To ensure food security, a lot of handouts have been made including e-vouchers for food assistance and nutrition support, relief distributions in Internally Displaced Persons (IDP) and refugee camps, Family Food Rations (FFR’s) and ready-to-eat Immediate Response Rations (IRRs) and scaling-up the number of GFA rations. Also, provision of blanket supplementary feeding (BSFP) has been made available and Social Behavior Change Communication (SBCC) materials have been supplemented to food baskets. Also, Specialized Nutritious Food (SNF) distribution and WFP local TV programmes to convey messages about healthy eating and good practices during COVID-19 have been put into effect.</td>
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<td><strong>Vulnerability Analysis and Mapping (VAM)</strong></td>
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<td>Vulnerability of refugees to COVID-19 was conducted. Probing for targeting criteria for refugee households outside of the nationally implemented targeting mechanisms. Joint food security monitors report released on a weekly basis. Creation of a common Geographic Information platform (COVID-19 data platform) in collaboration with UN sister agencies to guide and monitor the implementation of assistance activities on-ground. Development and maintenance of a strategic foods market analysis dashboard and Geographic Information System (GIS) in collaboration with UN sister agencies for overall national supply chain. WFP VAM team prepared the emergency food security assessment questionnaire and is jointly working with the government and partners to organize assessments on food security and socioeconomic impact of COVID-19 to grasp the needs of the population and evaluate the impact of COVID-19 on society. WFP continued the collection of household food security and economy data through mobile devices. Partnership with the World Bank on stocktaking and assessment of social safety nets was put in place. WFP conducted COVID-19 country impact analysis that provided recommendations to respond to COVID-19 social and economic shocks. WFP is also working with UNDP on socioeconomic assessment for COVID-19 to inform UN programmes in the recovery phase. Additionally, an online portal was developed by WFP in consultation with the Federal Ministry of Health for the tracking of COVID-19 supplies.</td>
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<tr>
<td><strong>Livelihood activities</strong></td>
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| Online training sessions for raising awareness on the challenges of irregular migration and safe migration alternatives has taken place. WFP has delivered WhatsApp sessions under SBCC activities aiming to positively influence behaviors and improving the health and nutrition of vulnerable populations. WFP is looking into expanding livelihood support – interim food security assistance – safety net coverage, with | **Jordan, Egypt and Tajikistan.**  
**Turkey, Iraq, Egypt, Algeria, Kyrgyzstan, West Bank and Gaza, Lebanon, Sudan, Libya, Syria, Yemen and Tajikistan.**  
**Turkey, Egypt, Armenia, Jordan, Albania, Libya, Sudan, Tajikistan, Tunisia and Syria.**  
**Egypt, West Bank and Gaza, Sudan, Tajikistan, Tunisia, Yemen, Iraq, Turkey, Iran and Algeria.** |
the vision of transitioning this into a longer-term social safety net programme. WFP is also working to support the design of the Quasi Universal Basic Income (QUBI) program and is currently implementing a cash-for-work programme. Capacity strengthening to support more vulnerable people, fostering agriculture-based activities and postponing activities that require large gatherings are being implemented. Other livelihood measures include upfront transfers, contingency measures to avoid the spread of COVID-19, resilience projects to improve agricultural assets for households, and workshops that are producing masks. WFP’s Data-Analysis Unit has developed a MUV website consisting of all online classes, booklets, technical questions and a complaint feedback mechanism.

<table>
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<tr>
<th>Resourcing</th>
<th>WFP has prepared funding appeal for emergency food assistance to 500,000 people in extreme poverty.</th>
<th>Kyrgyzstan</th>
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<tr>
<td>Technical assistance</td>
<td>WFP is working with the government and other UN agencies such as ILO and UNICEF to support the social protection system for the disabled and elderly people. WFP is also adjusting and scaling up its existing social assistance programmes, as well as mapping all UN interventions as part of technical support to the government on COVID-19 response. Jointly with the World Bank and UNICEF, WFP continues the provision of technical assistance to the government on their plans to provide emergency cash assistance to vulnerable individuals. WFP delivered, through its partner, virtual financial literacy information sessions to support the enrolment and remote opening of mobile wallets.</td>
<td>West Bank and Gaza, Syria, Tunisia and Jordan</td>
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<tr>
<td>Monitoring</td>
<td>WFP's capacity strengthening support to government is evolving in areas of monitoring interventions through phone surveys. WFP is supporting the Presidency of Council of Ministers (PCM) to improve the quality of the quarterly PDM reports.</td>
<td>Lebanon</td>
</tr>
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</table>
Recommendations

- Provide emergency support to the most vulnerable and prepare the ground for a more equitable and sustainable social compact.
- To boost economic recovery, support SMEs to reduce job layoffs, design fiscal policies to promote economic transformation and decent work, expand and sustain fiscal space by raising and diversifying revenues, and possibly develop regional social solidarity fund to support the poorest groups and countries.43
- It is critical to ensure that remittances keep flowing to prevent the negative socioeconomic impacts of COVID-19 on the region
- COVID-19 is a huge opportunity to be part of a transformation towards a healthy and sustainable food system. Government policies that support lowering the burden of NCDs may include taxation of foods with unhealthy proportions of sugars, fats or salt, improved consumer decision-making with the help of informative labelling and tracking their behaviour along with implementing a nutrition-sensitive strategy are crucial.
- Emerging evidence44 identifies positive economic impacts from sugar-sweetened beverages taxes, including overall employment and productivity gains, and increased government spending. Even as they lower consumption and improve public health, sugar-sweetened beverage taxes can substantially boost government revenues. This is of critical importance during COVID-19, as government must maintain their public health responses while also mobilizing domestic revenue for investment in future pandemic preparedness and other essential health services.
- For international organizations, donations of food and financial support is a widespread theme during the pandemic. Organizations should be wary of widespread concerns about the healthiness of the products being donated and a reference to the use of a nutrient profiling system in deciding on the contents of a donation because unhealthy product donations can reinforce underlying inequalities.
- In RBC region, we need to understand food choices of the consumers and use this information to potentially shift purchases (and ultimately consumption) from heavily processed foods to healthier fresh products and nutritious dry goods. Analysis should look at transactions/purchase happening to gain a greater understanding of the behaviours and purchase patterns of beneficiaries and provide key recommendations that can help make WFP programmes utilizing Cash-Based Transfer (CBT) modalities more nutrition-sensitive.
- COVID-19 has prompted new marketing campaigns and advertising by companies. It has also become increasingly clear that behaviour change needed to fight COVID-19, advocacy and accountability must be undertaken by organizations, which care to ensure that responsible advocacy are strengthened during the crisis.
- As WFP, during COVID-19 we can dramatically improve the conditions of people’s lives, ensuring equitable access to healthy and nutritious foods within our operations, which would include the use of high nutritional value and fortified foods. It is essential that WFP acknowledges the links between overweight and obesity, diet-related NCDs and COVID-19, as NCD related mortality and morbidity will continue to rise at an alarming rate, placing further burden on health systems already struggling to cope.

43 Source: Policy Brief: The Impact of COVID-19 on the Arab Region, An opportunity to build back better, July 2020
• Highlight the disproportionate ways in which women are affected by the pandemic.
• Develop innovative gender mainstreaming resources, tools, guidelines & recommendations to ensure gender sensitive and responsive.
• Assess the impact of COVID-19 on gender equality and women’s empowerment and produce a comprehensive evidence-based report with recommendations post quarantine and lockdown uplift.
To monitor COVID-19 outbreak in RBC and relevant indicators, please visit our [RBC COVID-19 Monitor Hub](#).

For further information contact: Siddharth Kirshnaswamy (siddharth.krishnaswamy@wfp.org)