

UNHCR Regional Bureau for the Middle East and North Africa

COVID-19 Emergency Response Report

March to December 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 Turkey¹

Introduction

In 2020, UNHCR and partners continued to stay and deliver protection and assistance. Remote protection services, supporting access to health and education services, shelter assistance and cash programming have proved essential to refugees, asylum-seekers, the internally displaced and stateless persons.

In 2021, UNHCR plans to expand these programmes, continue to support national response plans, and prepare to enable effective vaccination campaigns which are inclusive of refugees, internally displaced persons (IDPs) and other forcibly displaced persons.

This report provides an overview of:

1. The impact of COVID-19 on displaced populations and host communities;
2. UNHCR's COVID-19 response in 2020 and highlights from operations across MENA;
3. UNHCR's COVID-19 2020 financial requirements and contributions received; and
4. UNHCR's COVID-19 2021 strategy and financial requirements for 2021.

Key figures for UNHCR's 2020 COVID-19 response across MENA



Protection

Across MENA, over 4 million individuals accessed protection services, including registration, legal assistance, case management and community-based protection. GBV services were maintained or expanded in response to COVID-19 in 67 per cent of targeted areas.



Emergency cash assistance

Some 1.4 million persons of concern were reached with emergency cash assistance as part of the COVID-19 response, worth a total of USD 85.5 million.



Health

Across MENA, 3.38 million medical masks were received by persons of concern. Nearly 726,000 persons of concern received essential healthcare services. Over 137,000 people were provided with mental health and psychosocial support services (MHPSS).



Education

Over 61,000 children and youth were supported with distance/home-based learning.



Communicating with Communities

Across MENA, an average of 60 per cent of areas inhabited by IDPs, refugees, migrants and host communities were reached by information campaigns about the COVID-19 pandemic. In six MENA countries, 100 per cent of areas were reached.



Social Protection and Livelihoods

Over 611,000 individuals most vulnerable to or affected by COVID-19 received livelihood support (e.g. cash transfers, inputs and technical assistance).

¹ UNHCR Turkey reports to the UNHCR Europe Bureau, and is therefore not included in these 2020 MENA regional achievements. Operations in Turkey nevertheless relate to the Syria & Iraq Situations and are included in the operational highlights section of this MENA update.

The impact of COVID-19 on displaced populations and host communities in 2020

Across the Middle East and North Africa (MENA), the protection and poverty impact of COVID-19 on vulnerable people and those living in the economic margins of society has been devastating.

Various studies and assessments consistently paint the same picture of the dramatic impact of COVID-19, in particular for those who were already vulnerable pre-pandemic. Refugee families, many of whom were already unable to afford to meet their basic needs pre-pandemic, have fallen further into debt and forced to resort to more harmful coping mechanisms, far more frequently.

Compounding Misfortunes – A joint UNHCR and World Bank study in Jordan, Lebanon and Iraq, funded by the Joint Data Center on Forced Displacement

UNHCR and World Bank partnered for a joint study, “Compounding Misfortunes”, on the poverty impact of COVID-19 on Syrian refugee and host communities in Jordan, Lebanon and Iraq (Kurdistan Region of Iraq - KRI). The results of the first phase of the study were rolled out in December 2020. An update to the study was published in March 2021, updating the projections and refining the underlying microsimulation models. Further revisions are expected later in 2021.

The report published in December estimates that 4.4 million people in the host communities and 1.1 million refugees or IDPs have been driven into poverty in the immediate aftermath of the crisis, and while this considers all of Lebanon, it only includes three governorates in Jordan and the KRI, due to data limitations. A response commensurate with the magnitude of the shock is needed to prevent further misery.

Cash programming has already been shown to have an immediate mitigating effect. Cash programming and other mitigation strategies, if done at scale and for a sufficient length of time, can bridge the gap between the onset of the crisis and the recovery of the economy to lessen the impact of the pandemic on both refugees and host communities. Other complementary programmes such as enabling self-reliance could potentially ensure more sustainable support at the household level, the effectiveness and impact of which will require further research.

The updated results indicate the following for Lebanon and KRI. For Jordan, further analysis and consistency checking will be conducted in 2021, in close coordination with the Government.



Compounding Misfortunes:
[Click here to access the publication](#)

Morocco's High Commission for Planning (HCP), in partnership with UNHCR, carried out a survey of refugees in Morocco in June 2020. The survey aimed to assess the impact of the COVID-19 pandemic on the economic, social and psychological situation of refugees.

The study shed light on the continuity of access to national services during the COVID-19 pandemic, where 62.8 per cent of refugees indicated that confinement did not prevent from accessing medical services and 79.1 per cent of households confirmed that family members enrolled in education were able to continue distance learning courses.

The study indicated the extent of the socio-economic impact on refugees in Morocco, whose survival primarily depends on jobs in the informal sector. Results showed that **nine out of 10 economically active refugees stopped working during the lockdown period.**

Overall, 78.4 per cent of refugees received at least one cash transfer from different sources. **UNHCR's cash-based assistance was the main source of financial support to over 82 per cent of the surveyed refugees**², followed by 11 per cent receiving support from family or friends, 3.8 per cent from civil society, 1.6 per cent from the Moroccan state and 1.2 per cent from private institutions.

This [video](#) from UNHCR in Morocco highlights the impact of COVID-19 on Mireille: a refugee originating from Cote D'Ivoire, a mother of four, and running her own business in Rabat.

The impact of COVID-19 on displaced populations and host communities in 2020

All have been affected, but those without assets, with debt, and working in the informal sector have been hit the hardest

In the MENA region, the [World Bank](#) estimates that poverty increased by roughly 12 million to 15 million people in 2020 alone at the middle-income poverty line of living on USD 5.50 per day. This estimate could further rise to upwards of 23 million by the end of 2021.

Refugee women and girls, already disadvantaged, have been particularly affected³

With limited access to basic services such as education, shelter, health care, mobile technology and the labour market, the existing challenges faced by women and girls were exacerbated during last year's lockdowns.⁴ Such challenges and shocks resulted in harmful gender-specific coping mechanisms such as child marriage, child labor, girls dropping out of school to help with housework, women overloaded with house and work-related chores, men controlling decisions over loans taken by women as well as sexual exploitation and abuse. An increase in cases of domestic violence against women was also reported, with mental health and psycho-social issues associated with COVID-19 lockdowns also affecting men, women, girls and boys.⁵

Both poorer host community and refugee children face additional obstacles to accessing education during lockdowns

Limited academic and technological support left many refugee children without proper access to distance learning, hindered primarily by technical barriers that include unstable internet

connections and electricity supply; the cost of data for virtual lessons or video streaming/ resources; limited electronic devices per household; and limited hours of TV programming. Certain groups of children including refugees, children with disabilities, girls and those from low socio-economic backgrounds were likely to be affected the most by last year's learning losses, which threaten to erase previous progress and learning gains.

Increased psychosocial distress and potential aggravation of symptoms for persons with pre-existing mental health conditions

The COVID-19 pandemic triggered or compounded a wide range of mental health conditions, increasing levels of anxiety and uncertainty that can lead to significant long-term mental health and psychosocial consequences. Some of the most vulnerable showed high degrees of psychological distress attributed to challenges like lack of resources, fear of evictions, risks of exploitation, violence and discrimination, disruption of social networks, as well as lack of livelihood opportunities. Furthermore, movement restrictions complicated access to existing service networks.

² Following the completion of the study, UNHCR was able to assist 100 per cent of all its surveyed refugees through five separate cash distributions.

³ OECD, [COVID-19 crisis in the MENA region: impact on gender equality and policy responses](#) 10 June 2020

⁴ Ibid.

⁵ UNHCR, [Mental Health and Psychosocial Response during COVID-19 Outbreak](#), June 2020

Social tensions are increasing in some countries among different population groups, driven by competition for resources and jobs

Numerous assessments point to key sources of tension across the region, including increased job competition, rising costs of living, and access to basic services. This has created intense pressure on municipalities, including on local service provision. These drivers can often be fueled by misperceptions, frustrations, and higher levels of stress across communities. This was accelerated further by the pandemic, which exacerbated many of the negative trends.

Durable solutions

2020 was a [record low for refugee resettlement](#) from MENA in almost two decades. Less than 15,500 refugees resettled from January to the end of September, compared to over 50,000 over the same period in 2019, impacted by COVID-19 delaying departures and some states pausing their resettlement programmes. Due to a range of factors including COVID-19, there was a reduction of voluntary returns to Syria. In 2020, 38,233 refugees in the region spontaneously returned to Syria, a reduction of almost 60 per cent from 2019.

Jordan

For Syrian refugees like [Rashid](#), and Jordanians alike, the COVID-19 pandemic has had a devastating effect. After work dried up last year, Rashid was no longer able to pay rent to his landlord for his family's home. After contacting UNHCR, lawyers helped Rashid mediate with the landlord and put in place a rental payment plan. In 2020, UNHCR witnessed alarming increases of cases of evictions of refugees, with a 40 per cent increase when compared to 2019. Jordanians have also been impacted, many of whom consider rental income as the only source of income to support themselves during the COVID-19 pandemic. Photo by UNHCR / Mohammad Hawari



UNHCR's response to COVID-19 in 2020

In line with its “stay and deliver approach”, UNHCR, together with partners across the region, ensured continuity of protection services and life-sustaining assistance during 2020.

In 2020, UNHCR's response to COVID-19 in the Middle East and North Africa region focused on:

1. Advocating for the inclusion of refugees, IDPs and other forcibly displaced and marginalized groups in national public health and other responses; and supporting national systems to provide testing and deliver health services, including intensive care.
2. Continuing, adapting and delivering services and assistance – including health, cash assistance, education, WASH and shelter programmes – both to reduce transmissions and to address the protection and poverty impact of COVID-19 restrictions.
3. Expanding and adapting protection services – refugee status determination (RSD), resettlement, mental health and psychosocial support services and two-way communication with communities, in a secure manner that is appropriate to the specific needs of individuals.

Below are some operational highlights of UNHCR's COVID-19 response in the MENA region in 2020. Additional information can also be found on [Global Focus](#).

COVID-19 prevention through community outreach

UNHCR stepped up its community outreach through targeted visits, community-led initiatives, and dedicated info lines, websites, and social media channels, allowing persons of concern to inform directly on growing needs and challenges, and hence programming.

In **Egypt**, since the start of remote work modalities in March up to end of 2020, UNHCR Egypt's Infoline and the registration hotlines responded to over 160,000 calls. In addition, staff in Alexandria and Cairo regularly communicated with 170 refugee community representatives and volunteers from different nationalities on UNHCR-managed messaging groups, in addition to more than 8,000 community members on other messaging groups.

In **Iraq**, UNHCR applied a range of community-based outreach mechanisms to raise COVID-19 awareness and share information. UNHCR also collaborated with the Iraq Information Centre and the Camp Coordination and Camp Management (CCCM) cluster in issuing and promoting sanitation and hygiene-related awareness-raising SMS's addressed to vulnerable displaced populations. In 2020, a total of 312,812

messages had been sent benefitting 78,000 refugee and asylum-seeker families and 291,542 SMSs benefitting 49,938 IDP families. In addition, 32,400 brochures and 1,000 posters on COVID-19 preventive measures were distributed to persons of concern, camp-based Primary Health Care Centres (PHCC), camp management, and community outreach volunteers.

In **Jordan**, a network of 23 Community Support Centres (CSCs) located in urban areas, managed by more than 150 volunteers including refugees, representing all nationalities, as well as host community members, were an integral part of UNHCR's overall communication efforts with refugees throughout 2020. These volunteers are trusted members of the refugee community and also manage a series of WhatsApp groups reaching around 51,000 refugees. In addition to CSCs, throughout 2020, UNHCR reached an average of one million people a month through social media, including through its new Facebook live series [#AskUNHCR](#), as well as over 60,000 persons through SMS and 400,000 pageviews on its [Help site](#) which was launched in April. Further to this, more than 350,000 calls were received by UNHCR's Helpline each month.

In **Lebanon** in 2020, more than 350,000 calls related to COVID-19 assistance were responded to through the joint UNHCR-WFP Call Centre. UNHCR also organized 1,781 site community groups (some 5,300 individuals) in informal settlement and collective shelters who worked to ensure that COVID-19 precautions including isolation procedures were understood and practiced at these sites. COVID-19 awareness conducted mostly online through Community and Social Development Centres (CDC/SDCs) also reached close to 40,000 people.

In **Syria**, over 1,084,800 individuals were reached through different communication means and projects including social media, bulk text messages, and leaflets distributed in public places to raise awareness on the importance of personal hygiene and social distancing to prevent infection.

In **Yemen**, UNHCR promoted COVID-19 awareness through outreach volunteers, new hotlines, and social media posts reaching thousands of vulnerable displaced families across the country. Awareness-raising sessions on COVID-19 were conducted by UNHCRs' partners targeting some 14,000 IDPs, 61,500 refugees and asylum-seekers and some 28,000 vulnerable members of the host community. UNHCR reached some additional 15,000 IDPs through CCCM partners. In addition, UNHCR distributed over 30,300 posters and brochures on COVID-19 preventive measures, psychosocial effects, and stress management during lockdown.

Cash assistance to mitigate the economic impacts of COVID-19

Cash assistance continues to be a valuable modality of assistance for vulnerable refugees, asylum-seekers and IDPs across MENA. UNHCR's approach to COVID-specific cash assistance in the region has been typically delivered through one-off lump sum payments, in some cases repeated as the scale of the crisis became apparent and more funding became available. A total of USD 85.5 million was disbursed in 2020, reaching over 1.4 million persons of concern. UNHCR's regular cash assistance programme has also continued alongside the emergency response.

In **Algeria**, over 1,100 refugees and asylum-seekers living in urban areas received exceptional multipurpose cash-based assistance to mitigate the impacts of COVID-19 on their lives. In **Egypt**, over 103,000 refugees and asylum-seekers received support primarily for the purposes of procuring hygiene items. In **Iraq**, 147,000 refugee individuals and over 330,000 IDPs living in urban areas received cash assistance for COVID-19, amounting to a total of some USD 21 million. In **Israel**, nearly 1,100 vulnerable individuals received cash assistance to help mitigate against the impact of loss of livelihoods. In **Jordan**, over 218,000 refugees received emergency COVID-19 cash assistance at least once, amounting to a total of USD 26.5 million. In **Lebanon**, over USD 7 million was disbursed to over 110,000 refugee individuals. In **Mauritania**, some 2,000 refugees received COVID-19 cash assistance. In **Morocco**, with many refugees in dire need of assistance from having lost their livelihoods, UNHCR distributed nearly USD 1 million

in cash assistance to over 8,000 refugees. In **Tunisia**, over 4,150 refugees received cash assistance from UNHCR to help mitigate against the impacts of COVID-19. In **Turkey**, UNHCR reached over 370,000 refugees with one-off cash assistance in cooperation with the Directorate General for Migration Management. In **Yemen**, over 80,000 IDPs and some 40,000 refugees received COVID-19-specific cash assistance to help them address their growing needs as a result of the impact associated with restrictions. In **Saudi Arabia**, nearly 900 persons of concern received cash assistance, and in **Kuwait**, UNHCR provided cash to 120 POCs as a quick and efficient mean to empower them to cope with the impact of the pandemic. In **Libya**, while cash activities were not directly purposed for COVID-19, the cash transfer value matrix was adjusted each quarter to accommodate price hikes and to maintain purchasing power given the tougher socio-economic conditions sustained during the pandemic.

Supporting national health systems

As national healthcare workers mobilized to provide comprehensive screening, testing, and care during the pandemic, UNHCR worked to ensure persons of concern were covered while supporting preparedness response efforts of national health systems. UNHCR also ensured that refugees with pre-existing conditions received continuity of care.

In **Algeria**, UNHCR played a proactive role in the preparedness and response plan in the Tindouf camps since the onset of the pandemic. Some 200,000 masks, medical equipment, hygiene, and disinfection supplies were supplied, and UNHCR supported establishment and fitting out of a dedicated COVID-19 unit in Rabouni's central hospital. UNHCR also covered the financial incentives of 150 medical staff directly involved in the COVID-19 response at the camp community level.

UNHCR supported the Directorate of Health in **Iraq** by providing training for 142 Primary Health Care Centre staff on COVID-19 case definition and detection, as well as Infection Prevention and Control and home care of COVID-19 cases. The trainings supported the early detection of COVID-19 cases, ensured proper referral to COVID-19 hospitals, and mitigated the risks of the virus spreading in camps and Primary Health Care Centres. UNHCR also procured 23 sets of Intensive Care Unit (ICU) equipment, consisting of ventilators, electric beds, monitors, nebulizers, syringe pumps, infusion and suction pumps, and oxygen regulators – delivered to COVID-19 hospitals in seven governorates.

UNHCR in **Lebanon** provided 800 additional hospital beds and 100 additional ICU beds, as part of its health facility expansion plan in 2020.

In **Tunisia**, UNHCR distributed more than 3,000 hygiene kits to persons of concern, and PPE supplied to mostly government authorities including medical facilities, to help prevent the spread of infections. UNHCR also donated and installed six Refugee Housing Units (RHU) for patient screening in hospitals in Medenine, Zarzis, Djerba and Ben Guerdane, and 10 RHUs were donated to Kasserine Governorate to enable the isolation of COVID-19 positive cases.

In **Egypt**, UNHCR supported frontline health workers under the Ministry of Health and Population (MoHP) and with 15,000 N95 masks, 160,000 surgical masks and 380,000 pairs of gloves. In addition, medical staff from MoHP primary health care units received training on various clinical guidelines in the context of COVID-19.

In **Syria**, UNHCR procured critical medical equipment such as ventilators, oxygen cylinders, and hospital beds valued at some USD 2.8 million for health facilities across the country. Moreover, 116 health professionals were trained on case definition, management, referral, and reporting of COVID-19 cases.

In **Yemen**, UNHCR supported the rehabilitation of six health facilities, namely in Aden, Lahj, Al-Hudaydah, Hadramaut, and Sana'a governorates, to increase their ability to admit COVID-19 patients. UNHCR also established a new ICU in Al-Gomhori

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_17383

