



COVID-19

**MENA-EE REGIONAL
IMPACT ANALYSIS**



COVID-19

MENA-EE Region

Islamic Relief Worldwide is operational in 12 countries in Middle East, North Africa and Eastern Europe Region. This document presents COVID-19 observations and data from both field teams and secondary data sources. The document aims to provide an understanding of both immediate and long-term potential impacts of COVID-19 as well as the key emerging trends that would affect humanitarian programming. A knowledge bank will be used to document best practices/lessons from field implementation for wider dissemination.

Key Insights

- Strict containment measures imposed by the Governments and authorities, are hampering access to basic services.
- Long period of economic inactivity is further exacerbating pre-COVID-19 socio-economic vulnerabilities. Since many countries in the region are facing ailing economy due to protracted conflict.
- Disruption of supply chain, currency devaluation, and low purchasing power has reduced access of food in the short-run. In the long-run, it will negatively impact household's food security situation.
- Health systems are under prepared to deal with the scale and spread of the pandemic.
- Domestic violence is a concern for women and young girls.
- Learning crisis for children (especially those who are digitally excluded) is rising due to closure of schools.
- Lack of funding for COVID-19 is pressurising humanitarian agencies to de-prioritise ongoing humanitarian programmes and divert resources for COVID-19 preparedness and response.
- High unemployment, poverty, reduced coping capacities of marginalised groups are some of the long term identified impacts of COVID-19 in the region.

Capacity and added value of Islamic Relief

Islamic Relief due to its operational presence, qualified human resource, volunteer network and longstanding relationships with an array of stakeholders, is in a unique position to adapt and implement its programmes in response to COVID-19 Pandemic. Our programmatic approach is focused on:

1. Community engagement for promotion of good practices and information
2. Supporting and strengthening health systems
3. Ensuring the longer term and secondary impacts are factored from the outset

Some examples of the ongoing response activities in MENA-EE Region to combat COVID-19 humanitarian implications include:

Provision of Infection, prevention and control (IPC) supplies, Personal Protective Equipment (PPE), medicines and medical equipment to the health facilities and Isolation centres. Also, in certain contexts, home health visits are arranged.

Disinfecting activities of public places/buildings such as hospitals and Schools to help reduce the possibility of contracting the virus.

Hygiene kit distribution and public health promotion and awareness to reduce the spread of the virus.

Ready to eat food provided in isolation centres as well as monthly food basket distribution.

Country Analysis

Yemen

COVID-19 poses a uniquely high risk for Yemen though so far only 6 cases are confirmed. The containment measures include border closure, movement restrictions between North and South etc. The ongoing conflict in Yemen since March 2015 has caused the worst suffering in the recent history with over 24 million Yemenis, 80 per cent of the entire population in need of humanitarian assistance and protection, with almost half of the total population are in acute needs. There is a strong fear that COVID-19 context will expose further the country to disruptions of the supply chains owing the heavy reliance on imports which will lead to loss of income in a context of already limited purchasing power of individuals and communities with high risk of shortages and inevitable increase of prices of essential items of wide consumption.

COVID-19 has potential to increase acute malnutrition rates as a result of continuous adoption of emergency and crisis level of food related coping strategies by the vulnerable communities. There is also risk of reduced local food production due to labour shortage, road blockages, challenges in accessing farm inputs (e.g. seeds, pesticides, fuel for irrigation), limited access to farmlands and fishing sites etc. The continued depreciation of the YER will progressively lead to increased cost of imports and foreign

currency shortages thus reducing import capacity, and subsequently leading to increased food and commodity prices.

Lack of supply chain and increased prices leads to reduced access to basic needs, especially infection and prevention control WASH items. There is an Increase risk of transmission of cholera, COVID-19 and other preventable disease, especially for the most vulnerable. There is limited access to information and health care and limited ability to safely self-quarantine, especially women and girls due to cultural norms. There is lack of functional and appropriate WASH facilities in public spaces, health centres and quarantine centres.

Only 51% of the total health facilities are functional. These are underprepared and lack staff, medicines and medical equipment. Due to the existing social and gender norms, women and girls will be more exposed to the virus, as they are the main care givers for their families; this will be increased with further protection threats linked to restrictions of movements and lockdowns.

The most vulnerable groups include women, children, elderly, the disabled, people with underlying health conditions or chronic diseases and IDPs.



IR Yemen staff member testing beneficiaries with an electronic thermometer



Distribution of masks, gloves and raising awareness inside Syrian camps

Syria

There are 43 confirmed cases in Government controlled areas while none have been reported in North West Syria (NWS). However, in all neighbouring countries of Syria, there are confirmed cases of COVID-19 and this is rapidly spreading. This poses a huge risk to NWS (where some 4 million people require humanitarian assistance) due to its weakened health systems and inadequate number of medical personnel after years of conflict.

Significant gaps in food assistance have been identified, due to challenges related to COVID-19 measures, funding, and re-programming.¹ Price increases and shortages in basic goods (around 10-15%) and personal sterilisation items (face masks, hand sanitisers – up to 5,000% increase) have been reported across Syria. The cost of the Survival Minimum Expenditure Basket (SMEB) increased by 3%.² The exchange rate is currently at its lowest point on record after the depreciation of the local currency. Across the 299 functioning health facilities in Idleb and Aleppo Governorates, there are just 153 ventilators and 148 intensive care unit beds.³ Malnutrition is becoming an increasing problem.

WASH facilities and services are also inadequate. A lack of water and hygiene facilities in IDP camps,

overcrowding in towns and IDP camps, as well as the absence of a strong authority or public management body to impose proper isolation/movement restriction policies are all factors aggravating the transmission of the virus across NWS. People are already living in overcrowded shelter and cannot practice physical distancing or isolation as such. Closing businesses and losing income during an outbreak along with pre-existing socio-economic vulnerabilities and fragile health system may lead to up to 100,000 deaths from the COVID-19.

Localised measures such as the closure of schools, markets, prohibition on mass gathering and adopting IPC measures are in place. A laboratory in Idleb has been equipped to test for COVID-19.

Humanitarian staff are impacted with restrictions on movement and lengthy quarantine, a contributing factor to limit the ability to deploy staff where needed. The most vulnerable group include displaced people living in overcrowded informal and spontaneous settlements, elderly living alone or dependent on others for care and support, female headed households, children and people with disability.

¹ Recent Developments in Northwest Syria Flash Update - 24 April 2020

² REACH Market Monitoring March 2020

All COVID-19 case numbers are taken from European Centre for Disease Prevention and Control <https://qap.ecdc.europa.eu/public/extensions/COVID-19/COVID-19.html>

³ WHO



Turkey

117,589 cases have been recorded in Turkey, making it the most affected country in terms of cases in the Middle East. Turkey also surpassed China in confirmed cases and is placed among the top 10 countries worldwide for new infections. Like many other countries in the region, Turkey has tightened the restrictive measures. The intra city travel are banned, international flights are suspended and curfew is imposed every week. Schools and offices are closed for an indefinite period.

Turkey is the only major economically and politically stable country in the Region. It currently hosts over 3.6 million registered Syrian refugees.⁴ The greatest challenge to these refugees is economic. An estimated one million Syrian refugees must work to be able to sustain themselves but the massive economic downturn caused by the pandemic, together with measures to prevent the spread of the virus (such as closures of small businesses, social distancing, restrictions on travel, and a ban on people under 20 and over 65 leaving their homes) presents further complications for people seeking to earn money. It is causing many refugees to lose their jobs and their income on the one hand,

and pushing them into desperation to consider accepting jobs that many refuse to do because of COVID-19 on the other.

Syrian refugee families in Turkey tend to live in homes with poor water, sanitation and hygiene conditions or crammed in tight spaces in the refugee camps with limited water or sewage hook-ups. This makes frequent handwashing and social distancing very difficult. The 2019 report by the Doctors of the World highlights that one in five refugees do not have access to clean drinking water and one in three do not have access to hygiene items in Turkey.

Registered Syrian refugees enjoy access to basic health services. The Turkish health system so far, has been able to cope with COVID-19 cases. This could dramatically change in the coming weeks and months, complicating access to health services. Furthermore, most refugees live in crowded and often particularly squalid conditions, making them more vulnerable to contacting the virus.

⁴ UNHCR

Iraq

Iraq recorded 2,003 COVID-19 cases so far. Approximately 20 per cent of these infections recorded are in Kurdistan Region of Iraq (KRI). Lockdown, closure of airports and land borders and ban on public gatherings has been exercised for several weeks.

Iraq's economy is dependent on exporting oil. While many countries are taking financial and legal measures to adapt to the challenges of this pandemic, Iraq has been "without a budget for this year, and without an effective government for nearly four months.

Thousands of highly vulnerable in-camp IDPs and returnees are at risk of not being able to access cash-based and in-kind asset replacement grants due to the inability of humanitarian actors to obtain access letters to enter camps, low availability of certain assets

in markets as a result of store closures, and the inability to access financial service providers for payments or purchase of in-kind assets. Due to curfew and lockdown, women and girls are unable to access case management services while the situation is reporting a marked increase in domestic violence either through Intimate partner violence (IPV) or incidence of survival sex. Movement restrictions imposed in March prevented WASH actors from reaching as many as 18,000 people with hygiene promotion services and 13,000 people in camps with adequate water and sanitation services.

The most vulnerable group of people are IDPs, refugees, returnees from prolonged displacement, and families with a perception of affiliation with non-state armed groups.



GBV Survivors working together voluntarily for the protection of their communities



IRJ Staff Deliver Wheelchairs to Syrian Refugees During the Quarantine

Jordan

Jordan has 451 reported cases and the Government has been exercising strict containment measures including closure of international land and air points of entry, schools, banks and offices.

Vulnerabilities are increasing and the situation is very critical for both the refugees and Jordanian people. The movement restrictions and suspension of work especially for daily wage workers is critical as they cannot cover their basic needs. Evidence shows an increase in domestic violence against women and children. However, the number of new survivors seeking help through hotlines remains low given their close proximity to the perpetrators. Women and

girls who are registered inside the camps but live outside have no access to cash assistance or basic needs and can be at high risk of sexual Gender Based Violence (GBV), particularly sexual exploitation and abuse.

The crisis has overstrained the country's infrastructure and social services such as healthcare and education. Refugees are struggling to access free health services as before and thus cannot afford treatment and medication.



Food Distribution to Syrian refugees in Lebanon

Lebanon

With 717 cases, the Government of Lebanon has been working on the preparedness of isolation and treatment only for Lebanese and requested NGOs and the international community to 'shoulder' the treatment of refugees (Syrian and Palestinian). The Lebanese government has limited capacity to source sufficient testing and health equipment due to the financial collapse which has left the country bankrupt.

Access to food has been increasingly hard for people in Lebanon, post financial collapse. The currency is significantly devalued. COVID-19 is directly impacting the access of food by daily workers who lost their jobs. Schools are closed and e-learning is out of reach for many due to unaffordability. Stress and anxiety have increased due to the economic crisis in Lebanon, uncertainties regarding access to healthcare for COVID-19 of infected people and feeling of guilt

for transmission to their relatives. Protection risks particularly for women and children are on a rise. Unemployment is sky rocketing and there are demonstrations in recent days due to the increasing frustration of the situation. There is also growing social tension between Lebanese and refugee communities.

Refugees are at particularly high risk due to increased economic vulnerability, increased debt, restrictive access to income generation opportunities, limited access to health services, poor shelter conditions and overcrowded settings, limited knowledge on COVID-19 prevention and mitigation, limited capacity for home-isolation, increased stigma and social tension, and increased curfew (sometimes informal and unofficial) on refugees.

Occupied Palestinian territory (OPT)

17 cases are confirmed in Gaza Strip, but the numbers are rapidly increasing in neighbouring Israel and West Bank. Over 2,000 people are currently staying in 21 active designated quarantine centres. Risk level for Gaza is classified as “Very High” by the W.H.O. risk assessment. Economic Indicators are performing low due to closure of Gaza border and restrictions on movement of goods and people.

Ongoing conflict, the blockade, the internal Palestinian political divide, a chronic power deficit and shortages in specialised staff, drugs and equipment, are all undermining the ability of health sector to be prepared and able to respond to COVID-19. Online learning for the students⁵ is not working well as many students do not have access to laptops, phones and printers, which is exacerbating the learning crisis. 68.5% of Gazan families are food insecure (up from 59.1% in 2014) and economic hardship further reducing their coping capacities. There is sharp reduction in the municipal services especially the collection and transport of solid waste from

the city. Municipalities are currently suffering from financial shortages which is threatening full breakdown of the services in the near future, leading to a potential environmental crisis. Industrial/production sector is heavily impacted. For example, the number of operating facilities (factories/workshops) have dropped by 35% after COVID-19 and the number of daily wage workers reduced by 60%. Over 12,000 labourers lost their income source⁶.

The extremely vulnerable people include; People suffering from chronic diseases, people with disabilities, petty traders, daily based employees, children, women and girls, People with frequent social contacts.

Palestine have announced some easing measures which would help improve economic activity in coming days.

⁵ All Education institutes are closed in Gaza.

⁶ The Palestinian federation of industries (PFI) Rapid Assessment



Preparation of hot meals to be taken to Quarantine centres for Iftar in Gaza



Supplies of PPE equipment to one of the 12 targeted hospitals in Tunis

Tunisia

Total COVID-19 cases in Tunisia have reached 975 and the spread of this pandemic has pushed the Government to take very strict measures such as border closure, movement restrictions, closure of all offices and education institutes, restaurants, other entertainment activities and imposing curfews. The industrial and tourism sectors have been badly affected. Daily workers are finding it difficult to meet the basic needs. The health sector is poorly equipped with only 240 ICU beds in all hospitals as well as severe shortage of PPE for the front-line health workers. The psychological impacts of losing jobs and containment are evident. There is an alarming increase in the number of domestic assaults and GBV issues. If the general containment measures continue for another few months, it may lead to social unrest. As a large proportion of the

population will be unable to cover the cost of accommodation, food and health.

The government has taken some corrective actions such as provision of cash assistance to vulnerable families. Yet the allocated amount is not enough. Additionally, there are large number of vulnerable families not registered with Ministry of social affairs and hence cannot benefit from this support.

The most vulnerable people include daily wage worker who lost their only income source, women and girls faced with an increased risk of domestic violence, children and elderly/people with chronic health conditions.



distribution of food packs in Kosovo

Kosovo

With 780 COVID-19 cases, Kosovo is struggling to manage the unprecedented circumstances. The communities are facing heightened movement restrictions, closure of education institutes, temporary suspension of air and land travel from high and medium risk countries and mandatory self-quarantine for the travelers. Since mid-April, the imposed restrictions are now stricter with people only allowed to go out for 90 minutes per day. This is mainly to reduce the expected high number of cases in the coming few weeks.

The economic consequences of such measures are serious and impacting almost every sector, affecting both the demand and supply side, such as travel, tourism industry and education sectors. Individuals fear losing their jobs and livelihoods and many companies, especially SMEs and

micro-businesses, are at risk of going bankrupt, which would of course have a detrimental knock-on effect on jobs, thus adversely impacting the purchasing power of consumers (Kosovo already has highest unemployment rate in Europe). Foreign remittances which currently makes 10% of the GDP are expected to drop by 4%. COVID-19 is disrupting some activities in agriculture and supply chains as well as causing low investments.

The extremely vulnerable group of people include women who are at greater risk of domestic violence, limited access to public services, and difficulties of resuming the labor market. Furthermore, orphans and people

Albania and North Macedonia

736 cases in Albania have been recorded so far with an estimated average age of 50 for positive cases. A complete lockdown is imposed. Albania is facing a double crisis; the economy and people were still recovering from November 2019 devastating Earthquake that caused an economic loss of 1 billion Euros. And now over 600,000 individuals require assistance to manage daily lives in the face of COVID-19. Closure of schools have disrupted education, invariably impacting children and parents. The worst hit sectors are namely commerce, services, hotels, restaurants, tourism and transportation. Before COVID-19, these sectors collectively were contributing about 40% of GDP.⁷ However, GDP growth rate is expected to fall by 5% in 2020.⁸ This will further push 34.6% of Albanians deeper into a vicious circle of poverty, who were living on less than USD 5.5 per day per capita (considered the poverty threshold).⁹

The most vulnerable group of people include retired individuals, people with disability, female headed households who are working in the informal sector, ethnic minorities (Roma families) as well as those who lost their homes during the Earthquake. The Government and humanitarian actors are working hand in hand. The local Government has provided a standard 2-week food package to the identified vulnerable groups.

Similarly, 1,339 cases have been reported in North Macedonia with a complete lock down imposed and unprecedented measures are disrupting the economy, resulting in mass job losses and raising the spectre of widespread hunger. Children from low income families cannot access E-learning due to lack of laptop, computer etc. North Macedonia Economy is export dependent with 82% of the total export is to European countries (some of which are already hit hard by COVID-19). The textile sector (major contributor of export) is seriously underperforming due to cancelled orders and delayed deliveries resulting from worker's absenteeism. Many factories will face bankruptcy

and closures during the inactive period, affecting over approximately 35,000 textile workers.¹⁰

Government has taken some measures to provide socio economic stability and protection. This include subsidies in taxes, grants to the employers to support net salary payments to the employees, interest free loans for the microbusiness, and ban on forceful eviction of employees.

Vulnerable Roma communities are particularly exposed to a high health risk due to poor housing conditions, lack of basic infrastructure and regular income. Also, orphan families, those who lost their jobs and elderly people are most in need.



IR Albania staff member during Food Distribution project

⁷ National Institute of Statistics Albania

⁸ IMF Estimated 14th April 2020

⁹ World Bank 2019

¹⁰ Employer's association



Distribution of hygiene kits to a hospital in Sarejev

Bosnia and Herzegovina

With 1,588 recorded cases, vulnerable children and families in Bosnia and Herzegovina (BiH) are in a particularly difficult position. In an attempt to flatten the infection curve, the government of BiH declared a State of Emergency and strengthened containment measures.

Except food shops, pharmacies and banks, all businesses have been closed, leaving 10,000 people Unemployed.¹¹ The daily wage workers are significantly impacted as they are unable to cover the basic needs. Further restrictions on movement within and across countries can hinder food-related logistic services, disrupt entire food supply chains and affect the availability of food. Impacts on the movement of agricultural labor and on the supply of inputs will soon pose critical challenges to food production, thus jeopardizing food security for all people, and hit hard especially people living in the poorest areas of the country.

The already weak health systems cannot accommodate a high infection rate. There is a lack of PPE and respirators. Weaknesses of the healthcare system is underpinned by socioeconomic vulnerabilities. Unemployment in Bosnia-Herzegovina is 37%¹² and 17% of people live below the national poverty line with another 27% risk falling into poverty,¹³ Ethnic and political tensions are continuously limiting efficient and transparent decision making.

Communities are left on their own to mitigate harm and respond to the immediate needs of people who have been directly (sick) or indirectly (massive employment) affected by COVID-19. The most vulnerable include the Roma community, refugees and migrants outside of the camps and isolated elderly.

¹¹ Social Media

¹² UNDP

¹³ CIA

Russian Federation

99,399 cases are reported in Russian Federation. The Government announced self-isolation order which is meant to slow the spread of COVID-19. With reduced economic activity, the country has already started to see negative consequences. There is an increase in unemployment rates in most sectors. The labour and unskilled workers are significantly impacted, whereby unemployment rates during COVID-19 reached 50% in Chechnya.

The Hotels and tourism sectors have been affected due to strict restrictive measures imposed. About 80% of staff working in restaurants, catering and food vendors lost their jobs during the past two weeks. The situation is further exacerbated by the devaluation of local currency by more than 25% since March which is fuelling inflation.

Microfinance Institutions, who already face problems with customer loan repayments must provide up to 6 months repayments holidays to their customers who suffer from income decrease due to the pandemic, which in turn affects their liquidity and disbursement capacity.

The small-scale business relies on face-to-face interactions, they are the most likely to suffer a loss of customers and income. This can in turn have ramifications on food security as well as access to other basic needs.

The most vulnerable groups include elderly, chronically ill, daily wage labour, women and children.



Food distribution in Chechnya

Regional Future Plans

The following thematic areas and activities are prioritised for MENA-EE Region to contribute to the Global¹⁴ and country COVID-19 Preparedness and Response Plans¹⁵. The activities and approaches will be adapted to unique context of each country.

Health

Health interventions will focus on containing the spread of the COVID-19 pandemic and decrease morbidity and mortality. Main activities would include:

- Community engagement and awareness with context specific COVID-19 key messages. The outreach to the wider community will be carried out through community volunteers, faith leaders and community representatives. A wide range of different mediums such as TV, radio, social media and printed material, will be used in local languages to maximise the reach.
- Training and capacity building of front-line health workers for Infection, prevention and control (IPC).
- Provision of medicines, medical equipment, IPC supplies and Personal Protective Equipment (PPE) to the health facilities and isolation centres.
- Repair and Rehabilitation of health facilities and isolation centres ensuring availability of inclusive WASH services.
- Disinfection of health facilities.

Food security and Agriculture

- Provision of monthly food baskets.
- Ready to eat meals for the patients in isolation centres.
- Provision of agriculture tools, seeds and livestock to promote agriculture-based livelihoods for both food security as well as income generation of families.

WASH

- Supporting the service providers and municipalities with disinfection materials for key WASH facilities.
- Provision of essential hygiene kits and disinfection materials or cash to families and people at higher risk of being affected.

Education

- Provide stationary, school fee and digital learning equipment to ensure education continuity for vulnerable children.
- Psychological support provided to vulnerable and orphan children and caregivers affected from isolation and uncertainty.

Basic needs

- Multipurpose cash assistance (MPCA) to meet the basic needs (food, rent, clothing, transport, medical) of vulnerable families.

Livelihood

- Market assessment to map the skills in demand and conduct vocational training for the unemployed.
- Provision of small cash grants to start small & medium scale enterprises (SMEs).
- Working with local market actors and government to support suppliers in new ways to distribute stock safely and ensure replenishment in the supply chains.
- Financial and technical support to the microbusinesses to innovate ways to reach their consumers efficiently and effectively in the new normal of less physical interaction.
- Provide access to sustainable financing to protect existing assets of micro businesses (reducing the chances of sale of productive assets).

¹⁴ <https://www.humanitarianresponse.info/fr/programme-cycle/space/document/covid-19-global-humanitarian-response-plan>

¹⁵ IRW is part of UN led Humanitarian Response Plan and contributes regularly.



Knowledge Bank (Lessons from the field)

- Programme activities must embed precautionary measures to reduce the risk of COVID-19 spread.
- COVID-19 is an unfolding crisis, thereby programmes must be designed flexibly to adapt as per the changed circumstances.
- Rigorous coordination with local authorities, humanitarian actors, local communities and working in partnership is key for a well-coordinated response to mitigate short and long-term impacts.
- Inclusive and gender-based strategies and policies need to be designed to reduce impacts on women and girls as currently they are faced with increased caring responsibilities and protection concerns.
- Communication with the communities is key. Two-way information sharing and dissemination is required to overcome misconceptions and promote preventive measures.
- Introduce remote ways for effective Monitoring and Evaluation.
- While Refugees and IDPs are more vulnerable, programmes must be conflict sensitive to consider host communities as they are also invariably bearing the burden of lost economic opportunities.



Awareness sessions conducted with beneficiaries about COVID-19 in Syria



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