



covid-19 response unrwa flash appeal for immediate needs

march – may 2020



1. crisis overview

On 30 January 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus disease 2019 (COVID-19) to be a Public Health Emergency of International Concern (PHEIC).¹ A pandemic was declared by WHO on 11 March 2020. According to WHO, as of 16 March 2020, a total of 164,837 confirmed COVID-19 cases have been reported, in 146 countries and areas, including 6,740 associated deaths.² At the time of writing, the surge in the number of cases and countries reporting cases is continuing, including in the Middle East. Many countries with advanced health systems are struggling to cope with the spread of the virus, raising serious concerns about the ability of those with weaker health systems to respond and provide the necessary care.

Cases of COVID-19 have also been reported in UNRWA area of operations. As of 16 March, 99 cases and three deaths had been reported in Lebanon, 38 cases in the West Bank and six in Jordan. No cases have yet been confirmed in Syria and Gaza. Israel has reported 200 cases, with local transmission now occurring, whilst other neighbouring countries are experiencing a surge in confirmed cases. This indicates that the risk of transmission is increasing. In order to contain the contagion, authorities have applied restrictive measures, limiting or banning travels to/from affected countries, requiring quarantine periods for individuals who have been in affected countries/in contact with cases, decreeing the closure of schools, universities and public places, and prohibiting large gatherings, sporting events and international conferences, among other things. Extensive border controls have been put in place in all UNRWA fields of operation.

Currently, all UNRWA schools and TVET centres, which have 541,000 students enrolled, are closed in all fields, in line with Host Country directives, as are two UNRWA teacher training institutions in the West Bank and Jordan.

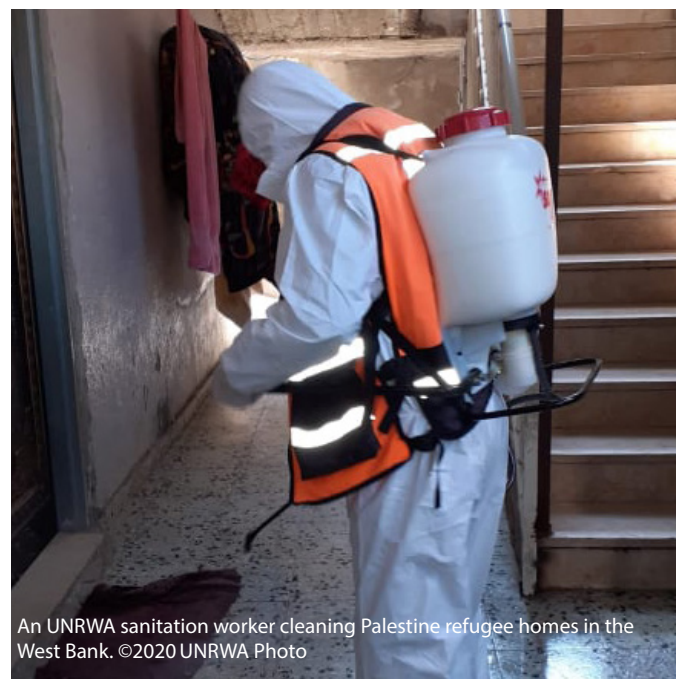
As this health emergency continues playing itself out, risks for UNRWA grow larger by the day, in

terms of the health and safety of the community of 5.6 million registered refugees UNRWA is mandated to assist and protect, and of its 30,000 staff. Moreover, constraints on refugee access to UNRWA services are severe.

This Flash Appeal covers the Agency's immediate needs for a three-month period, i.e. from 1 March – 31 May 2020 (as of March 2020). UNRWA recognizes that the situation is evolving rapidly and that the status of preparedness and response varies across Agency fields of operation due to differing needs and capacities. These specificities are reflected in the initial response requirements included in this appeal, which will be updated as needed. This may include provision of material assistance to other vulnerable groups affected by the COVID emergency, as well as additional support for health interventions.

1 PHEIC: an extraordinary event which is determined, as provided in the International Health Regulations (IHR) to constitute a public health risk to other States through the international spread of disease; and to potentially require a coordinated international response

2 WHO website <https://experience.arcgis.com/>



An UNRWA sanitation worker cleaning Palestine refugee homes in the West Bank. ©2020 UNRWA Photo

2. immediate response by unrwa

Services: UNRWA is committed to provide primary health care services in all of its fields of operation to ensure that Palestine refugees continue to have access to quality health care services. Triage care and protocols are in place to identify patients with respiratory symptoms. Other preparedness and risk mitigation measures have been introduced: patients with Non-Communicable Diseases (NCD) are receiving medicines to cover for a two-month prescription, to minimize their exposure to other patients with respiratory symptoms, and to make sure they have supplies of necessary medication in case of any disruption of services. In Gaza, the Agency has developed plans for telemedicine, including consultations by phone and a facility to organize collection of medicines from clinics at times when patient flow is lower. Hotlines are being set up in all of 22 UNRWA health centres in Gaza, and patients will be encouraged to use these as a primary means of communication, to reduce the number of physical visits to health centres and reduce the risk of outbreaks.

Additional requirements related to hygiene materials and personal protective equipment (PPE) are being mapped Agency-wide, and urgent items are under procurement.

In addition, it is anticipated that Palestine refugees may face challenges in accessing hospital care at Ministry of Health facilities, resulting in increased demand on UNRWA's hospitalization programme. The need for treatment and care for the elderly, who are amongst those most at risk of contracting COVID-19, is also likely to increase.

UNRWA is committed to maintaining delivery of **education services** even during times of emergencies. The Agency already has in place a renowned Education in Emergencies (EiE) approach which has played a key role in conflicts in Syria and Gaza. In recent weeks, Fields Offices have drawn on existing EiE educational resources in their planning and response. This includes curriculum based print material, the Agency's Interacti-



An UNRWA nurse attends to patients at the UNRWA Health Centre in Dheisheh Refugee Camp during the COVID-19 crisis. © 2020 UNRWA Photo by Yuman Patel



An UNRWA pharmacist dispenses medications to a Palestine refugee at the UNRWA Health Centre in the Old City in East Jerusalem during the COVID-19 crisis. © 2020 UNRWA Photo by Louise Wateridge

ve Learning Programme (ILP) on computer, DVD and mobile phone; lessons on UNRWA TV; and related guidance for students, teachers and parents. Prior to the temporary closure of schools, the Agency also stepped up cleanliness and hygiene measures in all locations, through provision of soap and reinforcement of good hygiene practices.

UNRWA HQ has worked to support fields in accessing EIE resources over the last weeks; however, now that all schools in all Fields are closed there is a much greater need for effective management of self-learning approaches. There is also a need to consider how self-learning materials can be used to support children with regards to new safety and hygiene issues. In Gaza, an SMS system is being put in place to ensure quick communications with parents of UNRWA students.

Coordination and management: The Agency has established a Task Force at its Headquarters in Amman, led by the Director of Health and involving relevant programmes and support departments. The task force is in daily contact with UNRWA field offices to support their preparedness and response efforts, and help filling critical gaps. Instructions, guidelines and Frequently Asked Questions have been developed and circulated to staff in line with WHO recommendations, on issues such as human

resources, travel, management of ill individuals in the workplace and medical facilities; awareness and communication materials have been developed; daily situation reports are issued; and business continuity plans have been updated and activated at HQ and field level.

In all of its fields of operation, UNRWA has established field-level coordination task forces involving relevant programmes and support staff; the Agency is also participating in inter-agency response set up by UN Country Teams and is interacting closely with WHO (country and regional offices) and relevant authorities to monitor the situation while reinforcing preparedness and response measures.



An UNRWA doctor at the Dheisheh Health Center in the West Bank © 2020 UNRWA Photo by Yumna Patel

3. priority needs

Under this appeal, UNRWA is seeking additional funding to ensure that the appropriate preparedness and response measures are in place at UNRWA installations, in particular health and education facilities. Provision is also made to cover health expenditures for vulnerable populations, particularly the elderly, and for self-learning approaches for children at UNRWA schools.

UNRWA aims to: 1) ensure UNRWA health centres continue to provide health services with specific measures to protect the occupational safety and health of staff and patients; 2) ensure at risk populations are able to cover health expenditures related to testing and treatment of COVID-19, particularly the elderly; 3) scale up, and further develop, the UNRWA Self-Learning Programme, as described above, which includes educational lessons on the UNRWA YouTube Channel, the Interactive Learning Programme (ILP) and printed materials; 4) undertake deep clean and replacement of un-hygienic bedding in dormitories of tertiary education installations and put in place rigorous cleaning practices in all UNRWA installations, as a preventive measure to reduce the risk of infection and; 5) prevent environmental health hazards through the continued provision of solid waste collection and disposal services inside refugee camps.

3.1 Strengthened Hygiene and Cleaning Practices and Personal Protective Equipment at Health Centres

UNRWA runs 141 primary health centres in Gaza, Jordan, Lebanon, Syria and the West Bank, including East Jerusalem, as well as one hospital, in Qalqilya in the West Bank. The Agency's health services are an integral part of the health system in all fields of operation: in 2019 they provided an estimated 8.5 million patient consultations for around 3.5 of the 5.6 million Palestine refugees registered with UNRWA.

Health workers are on the front line of the response to the outbreak and are exposed to hazards that increase their risk of infection from COVID-19. Strengthening the level of preparedness at UNRWA health centres to ensure that health staff are equip-

ped to assess suspected cases is critical to protect both health care workers and Palestine refugee patients.

While diagnosis and treatment of COVID-19 is provided at tertiary hospitals, UNRWA health centres provide primary health care to all kinds of patients including those with respiratory symptoms. UNRWA has set up a triage system at its health centres to define a patient pathway for those with respiratory symptoms. When providing physical examination to suspected cases, WHO recommends personal protection equipment (PPE) such as medical masks, eye protector, gowns and gloves to protect health workers from exposure to the pathogen. In addition, the provision of soap and alcohol-based hand rub at health centres, and increased cleaning and disinfection of health centres are profoundly important to reduce the risk of transmission of COVID-19 for both staff and patients.

3.2 Health-Care Needs of At-Risk Populations and Increased Hospitalization Costs

In order to support at risk populations, including those over the age of 60 years, in covering their potential health expenditures for hospital care, UNRWA will offer cash assistance to those in need of treatment and/or care in four fields of operation, i.e. Gaza, Jordan, Lebanon and Syria. For affected elderly patients cash assistance of between US\$ 200 and US\$ 400 will be provided.

Provision is also made for increased demand on UNRWA's hospitalization services, due to increased overall need for hospital care, and for support to refugees in Gaza, who may need to observe home treatment in Gaza. Due to the limited capacity of the health sector in Gaza, patients with moderate conditions may need to receive care at home while patients with severe and critical conditions are treated at hospitals.

3.3 Self-Learning Programme and Proper Hand Hygiene and Cleaning Practices at UNRWA School

UNRWA provides education to more than 533,000 students through 709 schools across its fields of operation. In addition, around 8,000 students study at eight technical and vocational training centres (VTCs) and another 1,800 at two graduate teacher training facilities in the West Bank and Jordan. With all Agency educational facilities now closed, there is a need to further develop and scale up the UNRWA Self Learning Programme (SLP), most specifically the Self Learning Materials (SLM); this includes print curriculum based material; the Interactive Learning Programme (ILP) on computer, DVD and mobile application; UNRWA TV curriculum based lessons. The scale up and further development will focus particularly on supporting parents and teachers in managing the self-learning process. Attention will also be given on how to use this approach to support children who have to stay at home, with regard to their psychosocial well-being and for safe practices to protect against COVID 19. All educational facilities will require deep cleaning prior to reopening. In order to ensure that proper hygiene and cleaning practices remain in place in all UNRWA schools and training centres, before and after opening, the Agency needs additional funding to procure the necessary cleaning items; and ensure the availability of personnel to conduct proper and regular cleaning and disinfection in UNRWA schools.

3.4 Sanitation, Hygiene, Waste Management and Special Measures for Food Distribution in Gaza

To avoid additional public health hazards, UNRWA aims to ensure that sanitation and solid waste management services continue to be conducted in Palestine refugee camps. This includes by ensuring the continued availability of equipment, including compactors and tractors. In the event that the existing sanitation workforce needs to be reinforced or is unable to work, there will be a need to hire additional sanitation workers on a daily paid basis. Sanitation labourers will be provided with the necessary protective equipment, including rubber gloves, face masks, goggles etc.

Provision is also included for enhanced hygiene and cleaning requirements at critical Agency installations (beyond schools and health centres), including Headquarter and Field Office compounds as well as Relief Service Offices and other facilities.

Food distribution is a vital service in Gaza, with the Agency assisting around one million refugees per quarter, and will continue during the COVID-19 emergency. However, special measures will be introduced to reduce the risk of outbreak. Movement control and crowd management will be implemented in all 10 UNRWA distribution centres in Gaza to ensure the safety of UNRWA front-line staff and beneficiaries.

estimated funding requirements

(for the period 1 March – 31 May 2020)

Total Requirements: US\$ 14,145,000

COVID-19 is a rapidly evolving crisis and this proposal will be reviewed as appropriate, based on evolving needs and response requirements. The below requirements are Agency-wide, including five fields and HQ locations, as of 16 March 2020.

Activities outline	Funding Requirements
Strengthened hygiene and cleaning practice at Health Centres (includes PPE kits, masks, gloves, hygiene items, cleaning and disinfection materials, additional cleaners)	US\$ 3,600,000
Health care needs of at-risk populations, in particular the elderly and increased hospitalization (includes cash assistance to cover costs related to testing and treatment and for hospital care, as well as home care for patients in Gaza)	US\$ 7,659,000
Scale up on Education Self-Learning Programme (SLP) and Self-Learning Materials (SLM), with a focus on ensuring effective management of the learning and monitoring of progress by teachers and parents. New materials to be developed on safety and hygiene practices and also to help promote children's psychosocial well-being, awareness raising on virus prevention. Deep cleaning of all education installations prior to their reopening, Hygiene resources Cleaning materials available for when installations reopen and cleaners specifically trained on their effective use.	US\$ 1,776,000
Sanitation, hygiene and waste management, special measures for food distribution in Gaza (includes protective equipment for sanitation labourers, additional sanitation labourers as well as requirements at UNRWA installations, including food distribution centres)	US\$ 1,110,000
Total	US\$ 14,145,000



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