

1. Latest epidemiological situation on COVID-19 at field level

COVID-19 cases have been confirmed in three fields: Lebanon, West Bank and Jordan. As of 11 March 2020, the number of confirmed cases and deaths are: 61 and 2 in Lebanon, 30 and 0 in West Bank, and 1 and 0 in Jordan. Local transmission has been reported by WHO in Lebanon and West Bank. To date, there are no confirmed cases of COVID-19 among Palestine Refugees.

2. UNRWA COVID-19 Preparedness and Response

UNRWA has developed an Agency-wide COVID-19 Strategic Preparedness and Response Plan. This plan is based on WHO guidelines.¹ It defines eight (8) priority steps and actions (8 pillars). Actions taken, relevant to UNRWA operations and services, are based on this structure.

Coordination for planning and monitoring

A COVID-19 coordination body has been established at UNRWA HQ, representing health, human resources, planning, communication, administration and procurement, as well as travel, security and the staff union. This body will guide UNRWA's overall coordination of the Agency-wide response to COVID-19.

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 efforts set up by the UNCT and is in contact with WHO (country and regional offices) and relevant authorities to monitor the situation and reinforce preparedness and response measures.

Communication

The UNRWA departments of health, planning and human resources are working with the communications division to streamline and disseminate COVID-19 related messages to all staff and refugees. A sitrep is issued daily, a human resources intranet page has been developed, and facebook is being actively utilized.

Infection Control and Prevention (ICP), and Case Management

UNRWA health services are integral parts of the health system in all Agency fields of operation and work very closely with host governments' health systems. The roles of 144 UNRWA clinics are to identify those with respiratory symptoms, and refer, when identified, potential COVID-19

¹ COVID-19 Strategic Preparedness and Response Plan: Operational planning guidelines to support country preparedness and response (12 February 2020)

suspected cases to governmental health institutions where isolation, diagnosis and treatment take place. UNRWA clinics have introduced triage systems and protocols.

Detailed technical guides on ICP and case management are included in the response plan and needs for equipment and medical consumables such as personal protective equipment (PPE).

Procurement

Based on the defined needs for ICP and other supplies, UNRWA's fields of operation have begun sourcing. Existing Programme Budget (PB) funding is being utilized to jump-start the procurement. However, these needs are additional to regular PB budget, and will begin to impact on cash flows in the near future.

Business continuity plan (BCP)

Fields and HQ departments are ensuring their Business Continuity Plans (BCP) are up to date, to ensure continuity of critical business processes in the event of a disruption. The BCPs contain scenarios in which offices cannot be reached or are operating on reduced capacity, and/or staff normally performing key functions are not available. At field level, UNRWA offices are also developing strategies and arrangements to ensure continuity of critical services such as health, education (e.g. through the Education in Emergencies strategies), sanitation in camps and relief, depending on the situation.

Funding needs

Based on the ICP and other essential needs to respond COVID-19 outbreaks, a funding proposal is under finalization. This covers primarily equipment and support to UNRWA clinics with ICP and other key materials, support to other institutions with ICP materials, and support to education with distance learning where we have closure of UNRWA schools.

National Health Systems capacity

One major challenge in UNRWA's COVID-19 response is the readiness and capacity of the national health systems, on which UNRWA relies for diagnosis and treatment of COVID-19 cases. At present, countries are responding adequately to the needs on COVID-19 response.

At the time of writing, the surge in the number of cases and in the number of affected countries is continuing, including in the Middle East, increasing concerns on the capacity of national health systems to respond and provide the necessary care, in particular in countries with weaker health systems. UNRWA is thus working very closely with WHO and international partners to scale up prevention and early detection of suspected COVID-19 cases.

3. COVID-19 Impact on UNRWA operations

Closure of schools in Lebanon and Palestine is the major impact of COVID-19 to date. The Governments of Lebanon and Palestine announced closure of schools, and UNRWA has done the same. UNRWA continues to follow national guidelines and responses.

Government's strict control on borders and movements have also affected UNRWA's operation. In particular, access restrictions between Jerusalem and West Bank, as well as home quarantine for some staff in the West Bank are affecting continuity of operations, as staff are unable to travel between areas of the West Bank. This has impacted particularly on IT support functions as many staff working at the field office compound commute from Bethlehem. Staff entering / returning to Israel are also required to self isolate for 14 days and there are restrictions on entry to Jordan, Lebanon and Syria from certain countries.

Because of such strict controls, UNRWA has decided to postpone all non-essential meetings (agency-wide) and non-critical travel in April and May 2020.

UNRWA is asking staff to reconsider annual leave where possible. Inability of staff to take rest and recuperation and deferred leave have potential impacts on staff wellbeing and this will be carefully monitored. The Agency is developing plans for to expand staff counselling services.

Projects are also at risk of delay, particularly where these involve activities in UNRWA schools, require training / workshops or necessitate travel between field offices and HQ locations. UNRWA is reviewing open grants and will contact donors bilaterally regarding these delays and with requests for no-cost extensions. There are particular risks related to education projects, in view of the closure of schools in some fields and the limited time available to complete activities due to the upcoming summer break.

There are risks to disruption of food distribution, particularly in Gaza (to 1m people), given the guidance on large gatherings, and in the West Bank (37k Bedouin / herders), due to closures. The Agency is looking at risk mitigation approaches to enable these programmes to continue. The Agency is particularly concerned about the prospects in Gaza for dramatic rates of infection and their consequences due to severe movement restrictions and lacking capacity to cope.

Health clinics are still fully operational in all fields, with triage systems and care for people with respiratory symptoms.

4. Next steps

UNRWA will continue to scale-up its response to COVID-19 through (1) BCP, (2) fundraising, and (3) collaboration with host governments, WHO and other national and international institutions. Continued provision of UNRWA health services is critical in the overall response to COVID-19 outbreaks. Additional Support needs of vulnerable groups will become a concern with time.