



Arab States Region

COVID-19 Situation Report No. 4

United Nations Population Fund



Reporting Period: 14 May - 5 June 2020

Regional Highlights

- All countries in the region have now confirmed COVID-19 cases with a consistent increase in infection cases and deaths including in some of the most fragile countries in the region such as Yemen, Somalia, Syria and Libya. People's resilience is weakened, and while even developed public health systems struggle to cope, the most fragile health systems are ill-equipped for the COVID-19 response.
- The deteriorating socio-economic situation creates further hardship in already fragile settings. The region hosts some of the world's worst humanitarian crises. Prior to the COVID-19 pandemic, more than 62.5 million people were in need of humanitarian assistance, including 15.5 million women of reproductive age of whom an estimated 1.5 million are pregnant.
- The COVID-19 pandemic is straining public health systems and has triggered unprecedented measures by governments around the world, including movement restrictions and shelter-in-place orders. Many countries, including in the Arab States region, are slowly easing some of the most severe mitigation measures.
- The UNFPA Arab States Regional Office and country offices support governments and work with UN agencies and national and international partners to minimize disruption to lifesaving sexual and reproductive health (SRH) and gender-based violence (GBV) services, provide protective personal equipment (PPE) and support safety of patients and health workers through strengthening infection prevention and control. Amid movement restrictions, alternate solutions to deliver services are underway including virtual outreach, mobile clinics, home visits, hotlines and provision of dignity kits in isolation centres
- The regional office added two technical briefs on [COVID-19 Disrupting SDG 5.3: Eliminating Female Genital Mutilation](#) and on [The Implications of COVID-19 on Census](#) to the growing body of knowledge around COVID-19 and its impact on SRH and GBV.




Situation in Numbers

 **340,443** Confirmed COVID-19 Cases

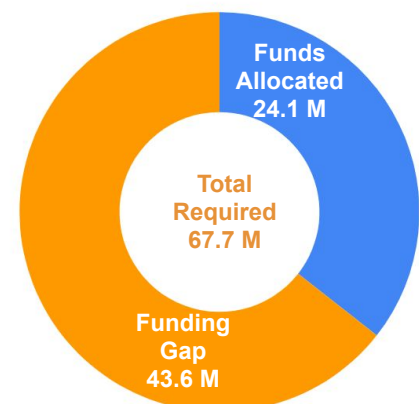
 **4,566** COVID-19 Deaths

Source: WHO 8 June, 2020

Key Population Groups

-  **8 M** Pregnant Women
-  **107 M** Women of Reproductive Age
-  **114 M** Young People (age 10-24)
-  **21 M** Older Persons (age 65+)

Funding Status for Region (US\$)



Regional Response Summary

Coordination

The UNFPA response in the Arab States region aligns with the [2030 Agenda](#), [WHO global strategic preparedness and response plan](#), [UN-coordinated global humanitarian response plan](#), the [UN framework for socio-economic response to COVID-19](#), and the [UNFPA COVID-19 global response plan \(June 2020 revision\)](#).

UNFPA participates in the World Health Organization (WHO) regional crisis management group and sub-working groups (1. risk communication and community engagement; 2. humanitarian settings and displaced populations; and 3. supplies) and co-chairs the regional inter-agency gender theme group and its gender-based violence (GBV) COVID-19 sub-working group ensuring integration of GBV within health.

At country level, UNFPA works closely with governments, UN agencies, and other partners to ensure the continuity of sexual and reproductive health (SRH) and GBV services. In humanitarian settings, UNFPA leads the GBV sub-cluster coordination, under protection cluster, and SRH sub-working groups in the context of the health cluster. Country offices are coordinating the procurement and logistics of humanitarian relief supplies as they relate to UNFPA's mandate and COVID-19 response. UNFPA supports COVID-19 Humanitarian Operation Cells, or similar mechanisms, to address service delivery constraints and advocate for physical access. UNFPA is engaged in the various coordination mechanisms including the UN Country Team and Humanitarian Coordination Team, and supports the respective national COVID-19 Preparedness and Response Plans ensuring integration of SRH and GBV concerns.

UNFPA country offices have been spearheading various COVID-19 impact assessments on SRH and increased risk of GBV among women and girls, including those most vulnerable such as persons with disabilities, older persons, refugees, internally displaced persons and migrants. UNFPA advocates for the continuity of SRH and GBV services and their prioritization as essential services. UNFPA is also engaged in all country based socio-economic impact analysis with a particular focus on access to health services and education, and social cohesion, equality and non-discrimination to ensure no one is being left behind as countries are responding to the pandemic and slowly moving toward recovery.

Continuity of SRH interventions, including protection of health workforce

At regional level. UNFPA provided technical guidance on [SRH and Midwifery Care in the context of COVID-19](#), [Supply Chain Management in the context of COVID-19](#), and a [position paper on the impact of COVID-19 on sexual and reproductive health and reproductive rights in the Arab region](#). The Arab States Regional Office is engaging with WHO and UNICEF on mapping the continuity of essential Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services during the COVID-19 pandemic.

Country Offices have supported continuity of SRH interventions including protection of health workforce by:

- Procuring personal protective equipment (PPE) for frontline healthcare workers delivering both COVID-19 and non-COVID-19 related SRH and GBV services (medical masks, gloves, goggles);
- Training of frontline healthcare workers, including provision of infection prevention and control (IPC) measures in health facilities, rolling-out standard operating procedures and guidance for COVID-19, with regard to pregnant women/delivery, and adaptation of training packages including on normal deliveries and C-sections;
- Disseminating relevant information, education and communication materials in line with WHO guidelines;
- Establishing alternative delivery modalities (e.g. mobile outreach and home visits) where SRH services have been shut down or severely curtailed.

Country examples:

- **Algeria:** UNFPA, with the Directorate of Population, is preparing a COVID-19 impact assessment on midwifery and access to SRH services, and is procuring PPE for midwives in the maternity ward of Boufarik hospital, where first COVID-19 cases have started to spread.
- **Djibouti:** UNFPA is supporting the Mother and Child Health Directorate in the reorganization of COVID-19 care, related to maternal and newborn health including the establishment of an isolation circuit for pregnant / postpartum women and newborns suspected or diagnosed with COVID-19, and an obstetric circuit for women without COVID-19 infection for both emergency care and consultations.

Continuity of SRH interventions, including protection of health workforce (continued)

- In **Morocco**: Over 600 health professionals took part in training sessions on the adaptation of maternity services in the context of COVID-19. Mental health support activities were organized for midwives.
- **Tunisia**: UNFPA leads the SRH task group coordinating partners in support of the Ministry of Health for the continuity of essential SRH services at primary, secondary and tertiary levels. A ministerial circular was sent to all health directorates to ensure the continuity of SRH/Maternal Health services and vaccination, an effort further supported through a national joint campaign (UNFPA, UNICEF, WHO and MoH). UNFPA is supporting the midwifery association to respond to identified needs, and has conducted midwifery training for 110 beneficiaries on COVID-19 including personal protection. A training module on COVID-19 and Obstetrics is under finalization.
- **Lebanon**: UNFPA, with the Lebanese Order of Midwives, supports pregnant COVID-19 infected women through a network of midwives in primary healthcare centers (PHCs) and hospitals. A total of 2,105 RH counselling sessions were conducted by trained midwives working in 70 primary health care centers and 20 governmental hospitals. The family planning hotline, established at the beginning of the pandemic, is functional.
- **Oman**: A hotline, established jointly with the Omani Society of Obstetrics and Gynaecology (OSOG), the Ministry of Health and WHO in the country, addresses women's concerns related to their maternal and psychological health. Information and consultations are also provided in English for the non-Arabic speaking community in the country especially from South East Asia.
- **Iraq**: UNFPA continues to support nine refugee camps, six camps for internally displaced persons and seven static clinics in returnee areas. As of 26 May, 10,694 individuals received reproductive health services, including antenatal care, postnatal care, newborn care, breastfeeding support, and family planning services.
- **Yemen**: UNFPA is ensuring the provision of RH services, as funding allows, in UNFPA-supported health facilities, including in facilities where COVID-19 cases have been isolated; while reinforcing infection prevention and control in maternal and emergency obstetric care. UNFPA as a first-line responder was quick to mobilize its implementing partners in providing infection prevention equipment and supplies to all supported health facilities in both the north and south of the country. A total of 114 health facilities were provided with PPE, 40 ventilators available for the COVID-19 response in country, with an additional 40 that arrived in the country end of May 2020. Eight ventilators were provided to isolation centres in Aden, where the disease is spreading most rapidly.



Disinfecting a maternity unit in Aden, Yemen.

Continuity of SRH interventions, including protection of health workforce (continued)

- In **Palestine**, UNFPA procured PPE for the SRH health workforce and is planning infection prevention and control (IPC) training for key SRH staff in Gaza and the West Bank. NGOs were supported to provide adapted health services, such as home ANC/PNC visits for high-risk pregnant women.
- **Sudan**: Nationwide, under its COVID-19 response plan, UNFPA has trained 892 community midwives, 254 Obstetricians/Gynecologists and 308 healthcare providers on IPC to ensure maximum protection of health care providers and the patients.
- **Libya**: UNFPA and partners deployed a Mobile Medical Unit to Fashloum and AIQadesseya PHCs in Tripoli to support the daily provision of essential RH services, including maternal and newborn healthcare services assisting 49 women, including 13 migrants, 7 IDPs, 29 host community members, and conducted awareness sessions on hand hygiene reaching 123 people.
- In **Somalia**, [UNFPA](#) is supporting De Martino Hospital in Mogadishu, the Government-Designated National Referral Center for COVID-19 case management and Isolation for the entire country. UNFPA provides support to COVID-19 prevention and mitigation efforts in Emergency Obstetric Care and Neonatal Care (EmONC) facilities across the country, and procures PPE for health workers, including midwives. To ensure that unmet needs for birth spacing are addressed even during the pandemic, virtual training on family planning reached 20 tutors from 15 midwifery schools in Somalia.
- **Jordan**: UNFPA, through its partner IRC, implements remote counselling, screening and follow-up for antenatal care, postnatal care, UTI management and family planning in Azraq camp to enhance access to SRH services even during times of COVID-19 lockdown restrictions.
- **Syria**: COVID-19 awareness raising sessions targeted RH static clinics and mobile teams in Damascus, rural Damascus, Daraa, Sweida, Quneitra, Hama, Lattakia, Homs, Hama, Tartous, Aleppo, Al-Hasakeh and Deir-ez-Zor. UNFPA established a Programme Innovation Working Group for new and innovative programmatic approaches toward continued comprehensive, essential GBV and RH services.



Doctors and midwives continue deliveries and providing reproductive health services during COVID-19. ©UNFPA Syria

Addressing GBV

UNFPA, in partnership with other UN agencies, produced a policy brief on the [Impact of COVID19 on Gender Equality in the Arab Region](#) and published a brief on COVID-19 and [Essential Services Provision for Survivors of Violence Against Women and Girls](#). The UN Regional Gender Theme Group developed a [Best Practice Toolkit](#) on how to provide services to women and girls in the context of the pandemic. The **Regional Syria Response Hub** developed a [donor advocacy brief](#) on critical GBV services during COVID-19 to continue prioritising all types of GBV interventions. The brief underscores the importance of leveraging innovative methods to support GBV survivors and women and girls at risk throughout the crisis, particularly in light of lockdowns and movement restrictions. The Hub also published a [guidance note](#) on GBV service provision for the Whole of Syria during COVID-19, serving as a framework for frontline GBV service providers to deliver timely, dignified and safe GBV services during the pandemic.

UNFPA, with UN Women, WHO, the UN Development Programme (UNDP), and the United Nations Office on Drugs and Crime (UNODC) will organize a [webinar](#) on the [Essential Service Package \(ESP\)](#) for Women and Girls Subject to Violence for technical staff from sector ministries (health, social and justice and policing).

At country level, UNFPA continues to address GBV by:

- Developing online tools on GBV prevention and response during COVID-19 and supporting hotlines to address the most immediate needs of GBV survivors.
- Distributing dignity kits adapted to COVID-19 for female healthcare workers, women and girls in quarantine and isolation, and refugees and asylum seekers.
- Reviewing and updating referral pathways and services addressing GBV to compensate for the disruption of services, in particular for clinical management of rape, and offering the essential package of services to address various GBV prevention and response needs at UNFPA-supported safe spaces.



Country examples

- **Algeria:** Reports about increased domestic violence, including women killed by their husbands, have not translated into more calls to NGO hotline services, indicating the challenge to reach out for help during lockdown. UNFPA is supporting the SOS Women in Distress and is providing PPE to vulnerable women in Algiers.
- **Morocco:** UNFPA is supporting the Ministry of Health to adapt the National Programme on Violence Against Women information system to the needs of the COVID-19 pandemic. As the healthcare system, usually an entry point for GBV detection, is seeing less consultations for non-COVID-19 affected persons, conventional GBV prevention, response and monitoring of GBV survivors is falling short. A new digital platform raises awareness among families and facilitates direct reporting of acts of violence.
- **Tunisia:** The Ministry of Women's Affairs set up a new temporary shelter for women survivors of violence. The survivors will first be quarantined for 14 days and then move to other already functional centers. UNFPA also provided three shelters with PPE products and supported the GBV hotline extension to be functional 24/7.

Addressing GBV (continued)

Country examples

- In **Somalia**, the GBV sub-cluster and service providers updated referral pathways and sensitized frontline aid workers on GBV and prevention of sexual exploitation and abuse (PSEA). Social workers, counsellors and legal aid focal points were trained and sensitized on personal protection and measures to curb the spread of COVID-19 during GBV service delivery. UNFPA supported the development of animated awareness messages including videos and radio shows of COVID-19 and related GBV vulnerabilities including increased domestic violence. Essential hygiene and sanitation items (e.g. sanitary pads, soap, hand sanitizers) were provided to women and girls, particularly those in isolation and treatment for COVID-19, as well as health workers and community workers including midwives.
- **Sudan:** In West Darfur, UNFPA trained women targeting vulnerable groups, including GBV survivors, to sew fabric face masks to curb the spread of COVID-19 and strengthen women's resilience. In partnership with the Ministry of Women's Affairs, two videos were produced on GBV in the context of COVID-19 and reassuring the public about the continuity of GBV services. In Blue Nile, women were trained on soap making to both respond to increased hygiene needs while also providing income generation opportunities.
- **Djibouti:** UNFPA, in partnership with UNHCR, launched preparations for a GBV needs assessment including service availability mapping targeting the refugee population, asylum seekers, migrants and the host population.
- **Lebanon:** UNFPA, UN Women, WHO and the SGBV Task Force in Lebanon launched the [Gender Alert on COVID-19 in Lebanon. No. 3](#) focusing on the disproportionate impact of GBV against women and girls during lockdown and an increase in documented cases of cyberbullying, economic violence, and violence against LGBTI persons, and migrant domestic workers.
- **Iraq:** UNFPA continues to operate 37 women centres and mobilized 9 mobile teams and 71 staff to assist GBV survivors including referral to specialised services. Partners distributed 2,775 dignity kits, and women centres sew more than 5,000 masks. Women centres offered awareness-raising sessions on sexual exploitation, domestic violence and prevention methods as part of the COVID-19 response reaching 7,011 individuals in camps and non-camps settings. Preliminary GBV assessment findings show an increase in GBV, particularly domestic violence, against challenges to identify new cases or access services due to movement restrictions.
- **Egypt:** UNFPA supported the National Council for Women to formulate its COVID-19 policy paper guiding the national response to women's and girls' gender and GBV concerns in the context of the pandemic.
- **Jordan:** As Women and Girls Safe spaces are slowly opening up specific challenges remain such as the need for outreach and diversification of tools to inform communities about services. Virtual activities continue but access of some women is limited by their lack of a cell phone or sufficient credit.
- **Palestine:** 1,600 dignity kits were distributed in Gaza quarantine centres. In May, police and health personnel in Gaza quarantine centers were sensitized on special needs of women, child protection, mental health, and people with disabilities and to detect GBV and refer for services. Similar trainings are planned for the West Bank.
- **Yemen:** Alternative delivery modalities - such as hotlines and toll-free numbers as an alternative to in-person services - ensure continuity in services nationwide. Tele-counselling services include psychological counseling, psychosocial support services, GBV case management and referral, legal aid consulting, coronavirus awareness and protection services related to women in prisons. Critical services such as specialized psychological centres and shelters continue running, with distancing measures in place and the provision of PPE.
- **Libya:** Women and Girls Safe Spaces in Tripoli and Sabha are delivering livelihood training for women on sewing face masks in compliance with WHO guidelines. Masks have so far been distributed in health facilities and public spaces, including in migrant and refugee gathering areas.
- **Syria:** UNFPA continues its [COVID-19 GBV response](#). Integrated GBV/RH services are provided by mobile teams in line with COVID-19 containment measures. UNFPA is in the final stages of completing a 5-week online webinar series for case workers covering remote GBV case management, online GBV messaging, mobilizing women networks through online platforms and staff self-care. One pager guidance notes will be provided to participants after the webinars while the consultant will be available to provide online support to case workers. Customized dignity kits will be distributed to people with disabilities and the elderly at 8 boarding facilities in Damascus and Rural Damascus, reaching 750 people on a monthly basis for a period of six months.

Risk communication and community engagement - women, youth and leaving no one behind.

Rapid use of knowledge and correct information is an important component of an effective response to the COVID-19 pandemic. UNFPA in the Arab States region recognizes the role of young people as an important resource in mitigating risks and in community outreach during this crisis.

UNFPA offices continue to engage in risk communication and community engagement, including through working with youth led networks and initiatives, through:

- Communication platforms such as podcasts, hotlines, and media to reach as many people as possible .
- Joint awareness raising, education, and activism with wide range of partners, including communities.
- Participation in regional and country level risk communication and community engagement working groups.

UNFPA support at country level:

- **GCC/Oman:** UNFPA GCC is engaging with other UN country teams in Oman, Bahrain, Kuwait and Saudi Arabia. In Kuwait, UNFPA supports public sensitization on the role of the healthcare workers in the context of the pandemic. In Oman, and in cooperation with WHO, UNFPA works on correct messaging and information to counter false news and rumors around COVID-19. Together with FAO and the Ministry of Health, UNFPA developed social media and webinars (zoominars) contents on healthy diet and healthy lifestyles targeting those vulnerable to COVID-19 including pregnant women and those with chronic conditions.
- **Djibouti:** UNFPA, with its national partners, the Ministry of Women, networks of researchers and a web TV communication agency, organized a live-stream virtual round table to reflect on GBV risks in the context of the pandemic especially a resurgence of FGM.
- **Somalia:** UNFPA produced a COVID-19 vulnerability mapping by risk factor for [Benadir region](#) and [Baidoa town](#) informing national and sub-national RCCE task forces, UNFPA partners and humanitarian clusters such as WASH and CCCM (camp coordination and camp management) for targeted risk communication and community engagement based on the identified hotspots.
- **Algeria:** UNFPA supports the capacity development of a network of youth volunteers to engage in social media community sensitization on COVID-19 protection measures.
- **Egypt:** Y-Peer Egypt used social media for simplified GBV messages and answers around the most frequently asked COVID-19 questions and rumors.
- **Morocco:** UNFPA produced [video materials](#) on physiotherapy for persons with disabilities in the context of COVID-19. A [digital media campaign against GBV](#) by 21 celebrities included sign language. Supported by UNFPA, Y-PEER produced a [video on SRH and GBV in the context of COVID-19](#). The Ministry of Health launched a [web radio station](#) for young people and continues to share [youth information and data on COVID-19](#).
- **Syria:** In cooperation with the Ministry of Interior and the Ministry of Health, [COVID-19 awareness raising products](#) (movies, posters, and brochures) were distributed in health facilities, and local communities in hard-to-reach areas.



Distribution of face masks to migrants in open areas in Libya.

Media & Communications

UNFPA regional office and country offices are united against COVID-19.

As the region welcomed Eid, UNFPA celebrated the joyous occasion by spreading messages of hope and positivity encouraging new ways to connect with loved ones in such times, while sharing mandate related material. UNFPA continues to disseminate COVID-19 awareness messages through the different social media platforms, targeting Arab audiences.

During the last two weeks of May, some country offices ([Yemen](#), [Djibouti](#), [Algeria](#), [Syria](#), [Morocco](#)) created informational videos targeting the vulnerable within their communities. UNFPA is sparing no efforts to reach Arab audiences in the virtual world as we continue to work with high profile partners, League of Arab States, and other UN sister agencies.

UNFPA [remains an active member in the efforts led by League of Arab States](#), UN Women, UNHCR, and others to give women and girls a platform to share their stories during Corona. UNFPA is an active member within Regional Interagency RCCE Working Group, attending meetings, contributing to the shared messages, providing input and sharing all documents produced by UNFPA/UNFPAASRO.

[ASRO's campaign in support of first responders](#), mainly midwives and nurses, continues to attract viewers. For the remaining months of 2020, ASRO will highlight the work of midwives and nurses performing their duties in times of crisis, and the urgent need to invest more in both professions. Country offices' participation is giving midwives a platform to showcase their work.

ASRO commemorated [International Day to End Obstetric Fistula](#) and created an awareness campaign. As part of the campaign, ASRO cooperated with the Yemen country office and HQ to produce a [web story](#). The campaign aimed to emphasize the impact of COVID-19 and the likely increase in obstetric fistula.

ASRO celebrated [Menstrual Hygiene Day](#) by sharing messages stressing the importance of menstrual hygiene products for women and girls everywhere during the ongoing crisis. The messages addressed gender inequalities in accessing such services and disruption of services. Moreover, the messages aimed to combat false information and myths relating to the matter.

Within the last 14 days, our online engagement saw a 207% increase, attracting mainly Arab youth, and we hope to build on this going forward by producing diverse and localized educational content.

Country Offices:

- **Egypt.**
 - [UNFPA delivers dignity kits to frontline health workers](#)
 - [Egypt: Song of hope](#)
- **GCC.** [In a joint project UNFPA provides consultation services to women in response to COVID-19](#)
- **Iraq.** [UNFPA Iraq COVID-19 Response Plan](#)
- **Jordan.**
 - [Press Release Rapid Assessment Report launch: "Daring to ask, listen and act: A snapshot the impacts of COVID-19 on women and girls' rights and sexual and reproductive health"](#)
- **Morocco.** [Salama campaign](#)
- **Palestine.** [Midwifery in the time of COVID-19: a young midwife's contributions](#)
- **Somalia.** [Beyond the scars: Personal stories of survivors of FGM](#)
- **Sudan.**
 - [EU and UNFPA join forces to tackle gender-based violence across Darfur](#)
 - [GBV hotline in Sudan](#)
 - [Sweden and UNFPA join hands to save mothers and babies from COVID-19 in Sudan](#)
- **Yemen.**
 - [Yemen Health System approaching breaking Point](#)
 - [Obstetric Fistula Strikes Most Vulnerable Women](#)
 - [Matter of Life and Death](#)



UNFPA supports the continuity of sexual and reproductive health services in Palestine and provides personal protective equipment and supplies to midwives and health staff - ©Palestine Medical Complex / Ministry of Health, Ramallah, Palestine, May 2020

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UNFPA Sudan:
Distributing dignity kits
to women and girls in
isolation.
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UNFPA Iraq distributed dignity kits to 2,535 women and girls in Sulaymaniyah in camps/host community settings

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In Morocco, UNFPA continued to celebrate midwives.



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Egypt: Y-PEER volunteers packed 11,000 kits.



UNFPA Morocco: UNFPA and Ministry of Youth & Sports initiative, distributing hygiene kits



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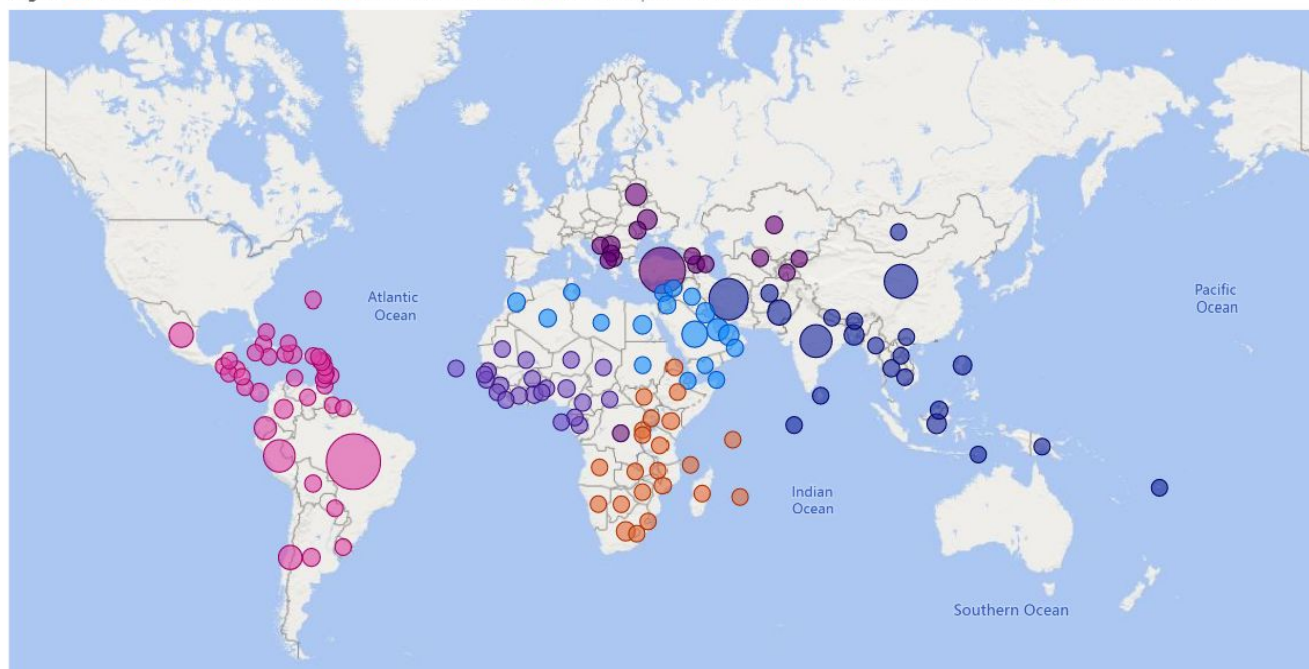
UNFPA GCC/OMAN: Telemedicine hotline to respond to pregnant women inquiries

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 8 June 2020

Country	Confirmed Cases	Deaths
Algeria	10,154	707
Djibouti	4,207	28
Egypt	34,079	1,237
Gulf Cooperation Council*	258,242	1,381
Iraq	12,366	346
Jordan	808	9
Lebanon	1,331	30
Libya	256	5
Morocco	8,224	208
Palestine	643	5
Somalia	2,334	83
Sudan	6,083	359
Syrian Arab Republic	141	6
Tunisia	1,087	49
Yemen	488	113
Total Arab States Region	340,443	4,566

Confirmed Cases by Country and Region

Region ● Arab States ● Asia and the Pacific ● East and Southern Africa ● Eastern Europe and Central Asia ● Latin America and the Caribbean ● West and Central Africa



* Kingdom of Bahrain, Kingdom of Saudi Arabia, State of Kuwait, State of Qatar, United Arab Emirates, Sultanate of Oman