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Arab States Region

COVID-19 Situation Report No. 5

United Nations Population Fund



Reporting Period: 1 - 30 June 2020

Regional Highlights

- All countries in the region have confirmed COVID-19 cases with the vast majority (around three quarters) among the Gulf Cooperation Council countries. Egypt and Iraq are showing a steady increase in caseload. Rising infection is also of concern in the most fragile countries in the region, i.e. Yemen, Somalia, Syria and Libya, as health systems are ill-equipped for a pandemic response. More than a quarter of confirmed cases in Yemen have died giving it the highest case fatality rate in the region.
- The strain on public health systems is increasingly apparent, the socio-economic situation is plummeting and more countries are facing unprecedented level of food insecurity exacerbated by COVID-19, e.g. Sudan, Yemen, and Somalia. Some countries are adopting a “coexistence” approach with COVID-19 to jump start their economies. The resulting major challenges in mitigating the pandemic can be summed up as inadequate risk communications and community engagement; limited capacities to isolate, quarantine and trace; and, limited adherence to social and physical distancing.
- Prior to the 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. Ongoing regional and country socio-economic impact assessments point toward a steep increase in vulnerabilities and needs.
- As the [Syria crisis](#) enters into its 10th year, women and girls continue to be disproportionately affected by gender-based violence (GBV) and face barriers to access sexual and reproductive health (SRH) information and services.
- Interventions are being adjusted to the context of the pandemic to maintain critical access to quality services, including through remote, mobile, and online modalities. However, given the challenges arising from COVID-19, the delivery of SRH services and GBV programming may be affected as countries focus on curbing the spread of the virus and, both human and financial, resources are being shifted toward the Covid-19 response at the expense of prior humanitarian needs.

Situation in Numbers

 **600,286** Confirmed COVID-19 Cases

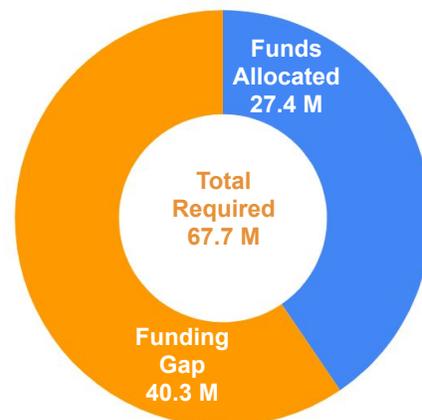
 **10,096** COVID-19 Deaths

Source: WHO 2 July, 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 and Advocacy

The UNFPA Arab States Regional Office participates in the WHO regional crisis management group and sub-working groups (Risk communication and community engagement; Humanitarian settings and displaced populations; and Supplies). UNFPA co-chairs the regional inter-agency gender theme group and its GBV COVID-19 sub-working group ensuring integration of GBV within health. UNFPA and country offices support governments and work with UN agencies and national and international partners to minimize disruption to lifesaving SRH and GBV services, provide protective personal equipment (PPE) and support safety of patients and health workers through infection prevention and control.

UNFPA is engaged in country specific socio-economic impact assessments which form the basis for developing country specific medium-term UN socio-economic response plans. UNFPA's particular focus is on health, social protection and basic social services services, and gender considerations to ensure no one is being left behind especially those most vulnerable, i.e. persons with disabilities, older persons, refugees, internally displaced persons and migrants. The Arab States region, known for its protracted and complex humanitarian crisis, will need to ensure an overarching response along the humanitarian development and peace nexus.

SRH and GBV services and their prioritization as essential services

UNFPA advocates for the continuity of comprehensive and specialised GBV programmes and SRH services as essential and lifesaving, especially in times of public health crisis such as the COVID-19 pandemic. As reiterated during the Brussels IV conference (29 - 30 June 2020) convened around the [Syria crisis](#), all GBV prevention and response programmes, including women and girls' safe spaces and mobile services, along with SRH services, must be considered as basic essential services that need to be maintained. Funding dedicated to GBV programmes and SRH services delivery must not only continue, but must also meet the increased needs brought on by the COVID-19 pandemic.

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](#).

UNFPA Regional Office, jointly with WHO and UNICEF, is supporting the continuity of essential Reproductive, Maternal, Neonatal, Child and Adolescent Health services especially during the pandemic. COVID-19 impact assessments on MCH/RH service delivery have commenced in Sudan and Iraq with more countries to join. UNFPA/WHO/UNICEF advocacy geared toward national Ministries of Health highlights the criticality of maintaining maternal, child and reproductive health services during the pandemic to avoid excess morbidity and mortality.

UNFPA, under the regional alliance for the Global Action Plan for Healthy Lives and Wellbeing for All, and in partnership with WHO, UNICEF, UNAIDS, UNHCR and World Organization for Family Doctors, is also developing an online training programme for primary health care providers on COVID-19 management and on how to sustain essential services. In addition, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Tunisia and Yemen expressed their interest to identify and document the role of the private health sector in the context of Covid-19.

At country level, UNFPA maintains its support for the 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;
- Training of frontline healthcare workers, including midwives and nurses, on 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;
- Dissemination of relevant information, education and communication materials in line with WHO guidelines; and
- Establishing alternative delivery modalities (e.g. mobile outreach and home visits) where SRH services have been shut down or severely curtailed.

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

Country examples:

- **Algeria:** UNFPA, with the Directorate of Population, is conducting a COVID-19 impact assessment on midwifery and access to SRH services in 16 provinces (wilayas).
- **Djibouti:** UNFPA supported the reorganization of the general health care system with a focus on reproductive health care. UNFPA provided PPE, and hygiene and handwashing products along with containers for waste management while community health workers have been deployed to polyclinics to provide referrals, raise awareness around the pandemic and ensure hand washing, wearing of masks, and social distancing.
- **Egypt:** UNFPA initiated the development of COVID-19 standard operating procedures for service providers for antenatal, delivery and postnatal services. The SOPs are designed for physicians at primary healthcare centers and hospitals, including isolation hospitals. UNFPA is also delivering 10,000 hygiene kits to frontline health service providers and patients of a large-scale Breast Cancer Hospital (Baheya).
- **Iraq:** The sharp increase in cases during the month of June is a major challenge for the health system. UNFPA is procuring additional PPE in support of the government health response. UNFPA contributes to strengthening the capacities of frontline SRH workers and health facilities through virtual training platforms and mentorships for health care providers. Reproductive health services including basic and comprehensive emergency obstetric care continue to be provided in nine refugee camps, six camps for internally displaced persons and seven static clinics in returnee areas also benefiting host communities.
- **Jordan:** In addition to ongoing direct support through static SRH clinics, UNFPA is initiating its outreach support to remote areas through medical mobile units in response to needs identified by COVID-19 impact assessments.
- **Lebanon:** UNFPA, with the Lebanese Order of Midwives, supports pregnant COVID-19 infected women through a network of midwives in primary healthcare centers and government hospitals. 5,811 women received information on RH and COVID-19 and family planning through counselling sessions, face-to-face patient education, and phone calls. In collaboration with the Syndicate of Social Workers in Lebanon, UNFPA Lebanon supported the referral of 1,382 women and girls for medical, mental health, protection, and financial support.
- **Morocco:** Operation SALAMA gives priority to protecting the life and health of women and newborns, by supporting the continuity of maternal health services and care. UNFPA also supported an assessment of the impact of the pandemic on the emotional, social, family and professional lives of 200 midwives.
- **Oman:** A joint UNFPA/WHO initiative aims to provide telemedicine service for pregnant and lactating women who cannot visit health facilities due to Covid-19.
- **Palestine.** UNFPA and the Ministry of Health co-chair SRH coordination, monitoring, and advocacy within the SRH Working Group. Furthermore, UNFPA provides technical guidance on SRH issues in the context of COVID-19 to the Ministry of Health and key partners, procured PPE for an estimated 4,300 SRH workers, and supported NGOs to provide adapted health services, such as home antenatal and postnatal visits for high risk pregnant women. A total of 1,990 women and girls have been reached with home visits under UNFPA funding since the start of the pandemic. In June, UNFPA started funding 2 mobile clinic teams to provide primary health care services for around 14,000 people living in vulnerable communities in the West Bank. UNFPA also started infection prevention and control training aiming to train 150 SRH providers in Gaza by mid-July. Another training planned for the West Bank, however, was postponed by the MOH due to an increase in COVID cases and competing priorities.
- **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. Most recently, UNFPA distributed PPE for the protection of health workers providing sexual and reproductive health services.

Country examples continued:

- **Libya:** Through its partner International Medical Corps, UNFPA deployed a mobile medical unit to AlQadesseya and Fashloum Primary Healthcare Centers (PHCs) in Tripoli to provide essential reproductive health services. The team assisted a total of 354 women, including 44 migrants and 23 IDPs. Several awareness sessions in the two PHCs on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, reached 552 individuals. In collaboration with the Ministry of Health, UNFPA trained 29 participants from different hospitals on COVID-19 PPE usage and case management.
- **Somalia:** [UNFPA](#) continues to support the 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 facilities across the country, and procures PPE for health workers, including midwives.
- **Sudan:** Nationwide, under its COVID-19 response plan, UNFPA has trained 892 community midwives, 254 Obstetricians/Gynecologists and 308 healthcare providers on infection, prevention and control to ensure maximum protection of health care providers and the patients. UNFPA supported the state Ministry of Health in 3 more states (Kassala, Gadarif, Red Sea) in conducting infection, prevention and control trainings for health care providers at Emergency Obstetric and Neonatal Care facilities.
- **Syria:** The public health system is fragile and will require considerable support to reinforce its capacity in response to a potential increase in COVID-19 infections. COVID-19 awareness raising sessions, along with infection prevention and control measures, targeting RH static clinics and mobile teams in various parts of Syria continue. To promote access to hygiene items in response to COVID-19, UNFPA is contributing to a pilot e-voucher assistance, targeting pregnant and lactating women, in partnership with WFP and UNICEF in Daraa.
- **Yemen:** UNFPA in coordination with Ministry of Public Health and Population, UN agencies and national partners developed national training guideline for reproductive health services providers, with chapters on COVID-19 prevention, provision of RH services, mental health and psychosocial support including raising awareness on gender-based violence and protection against sexual exploitation and abuse under the pandemic. UNFPA is ensuring the provision of reproductive health services in all UNFPA-supported health facilities across the country, including in facilities where COVID-19 cases have been isolated, while reinforcing infection prevention and control in maternal and emergency obstetric care in all supported health facilities. Against an earlier drop in facility based deliveries due to fear of COVID-19, there was a reported increase in June. However, the overall number of facility based deliveries has declined and UNFPA's main concern is the critical funding shortage highlighted in the [UNFPA Yemen Response report for May 2020](#). UNFPA was forced to suspend support to lifesaving reproductive health services in 140 health facilities. An additional \$24 million is needed for UNFPA's COVID-19 response to protect health workers and women and girls accessing reproductive health services.



Mobile RH clinic in Marib © UNFPA Yemen

Addressing GBV

UNFPA is responding to COVID-19 on numerous fronts to address the situation of women and girls affected by the pandemic. At regional level, 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](#). UNFPA, jointly with the regional offices of WHO, UNDP, UNODC and UN Women, under the roll-out of the global guidelines on the [Essential Service Package for Women and Girls Subject to Violence](#) organized a webinar on 11 June with the Health, Social, and Justice and Policing sectors from the region to share promising practices on how to reach GBV survivors during lockdown. On 30 June, UNFPA organized a webinar on the adaptations of clinical management of rape (CMR) programmes in the context of Covid-19 to be followed by a webinar dedicated to intimate partner violence (IPV) in July. As a member of the [United Nations Inter-Agency Network on Women and Gender Equality \(IANWGE\)](#), UNFPA also contributed to the [Compendium on integrating gender considerations during Covid-19](#) to ensure that the UN frameworks for the socio-economic response to Covid-19 sufficiently take into account the varied gender dimensions.

There is growing evidence that women and girls affected by the COVID-19 pandemic in crisis and displacement contexts may face increased risk of domestic violence/intimate partner violence and sexual exploitation and abuse, in addition to and resulting from loss of income and household stress. UNFPA in the Arab States is increasingly looking toward cash and voucher assistance (CVA) as one modality to address economic barriers to access SRH and GBV services or purchase necessary items. At global level, UNFPA developed a [Humanitarian Cash and Voucher Assistance Tip Sheet on CVA and Covid-19](#), while at regional level UNFPA established a CVA Community of Practice that will document lessons learned to inform further GBV and SRH programming especially in the context of Covid-19.

On the ground, UNFPA continues to address GBV prevention and response through:

- Sensitizing national partners to understand the intersections of gender and such outbreaks, and how to ethically and effectively address the increased risk of gender-based violence;
- Highlighting the barriers and risk of exclusion that women and girls with intersecting and multiple forms of discrimination face in COVID-19 response;
- 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; and
- 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

- **Egypt:** Funds were redirected toward one-time cash transfers for 5,000 social and outreach workers to cope with the economic impact of the COVID-19 crisis. The social workers usually participate in community GBV and harmful practices “door-knocking campaigns” which are currently on hold. 5,000 dignity/hygiene kits are also being procured to support the most vulnerable refugees in the country.
- **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.
- **Sudan:** In Khartoum state, a 24/7 community based referral mechanisms was established with functionality even during the current lockdown. The referral mechanism has been expanded to three more states with higher demand (Blue Nile, White Nile and North Kordofan).
- **Tunisia:** The Ministry of Women’s Affairs set up a new temporary shelter for women survivors of violence. UNFPA provided three shelters with PPE products and supported the GBV hotline extension to be functional 24/7.

Addressing GBV (continued)

Country examples

- **Iraq:** UNFPA-supported women centres continued to operate. A total of 14 mobile teams, 41 women centers and 84 staff were mobilised to assist GBV survivors. A total of 164 GBV cases were reported, and 67 cases were referred to specialised services. UNFPA partners distributed 3,861 dignity kits and the women centres sewed more than 5,500 masks. The GBV online case management system provided more than 588 counselling sessions. Women centres offered awareness-raising sessions on sexual exploitation, domestic violence and COVID-19 prevention reaching 993 individuals in camp and non-camp settings.
- **Jordan:** To date, UNFPA partners re-opened 90% of service delivery points in all locations with the exception of Azraq camp. Outreach efforts have been strengthened to ensure beneficiaries know where to seek help. Hotline numbers are disseminated at community level through outreach volunteers and through the Elak o Feed National Campaign and as well a radio and social media. On the occasion of the International Day for the elimination of Sexual Violence in conflict and in collaboration with the Jordan Youth Peace and Security 2250 National Coalition, UNFPA organized an interactive online session to mobilize young people and representatives of youth organizations and networks on how sexual violence impacts the lives of young people and their communities and discussed COVID 19 related risks with practitioners and experts.
- **Lebanon:** UNFPA supported remote GBV case management and psychosocial support to vulnerable women and girls and GBV survivors. 1,259 women and girls and 541 men and boys were reached with GBV outreach and awareness while 18 females benefited from case management and 60 females benefiting from PSS. A total of 45 referrals were made to health services, legal counseling, police, and safe shelters.
- **Libya:** The UNFPA Hotline 1417 provided psychosocial support (PSS) and legal consultations throughout 563 calls and referred 35 individuals for specialized services. Social workers at the UNFPA Women and Girls Safe Space in Tripoli continued providing remote PSS services, case management consultations and awareness sessions on gender-related topics and GBV, reaching 572 women, both online and in-person. The livelihood training for women resulted in the production and distribution of over 600 protective face masks.
- **Morocco:** Operation SALAMA supports the Ministry of Health in raising awareness about GBV and providing access of GBV survivors to services. UNFPA provided remote support and shelter to 106 GBV survivors during confinement. Together with the Anaruz NGO network, a revolving fund will be established to support GBV survivors with economic empowerment and access to income.
- **Palestine:** UNFPA distributed 3,000 dignity kits in the West Bank, in the most high risk areas in coordination with Ministry of Social Development and NGOs partners working in East Jerusalem, Hebron, Bethlehem, Jenin and Tulkarm. Through the partner organization CFTA in Gaza, vouchers for essential grocery and food items were distributed to 1,033 families, mainly in quarantine centers. A CERF funded NGO hotline provided 994 GBV survivors with high quality psycho-social services, and 309 women received, SRH, legal and sheltering services.
- **Syria:** UNFPA continues its [COVID-19 GBV response](#). Integrated GBV/RH services are provided by mobile teams line with COVID-19 containment measures. Since the start of the pandemic up until the end of June, a total of 93,280 beneficiaries were reached with PSS and counseling related to COVID-19.
- **Yemen:** UNFPA and the GBV sub-cluster adopted hotlines and toll-free numbers as an alternative to in-person services. Currently, 18 telephone hotlines are operational. Critical services such as specialized psychological centres and shelters continue running, with distancing measures in place. GBV survivors were trained to make cotton face mask and hand sanitizers. More than 30,000 masks were produced and distributed, along with hand sanitizers during community awareness session to help prevent community transmission of COVID 19.

Cash assistance in
Gaza during
COVID-19
©UNFPA Palestine



Risk communication and community engagement - leaving no one behind.

Risk communication and community engagement (RCCE) is an essential tool for governments and development partners to ensure that people are aware of the dangers posed by COVID-19. In order for RCCE efforts to be effective, they need to be gender-responsive and include all segments of societies, particularly the most vulnerable and marginalized groups. COVID-19 is having a devastating impact on the Arab States region. However, its repercussions are not felt evenly across societies. Marginalized and vulnerable groups, particularly those living in conflict-affected countries, are among the hardest hit by the health and socio-economic impact of the pandemic. It is increasingly clear that among these vulnerable groups, women, displaced people, migrants, older persons and people with disabilities, may experience the most harmful impacts of COVID-19.

UNFPA is a member of the Eastern Mediterranean RCCE Working Group, an inter-agency coordination platform established to provide technical support to COVID-19 preparedness and response in the region including the recent launch of new guidelines "[COVID-19: How Can Risk Communication and Community Engagement Include Marginalized and Vulnerable People in the Eastern Mediterranean Region](#)". These practical guidelines illustrate the vulnerability of marginalized groups to the pandemic and how national and local efforts can address them so that no one is left behind.

At country level, UNFPA engages in RCCE, including through working with youth led networks and initiatives:

- 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; and
- Participation in country level risk communication and community engagement working groups.

UNFPA support at country level:

- **Djibouti:** UNFPA, with the participation of the national union of young sports leaders, set up a youth brigade for the promotion of sexual and reproductive health of young people and adolescents to ensure the continuity of information, prevention and referral services during the COVID-19 period. Over 1,000 people were reached through COVID-19 sensitizations and mass awareness sessions on sexual and reproductive health of young people, through the dissemination of flyers. In addition, the youth brigades distributed 1,000 masks in disadvantaged neighborhoods.
- **Egypt:** UNFPA teamed up with several celebrities, including actors, singers and social media influencers, to amplify messages around the stigma associated with COVID-19 through a social media campaign.
- **Jordan:** UNFPA joined the national "Elak o Feed" campaign to spread awareness including through SRH and GBV messages for youth, on how to prevent COVID 19. UNFPA will launch a youth focused RCCE campaign.
- **Libya:** UNFPA and partners sent 240,000 text messages to recipients in Sabha and Tripoli to raise awareness on sexual and reproductive health and gender-based violence in the context of COVID-19.
- **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](#).
- **Oman:** UNFPA, jointly with Al Jesr Foundation, the Ministry of Health, and FAO, organized several webinars focusing on providing correct messages on the health of pregnant women during the pandemic.
- **Palestine:** UNFPA is supporting community awareness and engagement on issues such as danger signs in pregnancy and where/when to seek SRH services. Messages are being rolled out through multiple media and 'low-tech' channels (mosques, churches, youth outreach) and through UN partner agencies.
- **Syria:** UNFPA broadcasts audio-visual products produced jointly with the Ministry of Information and the Ministry of Health to raise awareness amongst women and young people regarding COVID-19.

Media & Communications

UNFPA offices in the Arab States continue to utilize all available communication tools to amplify the mandate, in addition to disseminating COVID-19 related information encouraging people to adhere to social distancing rules in place and to stay safe. UNFPA continues to target women, girls, youth, older persons, persons with disabilities, and all segments of the population, leaving no one behind. Country offices are reaching their audiences through TV, radio, print, social media, online videos, text messages.

During the month of June, the collective efforts on all social media platforms reached over 6 million users throughout the region. The Egypt country office had the lion share with 3 million viewers tuning in to watch the debut of a song of hope by one of Egypt's renowned artists, Angham.

World Elder Abuse Awareness Day To commemorate the day and highlight the many challenges older persons face, ASRO created a social media campaign, #SafeGuardOurElder #لنحمي_كبار_السن

International Day for the Elimination of Sexual Violence in Conflict. To bring attention to the ethical concerns around reporting on gender based violence, ASRO and the Syria Response Hub, streamed the [Regional Media Symposium: Reporting on Gender Based Violence](#) on its facebook page and attracted around 2 million visits. The symposium was hosted and moderated by one of Jordan's seasoned journalists, Suzanne Afanah, and targeted journalists from across the region. The [Symposium recording is available here.](#)

Yemen High Level Event. Earlier in June, the Kingdom of Saudi Arabia hosted a virtual high-level pledging event for Yemen. UNFPA covered the event, boosting the efforts of donors and partners, mainly KSA Relief. UNFPA's Regional Director, Dr. Luay Shabaneh penned an op-ed addressing Arab audiences, urging immediate action and funding, to save millions of Yemenis who continue to suffer due to the ongoing humanitarian crisis exacerbated by COVID-19.

Brussels Conference: The international community organized the Brussels IV Conference on Supporting the Future of Syria and the Region to bring forth much needed humanitarian aid to Syrians as the crisis entered its 10th year. A UNFPA [position paper](#) outlines the evolution of programmes in Syria and the region, highlighting best practices and providing recommendations for the way forward. The [2020 funding needs overview](#) provides a snapshot of UNFPA's needs to continue delivering life-saving SRH and GBV services as well as funds needed to support UNFPA's COVID-19 response within the context of the Syria crisis.

- [ASRO: The Two Pandemics: Covering gender-based violence during COVID-19](#)
- [ASRO: A matter of life and death for Yemen's women and girls as funding dries up](#)
- [ASRO: High-Level pledging Event for Yemen](#)
- [ASRO: We need better data to protect older populations amid COVID-19 pandemic](#)
- [ASRO: In 2020. Syrians need the international community more than ever](#)
- [Algeria COVID19 Response- PPE Donation to BOUFARIK Hospital](#)
- [Egypt: Syrians in Egypt help their communities protect against COVID-19](#)
- [Iraq Sida funds UNFPA COVID-19 response with US\\$ 1.73 M](#)
- [Jordan: Conflict-related Sexual Violence: What works for the elimination of CRSV? An interactive session with experts and young people](#)
- [Libya: UNFPA Libya COVID-19 Response - Newsletter #2](#)
- [Palestine: Demand for counselling services spikes in Palestine amid COVID-19 lockdown](#)
- [Somalia: Data can save lives in Somalia's fight against COVID-19](#)
- [Sudan: First UNFPA female driver in Arab region used to breaking barriers](#)
- [Yemen: Kingdom of Saudi Arabia Supports UNFPA to Meet the Urgent Reproductive Health Needs of Women in West Coast of Yemen](#)



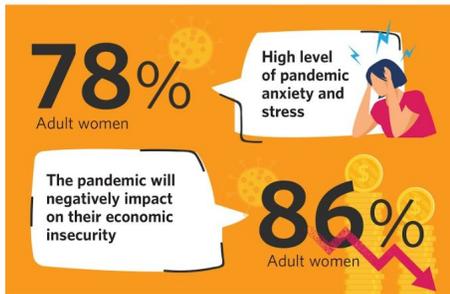
Training of health care workers on infection prevention and control in a UNFPA supported health facility.
© UNFPA Yemen

Awareness raising on Covid-19 prevention in Qamishli.
© UNFPA Syria



SARC distributing hygiene kits to students in Aleppo. © UNFPA Syria

Women and girls well being and experience of lockdown



Women and girls suffer from inhibited access to economic assistance in comparison to men and boys, rendering them especially vulnerable to dependency on their family, partners, or aid agencies, and thus at risk of exploitation or denial of resources

"Daring to ask, listen and act: A snapshot of the impacts of COVID-19 on women and girls' rights and sexual and reproductive health" <https://jordan.unfpa.org/en/infocast48389>



انطباع النساء والفتيات عن الرفاه خلال الاغلاق



تمن بصرة على الشباب المسلم لهم باشر العمل لخصا عن ابر كوفيد-19 على حقوق النساء والفتيات والصحة الجنسية والىامكية" <https://jordan.unfpa.org/en/node/48389> | التقرير كامل: <https://bit.ly/220N147>

Daring to Ask. Infographics about the socio-economic impact of Covid-19 on women and girls. © UNFPA Jordan

Sewing face masks to support women and provide protection against Covid-19 © UNFPA Sudan



Mobile RH Clinic in Marib. © UNFPA Yemen



The physical and emotional health of older people is essential during the spread of the coronavirus (COVID-19)

We must enable a supportive environment for older people to access basic social services through provision of cash transfers or in-kind support to ensure their dignity. Digital solutions are encouraged to accommodate and take into account social distancing policies.



The physical and emotional health of older people is essential during the spread of the coronavirus (COVID-19)

Encourage older people's participation in decision making at all levels on matters affecting them, providing them opportunities to remain in or to enter the labor force, and adopting schemes to eradicate poverty among them, especially among older women and those living in rural areas.



Leaving no one behind. Addressing the needs of older people during Covid-19.
© UNFPA Lebanon



The physical and emotional health of older people is essential during the spread of the coronavirus (COVID-19)

Stress and fear may further aggravate violence against older persons, especially older women, making them even more vulnerable in the absence of necessary support and services.



The physical and emotional health of older people is essential during the spread of the coronavirus (COVID-19)

Governments should prioritize the health needs of older age groups in their response to the COVID-19 pandemic. Older people play a vital role in their communities, families and countries. It is important to recognize their social, cultural, and economic contribution and to strengthen intergenerational solidarity.



Health facility in Taizz supported with PPE and RH supplies
© UNFPA Yemen





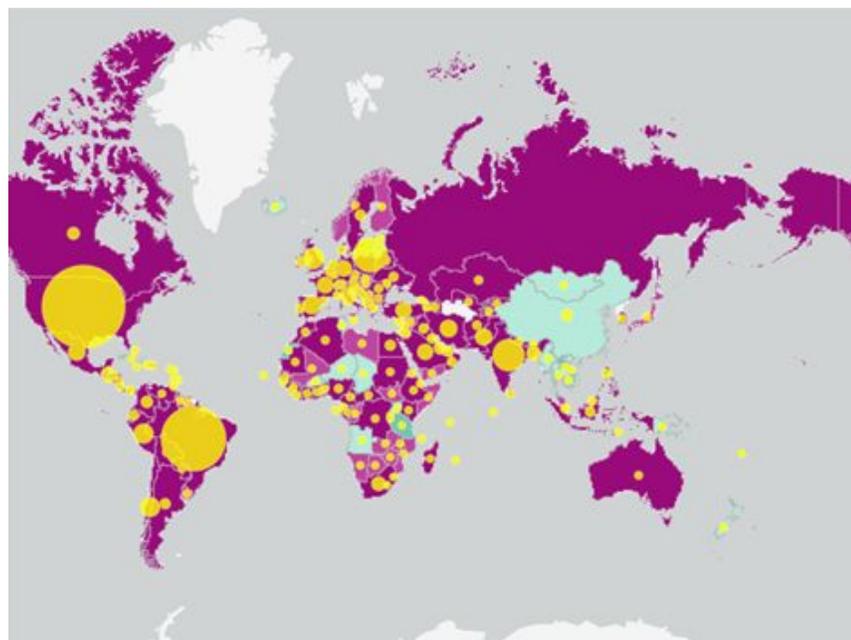
Distribution of inter-agency RH kits and orientation on contents containing life-saving drugs and supplies for sexual and reproductive health care services. Fashloum Primary Health Care Center, Tripoli. © UNFPA Libya



Salama Protection and Hygiene kit for pregnant women and healthcare workers. © UNFPA Morocco

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 2 July 2020

Country	Confirmed Cases	Deaths
Algeria	14,272	920
Djibouti	4,704	55
Egypt	69,814	3,034
Gulf Cooperation Council*	428,431	2,672
Iraq	51,524	2,050
Jordan	1,133	9
Lebanon	1,788	34
Libya	824	24
Morocco	12,636	228
Palestine	0	0
Somalia	2,924	90
Sudan	9,574	602
Syrian Arab Republic	293	9
Tunisia	1,175	50
Yemen	1,194	319
TOTAL	600,286	10,096



See UNFPA's [COVID-19 Population Vulnerability Dashboard](#) for real-time updates

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