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# Arab States Region

## COVID-19 Situation Report No. 8

United Nations Population Fund



Reporting Period: 1 - 30 September 2020

### Regional Highlights

- Nine months into the pandemic, COVID-19 continues to wreak havoc globally. There have now been 35 million confirmed cases including more than a million deaths and the lives of billions have been affected by a destabilised global economy. The outbreak is accelerating, including in countries that previously seemed to have had some level of control over the pandemic.
- Fragile and conflict-affected countries, including in the Arab States region, are pushed toward even more complex and protracted crisis. As of 1 October, Iraq was hardest hit within the region with the highest number of confirmed cases. The pandemic has [exacerbated](#) the humanitarian emergency in Yemen and 10 years into the crisis, the Syrian health care system is unable to accommodate the increased numbers of COVID-19 patients.
- WHO urges countries to focus on 4 priorities: prevent amplifying events; empower people to protect themselves; focus on public health basics; and protect the vulnerable, including older people and those with underlying conditions. Yet we increasingly see complacency especially as some countries in the Arab States region are easing previous lockdown measures.
- The pandemic has had a [disproportionate impact](#) on women and girls and has exacerbated pre-existing inequalities, resulted in alarming health and economic impacts for women and increased reports of gender-based violence.
- The pandemic response is an opportunity to address long-standing conflicts and structural weaknesses. Continued international support to countries in the region is necessary to weather this crisis and build back better.
- UNFPA is working to ensure the continuity of sexual and reproductive health services and gender-based violence prevention and response, to protect health workers, to engage communities and to reduce the spread of COVID-19 and its negative socio-economic impact.

### Situation in Numbers

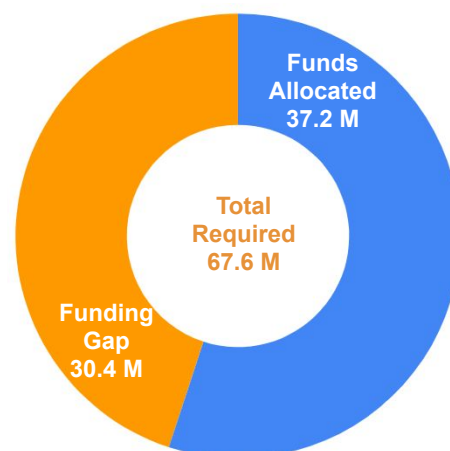


Source: WHO, 5 October 2020

### Key Population Groups



### 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 (RCCE; 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 partners to minimise disruption to life-saving sexual and reproductive health (SRH) and gender-based violence (GBV) services, provide personal protective equipment (PPE) and support safety of patients and health workers through infection prevention and control (IPC). UNFPA uses its co-leadership and membership in the regional issue-based coalitions (IBCs) to address the impact of COVID-19 on health, provision of basic social services, protection and data, focusing on women and girls.

### Young People and COVID-19

COVID-19 has caused a **triple shock** for young people, including disruption of education and training, job loss and increased obstacles to finding work. UNFPA, jointly with The Arab Coalition for Adolescent Health and Medicine (ACAHM), has initiated a **qualitative study on the impact of the COVID-19 Pandemic on Adolescents** in the region.

Adolescent girls and young women are often the most affected by the lack of access to SRH and GBV services as governments often do not consider SRH and GBV interventions as priorities. More emphasis needs to be put on prioritising the needs of what are considered “life-saving services”: SRH services and menstrual hygiene materials for women and girls; expanding and adapting protection and GBV services; and, increasing the investment in mental health and psychosocial services, especially in conflict settings.

Following country-specific socio-economic impact assessments, UNFPA emphasizes attention to **SRH, GBV, and young people** within the country-specific medium-term UN socio-economic response plans. UNFPA's focus on health, social protection and basic social services, and gender considerations ensures no one is being left behind especially those most vulnerable, i.e. persons with disabilities, older persons, refugees, internally displaced persons and migrants.

### Country Updates

- **Libya:** Under the umbrella of the Youth Against COVID-19 Fund, on 21 September, UNFPA, the Libyan Red Crescent (LRC), UN Women and UNESCO launched a call for ideas for young LRC volunteers to propose creative youth-led initiatives that respond to the COVID-19 crisis and its socioeconomic impact. This initiative aims to empower the role of young people in crisis response and to cultivate innovative ideas. The four agencies will award micro-grants to the most promising 12 innovative ideas of which 6 will be girls-led initiatives.
- **Somalia:** Against the dire socio-economic impact of COVID-19, UNFPA supported livelihoods training (20 marginalised youth trained as electricians in Galkayo), and life skills training (30 girls in Borama to reach and engage young people and validate their leadership skills). In Mogadishu, 15 young trainers participated in creating and facilitating forum theatre to change harmful norms and adopt beliefs and practices protecting girls and women.



Youth capacity building: Training electricians  
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Life skills training for Somalia youth  
© UNFPA Somalia

### Continuity of Sexual and Reproductive Health (SRH) interventions, including protection of health workforce

UNFPA, under the regional alliance for the Global Action Plan (GAP) for Healthy Lives and Wellbeing for All, and in partnership with WHO, UNICEF, UNAIDS, UNHCR and World Organization for Family Doctors, developed an online training course for primary health care providers on COVID-19 management, public health measures and on sustaining essential services. Around 1,000 candidates have registered since the launch on September 7. The course, targeting medical doctors, is currently being translated into Arabic and French. A new course for nurses is under development.

UNFPA, at the Arab States regional level 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, jointly with WHO and UNICEF, supports the continuity of essential Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) services especially during the pandemic. Advocacy toward national Ministries of Health highlights the criticality of maternal, child and reproductive health services to avoid excess morbidity and mortality as we start seeing evidence of the pandemic's impact on the provision of and access to essential SRH services.

#### **UNFPA continues its support for the continuity of SRH interventions including protection of health workforce:**

- Procurement of PPE for frontline health care workers for COVID-19 and non-COVID-19 SRH and GBV services
- Training of frontline health care workers, including midwives and nurses, on IPC measures in health facilities, rolling out standard operating procedures (SOPs) and guidance on pregnancy and adaptation of training packages including on normal deliveries and C-sections in the context of COVID-19
- Establishing alternative delivery modalities (e.g. mobile outreach and home visits) for SRH services

### Country Updates

- **Egypt:** The Ministry of Health and Population's Family Planning Sector, in cooperation with UNFPA, and with the support of the European Union, conducted 9 workshops in 17 governorates during the months of August and September, training 54 physicians on the use of different of family planning methods. The Ministry's Primary Care and Family Planning Sectors, in cooperation with UNFPA, organised a series of courses for primary health care (PHC) nurses to integrate family planning and counselling within PHC services, especially during antenatal care and vaccinations. A total of 1,440 nurses were trained to provide health messages and counselling services about pregnancy, family planning and vaccinations in four governorates as part of the EU Support to Egypt's National Population Strategy project.
- **Iraq:** UNFPA support reached 24,964 women and girls with reproductive health (RH) services including family planning, ante- and postnatal care and gynaecological consultations through RH clinics in internally displaced person (IDP), returnee and refugee areas. UNFPA, jointly with partners, conducted a client satisfaction survey in pilot health facilities implementing SRHR services in Iraq.
- **Jordan:** UNFPA is supporting the creation of a national SRH hotline that promotes access to remote services and information around SRH and services including the promotion of family planning. UNFPA is supporting the International Rescue Committee (IRC) in Azraq camp to provide remote health education for increased quality of SRH services.
- **Lebanon:** In the aftermath of the August Beirut port blast, UNFPA ensured continuity of SRH services against a steady increase in COVID-19 cases focusing on vulnerable Lebanese and Syrian refugees across the country. UNFPA provided PPE to healthcare providers and outreach workers to reduce the likelihood of getting infected as they are providing services. [UNFPA Lebanon Beirut port blast sitrep #6 September 2020](#)
- **Libya:** UNFPA continued to support the provision of essential RH services in Tripoli, Sabha and Ghat through partners and mobile medical units. In September, the teams assisted a total of 997 women and 317 children, ensured the safe delivery of 35 newborns and reached 838 individuals with awareness sessions on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, among other services. Through the International Medical Corps (IMC), UNFPA trained 34 primary healthcare providers from several primary health centres (PHCs) in Tripoli on the Comprehensive Reproductive Health Package including women's health and nutrition during pregnancy, delivery complications, and responding to women's needs in emergency settings. Another 19 staff from 16 PHCs were trained on the District Health Information System (DHIS) 2. In partnership with the National Centre for Disease Control (NCDC) and the National AIDS Control Program, through IMC, UNFPA also delivered a 5-day training on implementing primary healthcare-based HIV test services and prevention of mother-to-child transmission to 28 staff from different PHCs in Tripoli.

## Regional Response Summary

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

- **Morocco:** The Ministry of Health (MOH), UNFPA and WHO jointly organized a webinar on the “Integration of Sexual and Reproductive Health to promote reproductive health during COVID-19. Under the Covid-19 Multi-Partner Trust Fund (MPTF) project, UNFPA introduced innovative approaches on self-care, digital health, community engagement and mass and local communication. UNFPA also supported the creation of a teleconsultation platform within penitentiary establishments.
- **Oman:** UNFPA supported the National Non-Communicable Diseases Annual Forum of Oman focusing on the health needs of person with disabilities and inclusion throughout the pandemic.
- **Palestine:** UNFPA is supporting 4 mobile clinic teams in vulnerable areas of the West Bank through a national NGO. The teams are providing PHC SRH services to a population of 52,000 in Area C of the West Bank, which is Israeli-controlled and does not have other PHC services. In support to the MOH, 48 SRH providers were trained, focusing on midwives working at MOH maternities, in IPC and proper procedures to deal with COVID-19-infected pregnant women. UNFPA is also supporting community outreach and awareness on COVID-19 and SRH.
- **Somalia:** UNFPA continues to prioritise and support the continuity of and access to quality lifesaving essential SRH information and services for women, adolescents and youth during the COVID-19 pandemic. UNFPA and its partners supported the production and distribution of 1,000 locally-made face masks to fight the spread of COVID-19 for IDPs in Bay and Bakool region. Over 100 midwives in Puntland, including 20 new graduates from UNFPA-supported midwifery schools, made a commitment not to participate in the medicalisation of female genital mutilation (FGM) in which healthcare providers perform the act and made a pledge to be anti-FGM champions in the EndFGM campaign.
- **Sudan:** Amid the already dire impact of COVID-19, severe floods and rising inflation are hitting Sudan where an [estimated 187,500 women of reproductive age](#) are living in temporary flood shelters with minimal protection measures to ensure their safety and security. The damage to health clinics, hospitals and latrines poses further risks. UNFPA is also responding to [the needs of women and girls at risk of GBV](#).
- **Syria:** A rise in infections including among healthcare workers highlights the particular risks faced by healthcare workers and the impact on the already fragile and overstretched healthcare capacity as mentioned in the [UNFPA Syria COVID-19 Humanitarian Flash Update for August 2020](#). UNFPA continued with regular activities in the clinics and mobile teams, taking into consideration COVID-19 preventive measures and providing individual counselling for all women on COVID-19 and how to protect themselves and their families. UNFPA activated a new RH clinic and 2 mobile teams with the Amelioration of Sanitary and Social Level Society (ASSLS) charity in rural Aleppo where RH services needs have increased. UNFPA also opened two new clinics with Al Ihsan Charity for Development Association (ICDA) in Hader and Arran and one RH clinic with the Palestine Red Crescent Society (PRCS) in Neirab camp. UNFPA supports capacity strengthening training for the Ministry of the Higher Education and supported a nutrition training for pregnant and lactating women. 400 health workers from the Directorate of Health facilities in Raqqa received personal protective kits (COVID-19 kit) from the Syrian Arab Red Crescent (SARC), a UNFPA implementing partner, to help them continue programme delivery, including RH services. UNFPA and the World Food Programme (WFP) are scaling up an [electronic voucher system for pregnant and lactating women](#) with heightened nutritional requirements. The e-voucher system helps women purchase food and hygiene items from designated stores in Aleppo, Damascus, Dara’a, Deir Ez-Zor, Hama, Hassakeh, Homs, Lattakia, Quneitra, Raqqa, rural Damascus and Tartous, aiming to reach 70,000 extremely vulnerable families.
- **Yemen:** UNFPA-supported health facilities across the country ensure continuity of SRH services, including in facilities where COVID-19 cases have been isolated while reinforcing IPC in maternal and emergency obstetric care in all supported health facilities. In September, nearly 2,000 PPE items were distributed to 13 health facilities across the country. A training on IPC and RH service delivery under COVID-19 was conducted for 53 RH service providers in the south of Yemen and 62,064 women were reached with RH services in August 2020. Essential RH equipment and medicines were distributed to 77 health facilities in the southern parts of Yemen hardest hit by the pandemic. The global COVID-19 pandemic has exacerbated the situation in Yemen. As another million people are set to fall into crisis levels of hunger before the end of the year, women and children are the [worst affected](#), with 1.4 million pregnant or breastfeeding women and over 2 million children suffering from malnutrition.

### Addressing Gender Based Violence (GBV)

The United Nations Joint Global Program on Essential Services, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, issued an updated policy brief in August on [COVID-19 and essential services provision for survivors of violence against women and girls in the Arab States](#). This brief draws upon best practices, knowledge and experience shared by various stakeholders from 7 countries under the rollout of the global guidelines on the [Essential Service Package for Women and Girls Subject to Violence](#) and follows an earlier policy brief on the [Impact of COVID-19 on Gender Equality in the Arab Region](#) and a brief on [COVID-19 and Essential Services Provision for Survivors of Violence Against Women and Girls](#).

UNFPA continues to play a lead role in GBV prevention, mitigation and response both through programme implementation and inter-agency coordination. A Guidance Note on Establishing GBV Coordination Mechanisms in Global Humanitarian Response Plan (GHRP) countries in response to the global pandemic draws on the [Handbook for Coordinating GBV in Emergencies](#). There is growing evidence that women and girls affected by the COVID-19 pandemic in crisis and displacement contexts 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 investing in cash and voucher assistance (CVA) as one modality to address economic barriers to access SRH and GBV services or purchase necessary items. At the global level, UNFPA developed a [Cash and Voucher Assistance overview](#) and [Humanitarian Cash and Voucher Assistance Tip Sheet on CVA and COVID-19](#) for best practices. UNFPA, with the support of the Regional GBV in Emergency Advisors, has developed a short guide and tip sheet for GBV Coordinators, [Cash and Voucher Assistance: Your role as GBV Coordinator](#), to introduce and champion GBV risk mitigation across CVA interventions.

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

- Sensitising national partners on the intersections of gender and public health, and how to ethically and effectively address the increased risk of GBV;
- 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;
- Updating GBV referral pathways to compensate for the disruption of services, in particular for clinical management of rape, and offering the GBV prevention and response essential services package at UNFPA-supported safe spaces.

#### Country examples

- **Gulf Cooperation Council (GCC):** UNFPA supported the National Family Safety Programme (NFSP) in Saudi Arabia to provide remote support to GBV cases through the pandemic and protection systems for older women. Further webinars will be provided in October and November in cooperation with IPDF, a Moroccan NGO, and HelpAge International.
- **Iraq:** The online case management system put in place to ensure that survivors of GBV have access to the necessary support provided more than 586 counselling sessions. 10 mobile teams, 46 Women Community Centres and 161 staff were mobilised to assist GBV survivors. When possible, the women centres offered awareness-raising sessions on sexual exploitation, domestic violence and prevention methods as part of the COVID-19 response, reaching 1,254 individuals in camps and non-camp settings. In addition, 5 vocational trainings targeted IDP and refugee camps.

### Addressing GBV. Country examples (continued)

- **Jordan:** September proved a difficult month as services were disrupted in 6 women and girls safe spaces (WGSS) in Azraq and Za'atari Refugee Camps due to COVID-19 infections. In Azraq Camp, all services including case management and group activities have been put on hold, similarly in Za'atari except for one-on-one case management and psychosocial support services (PSS) through an appointment system and strict health preventive measures. One host community site has been closed for 14 days following a positive case within the building. Hotlines are receiving calls from women facing movement restrictions. Group activities (PSS groups, empowerment and recreational activities, and awareness raising sessions) in functional urban sites are at 30% of capacity, respecting sanitising measures and social distancing. UNFPA initiated a Post Distribution Monitoring (PDM) survey following the distribution of 3,000 dignity kits to women and girls in Za'atari refugee camp in June and July as part of COVID-19 response. A detailed report of PDM findings will be published to highlight client satisfaction, the distribution process, security, safety, and accountability. The SGBV working group updated the COVID-19 interagency contingency plan for both preparedness and GBV response measures for the refugee population.
- **Lebanon:** UNFPA contributed to the [Gender and Inclusion Tip Sheets](#) prepared in the aftermath of the Beirut port blast to ensure gender-sensitive response throughout various sectors, including cash based interventions, health, and protection. A total of 95 women and 6 men benefitted from case management and 15 men and 180 women benefitted from PSS services and 34 referrals were made for health services, legal counselling, police, and safe shelter. More than 1,000 dignity kits were distributed along with peer-to-peer awareness sessions and through community distribution in close coordination with the Ministry of Social Affairs, Social Development Centres (SDCs) and municipalities.
- **Libya:** Support Hotline 1417 received 550 calls for PSS and legal consultations on emotional, domestic and physical abuse issues, referring 14 individuals for specialised services. Libyan "Radio Nass" runs daily announcements about the available hotline services in both English and Arabic. UNFPA WGSS in Tripoli, Benghazi, and Sabha continued providing remote and in-person services, reaching 1,298 women and girls through awareness sessions on gender-related topics and 109 through PSS sessions. Livelihood and vocational training sessions were provided to 162 women, including COVID-19 face mask sewing sessions that produced over 1,965 protective masks and 50 medical uniforms. In addition, in Sabha, 38 girls were engaged in a camp for adolescent girls focusing on self-development and self-confidence. UNFPA trained 20 staff of the Ministry of Social Affairs and Ministry of Education from Tripoli and Sabha on the key concepts and guiding principles of GBV programming and coordination. UNFPA has scaled up its interventions to protect migrants and refugees, who are exposed to severe human rights violations and unlawful detention in detention centres where women and girls are at high risk of GBV. In partnership with LibAid, UNFPA conducted 4 monitoring visits to Al Seka, Al Ganfuda and Al Zawia detention centres to assess the conditions of the centres and the needs of the detainees, with a focus on women and girls. During the visits, the teams reached 76 women and 8 men from Nigeria, Eritrea, Somalia, Cameroon, Ivory Coast, Ghana and Togo with PSS sessions and activities, including sharing dreams, flying lanterns and practicing yoga for stress relief. Regular rapid protection monitoring and safety audits will be conducted in detention centres for purposes of advocacy and improved safety.
- **Morocco:** During the COVID-19 lockdown, UNFPA supported Anarouz network to ensure assistance to female survivors of violence, through the creation of a monitoring committee composed of 3 lawyers, 3 psychiatrists, social workers, a network coordinator. The survivors contacted the network by telephone or WhatsApp, the majority reporting domestic and family violence (82% by husbands, brothers, fathers), including physical, economic and psychological abuse. Most of the survivors reported they had never been exposed to violence before.



Counselling services - digital campaign  
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Capacity strengthening  
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### Addressing GBV. Country examples (continued)

- **Palestine:** UNFPA continued (1) GBV service provision - remote couples' therapy through WhatsApp for safe spaces beneficiaries in the Gaza Strip; awareness sessions and recreation activities through safe spaces in the West Bank; equipping two counselling rooms in Al-Maqased and Augusta Victoria Hospitals in Jerusalem to provide psychosocial and health support to GBV survivors and women at risk; (2) Training and capacity development - a virtual training workshop for 55 social workers and psychologists from 12 community-based GBV service providers on Safety and Security Guidelines for GBV Remote Services; online training for 42 teachers on GBV; capacity development for 36 service providers on "running a help line for GBV survivors"; and (3) support to GBV organizations through a technical committee to develop GBV contingency plans in Gaza and the West Bank.
- **Somalia:** UNFPA is ensuring the continuity of and access to lifesaving GBV prevention and response services such as the provision of clinical care, PSS, legal aid and material support to survivors of GBV for women, adolescents and youth. UNFPA also supports capacity strengthening for service providers in providing basic PSS for GBV survivors amidst the COVID-19 pandemic as described in the [UNFPA Somalia COVID-19 Sitrep for September](#). GBV and COVID-19-related messages are being disseminated at service sites and during the distribution of dignity kits. UNFPA continues to strengthen GBV one-stop centres across the country which integrate care for survivors of GBV with RH services.
- **Syria:** GBV awareness sessions continued to be provided during this reporting period at WGSS and by the integrated GBV/SRH mobile teams. The sessions covered: the effects of denial of resources and opportunities, early marriage, gynaecological infections, contraceptives, social and health consequences of the COVID-19 pandemic and methods of prevention. The mobile teams distributed awareness brochures on COVID-19 and provided health and psychological counselling. In some locations, vocational training such as sewing was organised through WhatsApp groups where the trainers shared videos and illustrative images. A child marriage campaign carried out by all UNFPA implementing partners for one week in September included various activities such as educational lectures, awareness-raising sessions, and advocacy efforts to address the issue at different levels (governmental, NGOs, communities and others). A total of 1,194 beneficiaries of all age and sex groups were reached with awareness/educational messages on child marriage.
- **Yemen:** UNFPA and the GBV sub-cluster adopted the use of hotlines and toll-free numbers as an alternative to in-person services previously provided, such as counselling. The concept of tele-counselling is now being mainstreamed among all GBV services with SOPs as well as tele-case management. The hotlines for tele-counselling through the GBV sub-cluster are nationwide as well as governorate-specific. The service areas covered under tele-counselling include psychosocial counselling, psychosocial support services, GBV case management and referral, legal aid consulting, COVID-19 awareness and protection services related to women in prisons. Critical services such as specialised psychological centres and shelters continue running, with distancing measures in place and with the provision of PPE. Meanwhile, measures are in place for a phased return of some of the services and to continue livelihood interventions.



Newly graduated midwives  
pledging  
support against FGM  
© UNFPA Somalia

### 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 marginalised groups. COVID-19 is having a devastating impact on the Arab States region. However, its repercussions are not felt evenly across societies. Marginalised 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. Among them, 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 marginalised groups to the pandemic and how national and local efforts can address these vulnerabilities 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 a wide range of partners, including communities; and
- participation in country-level RCCE working groups.

#### UNFPA support at country level:

- **Lebanon:** UNFPA contributes to efforts to combat misinformation regarding COVID-19. Following the Beirut port blast, the RCCE task force is scaling up RCCE and accountability to affected populations (AAP). UNFPA is taking the lead on mapping and identifying post-blast community-led initiatives active in the Beirut blast response including youth groups, women groups, faith-based groups, and targeted door-to-door campaigns.
- **Libya:** UNFPA delivered COVID-19 messages through Community Health Workers raising awareness in 4 PHCs (2 in Tripoli, 1 in Sabha and 1 in Ghat) on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, reaching a total of 838 individuals.
- **Somalia:** UNFPA, in partnership with the Ministries of Planning of the Federal Government of Somalia and the Federal Member States, has been preparing population density maps that show hotspots and areas that present vulnerability to COVID-19 by various risk factors. Maps provide better visualisation, understanding of the situation, and facilitate targeting of the population. The maps integrate population densities with the locations of social amenities, including markets, hospitals, places of worship and information on critical risk factors, such as levels of chronic diseases, disability, older population and IDP sites. These maps provide a standard frame of reference for COVID-19 risk factors, thereby serving as tools in identifying where critical resources are needed and in prioritising interventions of the MOH and other stakeholders.



RCCE © UNFPA Iraq



Raising awareness on COVID-19 in collective sites © UNFPA Yemen



## Media & Communications

Autumn 2020 is upon us and with that comes the cold weather and its related illnesses and weak immune systems, which create an optimum environment for the spread of COVID-19. With that in mind, UNFPA offices in the Arab region continue to focus their efforts on disseminating communication materials in print, audio, visual, and digital focusing on pregnancy, breastfeeding, contraception and COVID-19.

The materials highlight particular attention to the evaluation and treatment of pregnant women during COVID-19: symptoms, COVID-19 and pregnancy, protection against the virus, healthy diet, and family planning choices. UNFPA's implementing partners are distributing information on COVID-19 and pregnancy to women in reproductive age.

Arab states country offices shared messages targeting youth in the region, focusing on child marriage, literacy, and the impact of COVID-19 on education. Furthermore, the region commemorated World Contraception Day by sharing educational messages to raise awareness.

In **Egypt**, UNFPA focused on the role of young people in spreading accurate information and protecting themselves and their communities.

In **Jordan**, UNFPA launched a film series on the Compact for Young People in Humanitarian Action: Stories from Za'atari Camp for Syrian Refugees - Jordan and International Peace Day.

In **Lebanon**, UNFPA collaborated with the Ministry of Public Health to avail and distribute information at the main points of entry, namely the airport and land borders.

In **Morocco**, UNFPA celebrated World Contraception Day through disseminating key messages and facts on access to contraception. In addition, UNFPA continued its COVID-19 response through Operation SALAMA, targeting people in the workplace.

In the **GCC**, UNFPA launched a virtual event addressing the needs of people with disabilities.

UNFPA in the Arab States continues to draw attention on its individual giving campaign, [#AWomanEvenHere](#), raising awareness about the challenges for women and girls to live a life free of violence and being able to access quality SRH services during humanitarian crisis.

**ASRO:** [World Contraception Day: Achievements and Challenges](#)

**Djibouti:** [Enhancing the national GBV response](#)

**Egypt:** [The right to know and the right to plan](#)

**GCC:** [Non-Communicable Disease department officials organise virtual forum](#)

**Iraq:** [The Ministries of Planning, Health, and UNFPA begin the Rapid Assessment of COVID-19 impact on reproductive health services in Iraq](#)

**Jordan:** [The Compact for Young People in Humanitarian Action: Stories from Za'atari Camp for Syrian Refugees- Jordan](#)

**Lebanon:** [UNFPA Helps Maintain Dignity of Women and Girls Affected by Beirut Port Blast](#)

**Somalia:** [Midwives fight medicalization of FGM as they lead the campaign to end the practice](#)

**Syria:** [E-voucher system targets pregnant women and new mothers in Syria](#)

**Sudan:** [The first country in Africa to outlaw the practice of female-genital mutilation \(FGM\)](#)

**Tunisia:** [Violence against older persons](#)

**Yemen:** [Against the odds, delivering mental health support in Yemen](#)

18 health professionals in Tripoli addressing ways to provide women and girls with comprehensive SRH services.

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Key leaders from Buhoodle Youth Centre are currently undertaking a study tour at Tilmaame for lessons on youth empowerment

© UNFPA Somalia



UNFPA is making sure every birth is a safe one.

© UNFPA Libya

After the flooding, mobile clinics offering support to girls and women.

© UNFPA Sudan





FGM awareness training

© UNFPA Egypt



Reaching adolescents girls with knowledge  
 © UNFPA Iraq

Training for nurses to provide family planning counselling at primary health care level.  
 © UNFPA Egypt

contraceptive information and services are essential to ensuring reproductive health and rights.

World Contraception Day  
 26 September

Marking World Contraception Day  
 © UNFPA ASRO

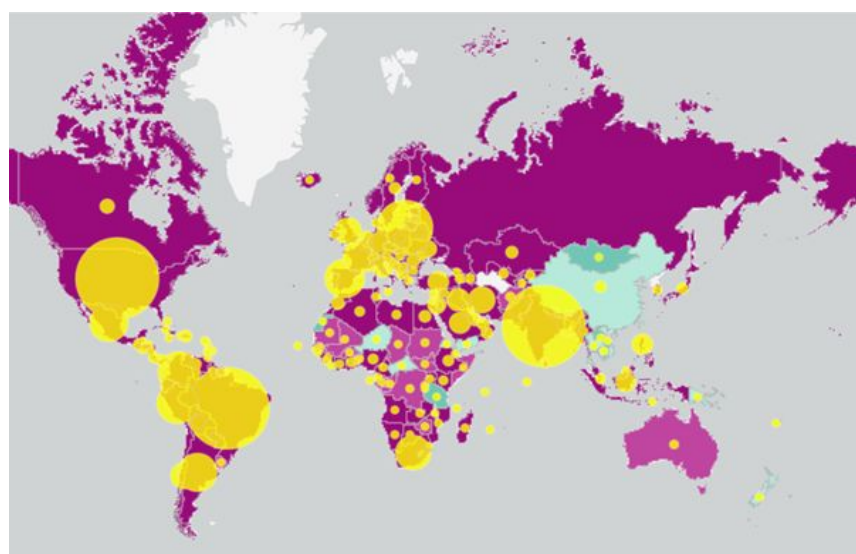



تمنع وسائل تنظيم الأسرة حالات الحمل غير المرغوب فيه، وتقلل حالات الإجهاض، وحالات الوفاة والعجز المتعلقة بمضاعفات الحمل والولادة.

اليوم العالمي لتنظيم الأسرة  
 26 أيلول/سبتمبر

**Confirmed Cases and Deaths (UNFPA programme countries) WHO, 5 October 2020**

Country	Confirmed Cases	Deaths
Algeria	52,136	1,760
Djibouti	5,419	61
Egypt	103,683	5,981
Gulf Cooperation Council*	842,643	7,378
Iraq	379,141	9,399
Jordan	15,640	101
Lebanon	44,482	402
Libya	36,809	592
Morocco	133,272	2,330
Palestine	52,433	391
Somalia	3,745	99
Sudan	13,653	836
Syrian Arab Republic	4,366	205
Tunisia	23,453	321
Yemen	2,045	592
<b>TOTAL</b>	<b>1,712,920</b>	<b>30,448</b>



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