



©UNFPA Sudan

**Reporting Period: 18-30 April 2020**

# Arab States Region

## COVID-19 Situation Report No. 2

United Nations Population Fund



### Highlights

- All countries in the region have confirmed Covid-19 cases and the number has more than doubled since the last report on 17 April.
- While restrictions on movement and services vary by country with enforced curfews and banned travel, some countries have developed an exit strategy and have started lifting restrictions. The World Health Organization (WHO) Regional Office for the Eastern Mediterranean cautions about the importance of careful planning to avoid an uncontrolled resurgence in COVID-19 transmission and an amplified second wave of cases.
- The region is home to some of the world's worst humanitarian crises, with more than 62.5 million people in need of humanitarian assistance prior to COVID-19, including 15.5 million women of reproductive age of whom an estimated 1.5 million are pregnant.
- After years of protracted crisis, people's resilience is weakened, and the fragile health systems in countries such as Yemen, Syria, Libya, and Somalia, are ill-equipped to step up the COVID-19 response.
- With the start of Ramadan (24 April), some governments have adopted prevention and community distancing measures to avoid further spread of the virus.
- The UNFPA Arab States Regional Office supports country offices and works with governments, UN agencies, and regional entities to coordinate efforts for sexual and reproductive health (SRH), gender-based violence (GBV) prevention and response, and wellbeing for vulnerable populations in the context of COVID-19.
- UNFPA country offices stepped up risk communication and community engagement along with advocacy and are coordinating with UN agencies to minimize disruption to lifesaving SRH and GBV services, provide personal protective equipment (PPE), and support wellness of health workers through infection prevention and control training. Services are delivered through solutions including virtual outreach, mobile clinics, home visits, hotlines and provision of dignity kits in isolation centres.


### Situation in Numbers

 **72,101** Confirmed COVID-19 Cases

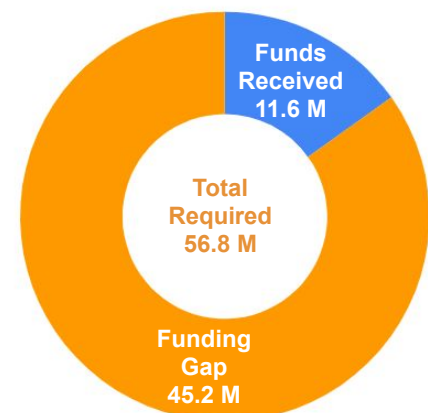
 **1,520** COVID-19 Deaths

Source: WHO April 30, 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

The UNFPA response in the region aligns with the 2030 Agenda, the 2020 WHO Global Strategic Preparedness and Response Plan, the Inter-Agency Standing Committee Global Humanitarian Response Plan, and the [UNFPA COVID-19 Global Response Plan](#).

### Coordination

At regional level, UNFPA participates in the WHO regional crisis management group and sub-working groups (risk communication and community engagement; humanitarian settings and displaced population) and co-chairs the regional inter-agency gender theme group and its GBV Covid-19 sub-working group, ensuring integration of GBV within health. Country offices are working closely with other UN agencies, governments, and other partners for the continuation of services and safeguard gains in SRH and GBV. UNFPA is engaged through the UN Country Team coordination mechanisms and supports the respective national Covid-19 Preparedness and Response Plans. These ensure prioritization of SRH and GBV concerns and to look beyond the immediate impacts of the pandemic.

In humanitarian contexts, UNFPA leads the GBV sub-cluster coordination and sexual and reproductive health sub-working groups under the health cluster. Country offices are also coordinating with the logistics clusters for shipment of humanitarian relief supplies. UNFPA supports Covid-19 Humanitarian Operation Cells, or similar mechanisms, to address service delivery constraints and advocate for access. Covid-19 impact analysis also looks into emerging challenges for continued humanitarian SRH and GBV service provision, which are affected by funding priorities for Covid-19, operational challenges including physical access, and temporary closure of service delivery points.

**Tunisia:** UNFPA established and co-leads the SRH and Vaccination Task Force with the Ministry of Health and key stakeholders for the continuity of SRH and vaccination as part of the essential health services package.

### Continuity of SRH interventions, including protection of health workforce<sup>1</sup>

**UNFPA Country Offices have supported continuity of sexual and reproductive health (SRH) interventions by:**

- Procuring PPE for frontline healthcare workers delivering both COVID-19 and non-COVID-19 related SRH and GBV services (medical masks, gloves, goggles) in response to increased demand by national counterparts;
- 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 in Palestine) where SRH services have been shut down or severely curtailed;
- Advocating with stakeholders for continuity of services (Jordan), awareness-raising and information sharing; and
- Conducting assessments of impact of COVID-19 on SRH services with concern of countries with fragile health systems, which will impact service provision and cause significant immediate and secondary effects.

### Country examples:

- **Syria:** Provided SRH services, psychosocial support, medication, and individual awareness sessions on prevention and control of COVID-19. This was achieved through SRH static clinics and mobile teams in 14 governorates. UNFPA is working to ensure that all implementing partners' health workers have gloves, masks and hand sanitizers in accordance with WHO Covid-19 IPC standards, along with IPC measures for SRH clinics (disinfection and sterilization) including measures against overcrowding. All facilities and mobile teams' vehicles are disinfected and special attention paid to pregnant women.
- **Somalia:** Supporting prevention and mitigation efforts of the spread and transmission of COVID-19 in emergency obstetric care and neonatal care facilities across the country. UNFPA is also collaborating with WHO to assess COVID-19 testing ability of the Puntland Bureau of Forensic Science; noting the lack of testing kits as one of the main challenges.

<sup>1</sup> Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Somalia, Sudan, Syria, Tunisia and Yemen

### Country examples for SRH interventions, including protection of health workforce, continued:

- **Jordan:** SRH services in Azraq and Zaatari camps continue on a critical-package basis due to COVID-19 restrictions and precaution measures. Emergency services for high-risk pregnancies and emergency obstetric care services have been prioritized. The SRH sub-working group is preparing for remote services to ensure women and girls' choices and rights to sexual and reproductive health are respected regardless of their COVID-19 status, including access to contraception, antenatal and postnatal care in camps and host communities.
- **Sudan:** Procured and delivered PPE, primarily targeting health care providers in emergency and neonatal care facilities, as well as all frontline responders. Trained 1,326 health care providers with a focus on midwives and emergency obstetric & neonatal care professionals, in infection prevention and control.
- **Yemen:** Provision of reproductive health services continues in all of the 189 UNFPA-supported health facilities across the country, reinforcing infection prevention and control in maternal and emergency obstetric care in all supported health facilities. South Yemen, where the first confirmed Covid-19 case was detected, has experienced a sharp decrease of deliveries due to the fear of COVID-19. However, health facilities continue to deliver services and local health authorities, in collaboration with UNFPA, conducted health facility visits to restore community confidence and to encourage pregnant mothers to deliver at health facilities with skilled birth attendants,
- **Palestine:** UNFPA is co-leading the SRH working group with the Ministry of Health to support effective coordination of SRH response. UNFPA prepared SRH-specific [Situation Report on behalf of the health cluster](#).
- **Iraq:** Supporting the Ministry of Health's efforts to combat COVID-19 through online training of health service providers, midwives, nurses and doctors on the Covid-19 mitigation measures in delivery rooms and reproductive health clinics.
- **Egypt:** With the support of the European Union, procured PPE including 137,783 surgical masks and 20,000 alcohol bottles for disinfection worth €70,000, to be distributed to family planning clinics across Egypt.
- **Lebanon:** The UNFPA-led reproductive health working group monitors service delivery at the primary care level including weekly feedback from partners on access to services, availability of drugs and commodities, challenges encountered and best practices.



© UNFPA Syria

Outreach workers in Syria provide support to reduce the vulnerability of women and girls under curfew.



## Regional Response Summary (continued)

### Addressing GBV

UNFPA Country Offices <sup>2</sup> continue to address GBV by:

- Working with national authorities to ensure response plans are gender sensitive and address GBV risks, especially at domestic levels;
- Developing online media and advocacy tools on GBV prevention and response during COVID-19, and working with faith-based leaders and community networks to provide weekly seminars on protection issues;
- Distributing dignity kits adapted to COVID-19 for female healthcare workers, women and girls in quarantine and isolation, refugees and asylum seekers; and
- Reviewing and updating referral pathways and services addressing GBV to compensate for the disruption of services, particularly 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:** Supported the National Council for Women in formulating a COVID-19 policy paper to ensure gender considerations inform the national response to consideration of gender and all arising challenges that are expected to be experienced by women and girls due to the pandemic. The essential package of services continue to be offered, addressing gender-based violence for the most vulnerable boys, girls, men and women in UNFPA supported Safe Spaces.
- **Jordan:** UNFPA, together with UNHCR as co-chair of the GBV IMS taskforce, released a preliminary analysis of GBV trends in Jordan during COVID 19. The number of GBV survivors seeking help decreased by 68 percent in the first two-weeks of the crisis, while women are facing an increased risk of domestic violence. Trends will be monitored and also inform service delivery modalities and national measures to mitigate against the risks.
- **Syria:** Developing an e-voucher system targeting pregnant and lactating women and replacing distribution of kits in targeted locations: UNFPA is establishing a partnership with WFP, building on WFP existing e-voucher system. UNFPA contribution to the e-voucher modality is designed in a way that allows recipients to access an extra amount of money for hygiene products replacing the distribution of the kits.
- **Lebanon:** UNFPA, in partnership with UN Women, WHO and the national women machinery, issued the first COVID-19 Gender Alert. This alert – to be issued on a regular basis – highlights challenges, trends, gaps and recommendations on gender/GBV matters based on various reports, observations and related sources.
- **Libya:** The “GBV & Psychosocial Support Hotline 1417”, sustained by UNFPA through its partner PSS Team in Tripoli, continued to be functional with more than 226 phone calls received to provide: psychological support, counselling services, legal consultations and referrals to medical services and food assistance, including calls related to medical consultations, COVID-19 and other issues. Training was also provided on psychological first aid essentials and COVID-19 health awareness, including symptoms, transmission methods and prevention, along with basic information and resources to improve GBV response
- **Sudan:** UNFPA established a COVID-19 task force and launched the first ever GBV hotline in Sudan.

### Assessment on the health and socioeconomic impact of COVID-19

At regional level, UNFPA developed a [position paper](#) on the "Expected impact of public health emergencies on Sexual and Reproductive Health and Reproductive Rights in the Arab States Region. The case of COVID-19."

UNFPA is engaged in country level Socio-Economic Studies, and the formulation of Socio-Economic Response Plans focusing on the secondary effects of COVID-19 on health, basic services, resilience and social cohesion for the most vulnerable population groups including those whose livelihood has been severely affected.

- UNFPA Jordan released a [Briefing Note](#) on the “Impact of the Crisis on Women and Girls in Jordan,” with a focus on SRHR and GBV, along with a set of recommendations for decision-makers in the country. UNFPA also initiated a “rapid assessment” on the impact of COVID-19 on SRH and GBV, including the impact in refugee camps and urban areas within Jordan.
- UNFPA Palestine and Ministry of Health conducted an [assessment of the impact on SRH services due to COVID-19](#)

<sup>2</sup> Algeria, Egypt, Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Somalia, Sudan, Syria, Tunisia and Yemen

## Regional Response Summary (continued)

### Risk communication and community engagement

UNFPA offices promote risk communication and community engagement through:

- 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 regional and country level risk communication and community engagement working groups.

#### Country examples:

- **Palestine:** As a member of the Palestine Risk Communications and Community Engagement Task Force (MoH, UNICEF, WHO, Bank of Palestine), UNFPA is leading youth mobilization and dissemination of messages among youth networks, and gathering extensive feedback from communities on myths, rumors, and other concerns. UNFPA is also engaged with the Inter-cluster Risk Communication Group and has contributed messages targeting pregnant women and women at risk of violence.
- **Somalia:** Provides technical support and guidance for the development and production of animated awareness messages, videos and radio shows on COVID-19 and related GBV vulnerabilities, including domestic violence.
- **Libya:** In collaboration with the National Center for Disease Control, UNFPA supported the Y-PEER (Young Peer Educators) in conducting the Zero Case Campaign, now rebranded “Back to Zero Case Campaign,” a youth-led campaign that aims to raise awareness about COVID-19 including social-distancing in places where people still have to gather, such as banks, bakeries and grocery stores. The campaign targets Tripoli and several other cities in the west of Libya and has over 3,900 followers on Facebook.
- **Jordan:** Produced information, education and communication materials to inform communities of existing services and support. This has included the production of a video targeting people with different kinds of disabilities, includes simple illustrative pictures for people with mental disabilities, “sign language” for people with hearing disabilities and narration for people with visual impairments (the video can be accessed [here](#)). Community volunteers have been engaged in disseminating information on COVID-19 and the available services through mobile phones.
- **Iraq:** Supporting the Y-Peer and young volunteers programme; informing adolescents and youth about available counseling as part of the UNFPA-supported COVID-19 response. Furthermore, the Ministry of Youth and Sports with UNFPA will sensitise and engage ten volunteers in awareness-raising sessions and the distribution of IEC materials while providing support to health care providers when required.
- **Morocco:** UNFPA leads the Risk Communications and Community Engagement UN Task force and participates in the UN Health Task force led by WHO, and the crisis communications team led by the UN Information Centre. In partnership with the Ministry of Solidarity, Social Development, Equality and Family. A video produced for the protection of people with disabilities using sign language can be accessed [here](#). UNFPA and the Ministry of Health supported young volunteers to launch a web radio to raise awareness on COVID-19. UNFPA also supports Y-PEER efforts to raise awareness on COVID-19 on social media including products such as youth-friendly [infographics](#) shared on social media platforms and animation [Videos](#) broadcasted on TV and social media.
- **Sudan:** Disseminated messages on COVID-19 prevention in local languages using cars with loudspeakers and will produce 7 videos to raise awareness. Also, 26,000 copies of COVID-19 awareness messages were printed targeting pregnant and lactating women.

## Media & Communications

UNFPA Arab States Regional Office (ASRO) and country offices are actively engaged in media outreach to raise awareness, share guidance, and showcase achievements.

### Global, regional and country level efforts:

- [ASRO launched Ramadan Individual Giving Campaign](#) - A Women Even Here - to support UNFPA's life-saving humanitarian interventions as ongoing crisis will be exacerbated by COVID-19.
- Weekly COVID-19 Social Media campaigns: ASRO continues to disseminate UNFPA mandate related educational and relevant information (extracted from UNFPA technical briefs and WHO). Thus far, ASRO has dedicated a week to each of the following issues: Gender, Youth, Mothers and Newborns.
- "[Thank you campaign for medical staff](#)" Regional office and country offices' staff created "thank you" videos in Arabic, English, French to highlight the efforts of frontline health care workers (doctors, nurses, midwives) during the crisis. The campaign will be live until 5 May (International Day of the Midwife).
- The majority of country offices have ongoing awareness social media campaigns with local governments and implementing partners.
- Regional **UN inter-agency campaign** (ESCWA, WHO, UNFPA, UNWOMEN, UNICEF, UNODC) with gender themed COVID-19 - messages through social media
- UNFPA contribution to the regional [Campaign with LAS](#) , UN Women, and UNHCR for women to share their stories during the time of Covid-19 ("#TellYourStory").

### Country stories:

#### Algeria:

- ['My Freedom' Campaign](#) in coordination with the Canadian embassy

#### Jordan:

- [Dr. Eman, a COVID-19 frontline medical worker with a message of faith](#)

#### Lebanon:

- [Pregnancy and COVID-19](#)

#### Somalia:

- [Virtual training on Family Planning](#)
- [UNFPA and WHO partner to strengthen testing capacity for COVID-19](#)

#### Jordan:

- [Advice to pregnant women in sign language](#)

#### Sudan:

- [How women will be affected by an economic crisis in Sudan](#)





In Djibouti, collaboration between UNFPA and the Ministry of Health provides hygiene products and has adapted dignity kits to ensure continuity of services.



UNFPA Iraq and partners continue to conduct awareness sessions on #COVID-19 prevention methods.



In Sudan, UNFPA distributes hygiene and cleaning products to women and girls.





UNFPA Libya continues to support midwives and nurses to combat COVID-19. To date, 190 health workers received necessary training to ensure safe delivery.



UNFPA Syria: Women take the lead in providing information to combat COVID-19.



UNFPA Syria: Disinfecting Safe Spaces for Women and Girls.

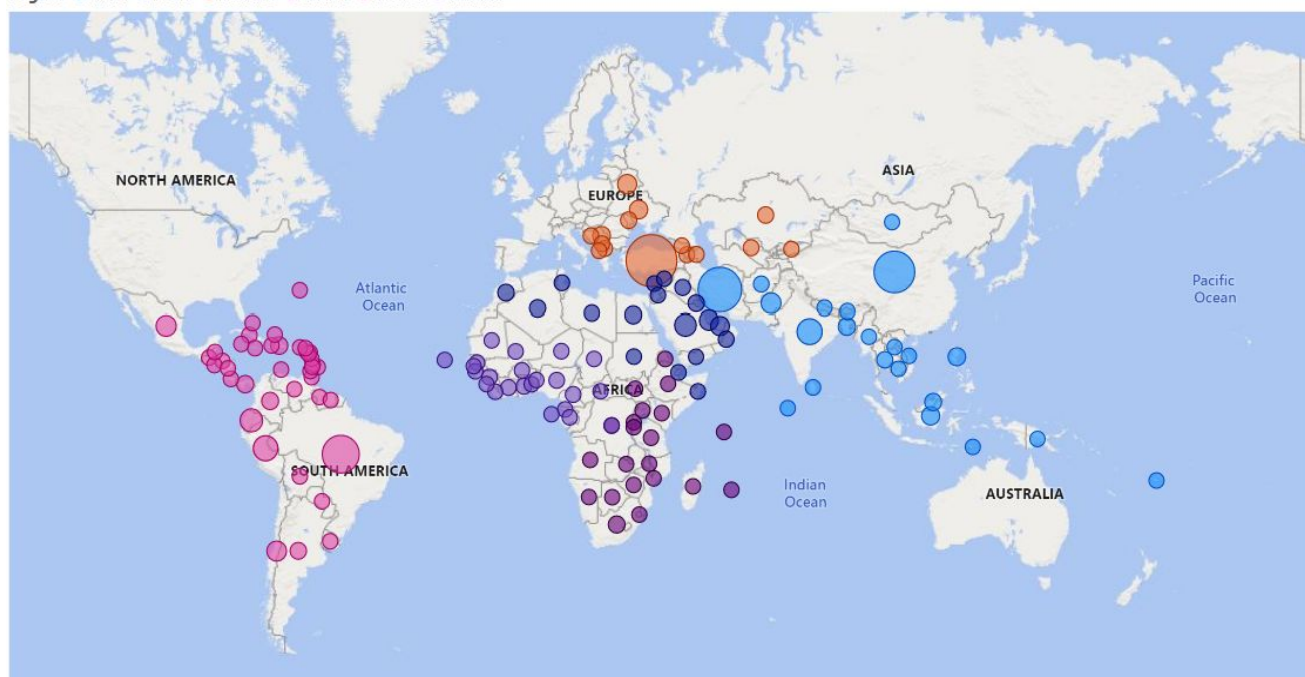


## Annex: Confirmed COVID-19 Cases and Deaths in ASRO (WHO, 30 April 2020)

Country	Confirmed Cases	Deaths
Algeria	3,848	444
Djibouti	1,077	2
Egypt	5,268	380
Gulf Cooperation Council*	51,983	299
Iraq	2,003	92
Jordan	451	8
Lebanon	721	24
Libya	61	2
Morocco	4,359	168
Palestine	344	2
Somalia	582	28
Sudan	375	28
Syrian Arab Republic	43	3
Tunisia	980	40
Yemen	6	0
<b>Total ASRO</b>	<b>72,101</b>	<b>1,520</b>

Confirmed Cases by Country and Region

Region ● APRO ● ASRO ● EECARO ● ESARO ● LACRO ● WCARO



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