ADAPTING TO THE NEW NORMAL

Insights and lessons learned from UNFPA’s response to the COVID-19 pandemic in the Arab Region
FOREWORD

The COVID-19 pandemic has redefined many of our long-held assumptions and conventions, bringing unprecedented challenges while also setting the stage for inspiring achievements.

Like other large-scale crises, the pandemic has revealed many of the structural inequalities that underlie societies, including those based on gender, race, socio-economic status, and others. In humanitarian settings, the pandemic arguably dealt its most damaging blow, further exacerbating the mounting challenges facing communities in need.

In 2020, UNFPA published a brief report highlighting a range of promising practices that our teams and partners had been implementing throughout the region in response to the initial months of the pandemic. The report demonstrated the sheer breadth of innovations and adaptations taking place to help alleviate the worst of the impact on communities in need, particularly with regard to women and girls.

Two years on, significant progress has been made in the global response to COVID-19. Successful vaccination campaigns in some countries and adaptation measures have helped transform a deadly pandemic into a much more manageable health crisis, allowing countries worldwide to begin seeing the light at the end of this dark tunnel. It is at this point in the evolution of the pandemic that we are encouraged to examine the wealth of knowledge produced throughout this unprecedented crisis — to entrench good practices, learn from missteps, and help communities build greater resilience to future health emergencies.

This Knowledge Series guide offers a retrospective overview of the approaches taken by UNFPA-supported teams in humanitarian settings throughout the Arab Region. In addition to providing updates and lessons learned from some of the initiatives reported in 2020, the guide also brings a series of insights from new programmes and adaptations introduced since. Together, these provide a framework for effective, gender-responsive action during a health crisis, even in the most complex humanitarian environments. By consolidating the insights gained from UNFPA’s experience in the Arab Region, our hope is to contribute to the growing body of knowledge on adapting to the new normal, enabling humanitarians worldwide to mount more effective and inclusive responses during future health emergencies.

I take this opportunity to thank all UNFPA country offices and hubs who contributed their knowledge and expertise to this guide. Our sincere gratitude also goes to our donors and partners, without whom this work would not have been possible.

Sincerely,

Laila Baker

UNFPA Regional Director, Arab States
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PART I: LOOKING BACK

In retrospect, this pandemic — as tragic and destructive as it has been — brought out the best in the countless remarkable individuals leading the frontlines, including the many UNFPA-supported teams throughout the region. The initiatives they launched in 2020 required flexibility and agility as well as quick thinking, plus the ability to plan several steps ahead. Fortunately, every crisis carries within it a wellspring of opportunities for self-betterment, and our teams delivered.

Since then, many of these initiatives have either served their purpose or evolved into other programmes and initiatives, creating new precedents in humanitarian response and enabling teams throughout the region to better serve communities in need.

This section sheds light on some of these initiatives and the progress registered since they were first reported in 2020.
UNFPA IRAQ OVERCAME STRINGENT BARRIERS TO ENGAGE YOUNG PEOPLE

In 2020, UNFPA Iraq reported on its efforts to support the launch of the findings of the National Adolescent and Youth Survey, which was conducted in partnership with regional governments and ministries across Iraq and Kurdistan. The original launch of the survey, scheduled for March 2020, was upended by the pandemic; however, UNFPA staff adapted the event to a web-based initiative that was well-received by government and development partners.

Since then, multiple achievements have followed. As previously reported, UNFPA had planned to conduct a nationwide complementary qualitative adolescent and youth survey toward the end of 2020, which again coincided with the peak of the country’s intense second wave of the pandemic. This not only rendered both travel to survey sites and in-person coordination extremely difficult but also posed a growing risk for participating personnel.

“The challenge was to ensure the quality of collected data by enumerators. UNFPA ensured proper training of the field teams, engagement of all stakeholders for effective coordination and mobilisation of community members,” explains Rita Columbia, UNFPA Representative, Iraq.

UNFPA conducted a hybrid training programme on data collection techniques, which brought together 80 participants from across various governorates. In addition to garnering government participation on site, the event served as a vibrant platform for sharing knowledge and expertise, making it possible to address immediate concerns and deliver a harmonious data collection effort.

“It was an inspiring effort and definitely successful,” adds Columbia. “Field enumerators were able to collect data according to the desired standards, allowing us to launch the survey with minimal risks. Experts were also stationed online to provide technical support to government staff and facilitate the exchange of ideas on the spot, and the results have been valuable enough to inform the development of a multitude of government-supported youth programmes as well as the National Youth Vision 2030.”

UNFPA JORDAN CHAMPIONED INCLUSION BY RESPONDING TO THE NEEDS OF PEOPLE WITH DISABILITIES

More often than not, responding to a crisis as multifaceted as a pandemic will inevitably result in unfortunate compromises, particularly when it comes to delivering a comprehensive, socially inclusive response. UNFPA Jordan chose to prioritise the most...
vulnerable, particularly people with disabilities and other marginalised groups.

In 2020, UNFPA reported on the successful efforts to reach people with disabilities with essential awareness messages on gender-based violence (GBV), offering potential survivors guidance on where to seek help and how. These efforts included a sign language awareness video launched in April in response to growing global concerns about the escalating risks of intimate partner violence in light of lockdowns and other restrictions on movement.

Since then, UNFPA Jordan has taken a number of steps to further address the needs of people with disabilities. One major change was the addition of a specific indicator to capture people with disabilities within the overall programming framework. This ensures that data is being consistently collected and taken into account during the programme development process.

Moreover, since 2020, UNFPA has also worked with the Higher Council for Disabilities in Jordan as well as international consultants to build capacities in this regard, including a training programme on disability inclusion for all UNFPA and partner staff. UNFPA has also continued to invest in disability-friendly infrastructure improvements based on needs established in previous assessments. In Zaatari refugee camp, for instance, collaboration with a disability task force within the camp helped deliver safer, more inclusive facilities that help guarantee leaving no one behind.

“In the throes of a pandemic, particularly among the escalating rates of gender-based violence, an inclusive response can often mean the difference between life and death, particularly for at risk population groups such as people with disabilities,” notes Enshrah Ahmed, Head of Office at UNFPA Jordan. “Women and girls with disabilities in particular face growing risks of family and intimate partner violence as well as sexual exploitation and abuse, which means that addressing their needs should be a core component of any effective response.”

In Lebanon, UNFPA prioritised the needs of pregnant women, who faced growing uncertainty and fear during the pandemic

In 2020, UNFPA Lebanon reported on the development of new guidelines for inpatients and outpatients on pregnancy and childbirth services during COVID-19. Developed by the National Task Force on Pregnancy and COVID-19, co-led by UNFPA, these guidelines were conceived in an effort to raise awareness on pregnancy risks during the pandemic and to offer pregnant women and girls the most up-to-date information as soon as it became available.

The initiative quickly met success, resulting in the training of more than 1,200 healthcare providers on COVID-19 and pregnancy, thus contributing to a safer and more harmonious response to the pandemic. Since then, additional guidelines have been developed on the outpatient transfer of pregnant COVID-19 patients in order to support prompt responses and referrals. UNFPA teams have also conducted a mapping of hospitals providing neonatal and other sexual and reproductive health (SRH) services for patients diagnosed with COVID-19, and have made this data available to all actors within the health sector. In addition, coordination with key opinion leaders continues, including essential discussions on referral pathways and the need for prompt support required at the government level.
At the onset of the pandemic, little was known about the virus in terms of its effect on pregnancy, which generated plenty of anxiety among women and healthcare professionals,” explains Asma Kurdahi, Head of Office, UNFPA Lebanon. “This is precisely why we took the necessary steps to prioritise the dissemination of this type of information and to work closely with government counterparts to ensure pregnant women who contract the virus are not left behind in the response.”

UNFPA Lebanon is also continually producing awareness material related to COVID-19 during pregnancy, including various social media campaigns that are being disseminated through relevant UNFPA and partner channels such as the Midwives Network that continues to provide at-home care to pregnant women with COVID-19.

IN LIBYA, UNFPA ADAPTED EXISTING INFRASTRUCTURE AND STOOD BY HEALTH PROFESSIONALS ON THE FRONTLINES

In Libya, more than 800,000 people are in need of humanitarian assistance, grappling with ongoing political instability, conflict, a deteriorating public sector, and a dysfunctional economy. These challenges had made COVID-19 a serious threat to the lives and dignity of vulnerable populations throughout the country, particularly women and girls.

At the onset of the pandemic, UNFPA Libya took several steps to adapt its services according to the needs. One key initiative in 2020 saw UNFPA supporting the Ministry of Social Affairs to expand the scope of the hotline launched in 2019 to offer COVID-19 counselling and awareness. The initiative quickly gained traction and, by the end of 2020, the hotline had received more than 4,000 calls. While the hotline’s primary purpose was to provide guidance and information on COVID-19, a substantial portion of the calls received were in relation to emotional, domestic, and physical abuse issues, underscoring the many gendered aspects of this pandemic.
“Globally, the importance of leveraging all communication channels available to overcome barriers has become increasingly relevant during the pandemic,” comments Samir Anouti, UNFPA Representative a.i., Libya. “The most essential step when tailoring the response is to have a clear understanding of the needs and to allocate resources based on clear and realistic goals.”

Since then, the partnership with the ministry and local partners has continued, and the initiative has been further expanded to provide additional remote services through the hotline, such as legal counselling and immediate referrals, in addition to psychosocial support and COVID-19 awareness.

Another critical step taken by UNFPA in 2020 was to address growing fears of the virus among healthcare providers, many of whom struggled with consistent feelings of anxiety due to fears of catching the virus or infecting their families and loved ones. This growing angst threatened staff retention which, given existing shortages in the local health sector, could have spelled disaster for the communities left behind. This led UNFPA and partners to prioritise health worker concerns through a series of orientation and training initiatives that targeted frontline healthcare providers, including obstetricians and gynaecologists, midwives, and nurses in health facilities.

“Healthcare professionals have shouldered an enormous responsibility throughout this pandemic, particularly those operating in humanitarian settings where facilities lack the proper infrastructure and equipment to treat patients safely,” adds Anouti. “Humanitarians need to take this into account and to consistently plan to address the concerns and challenges facing them, as this will help deliver a more sustainable and impactful response.”

In 2020, more than 800 healthcare providers were trained on COVID-19 in relation to sexual and reproductive health, which encompassed key topics such as the minimum initial service package (MISP) for SRH in crisis, emergency obstetric and new-born care (EmONC), and leadership training for midwives, among others.
UNFPA SOMALIA DEMONSTRATED THE IMPORTANCE OF AGILITY AND THE USE OF QUALITY DATA IN SUPPORTING HEALTH AND HUMANITARIAN RESPONSES

With limited health infrastructure and systems, COVID-19 outbreaks in Somalia put lives at risk, placing an unbearable load on a health system already grappling with poor infrastructure, various other communicable diseases, and significant humanitarian needs. Since the beginning of the pandemic, UNFPA has been conscious of these challenges and has launched numerous initiatives to support the national response.

Broadcasting the message

After reporting its first case on 16 March 2020, mounting an effective response to the impending health crisis became a critical priority for the government, humanitarian actors, and stakeholders working in Somalia. A key concern was the limited information and communication channels available for vulnerable groups throughout the country, particularly people living with HIV and other chronic illnesses as well as those internally displaced, women, children, and older people.

One of the initial steps taken by UNFPA was to redesign its programmes to deliver more comprehensive messaging on the various health risks, integrating information on COVID-19 into existing outreach and awareness efforts that focused on HIV, female genital mutilation (FGM), and other health risks that are prevalent in marginalised and hard-to-reach communities.

A key step taken in this regard was the repurposing of existing “Youth Caravans”, which use a public address system that can broadcast messages to reach people in camps and other displacement sites. Existing capacity building programmes, which leveraged the reach and influence of youth activists, journalists, bloggers, vloggers, and social media influencers to further reinforce communications on COVID-19 and HIV, were similarly adapted to use as many channels as possible.

“A good first step within any emergency response is to ensure that the right information is reaching the most in need populations,” explains Niyi Ojuolape, UNFPA Representative, Somalia. “Building on existing communications and capacity building infrastructures to raise awareness was critical to our ability to continue serving those in need.”

Innovation for better data

In 2020, UNFPA Somalia also reported on its efforts to support the country’s national COVID-19 response with quality data provided through its Geographic Information Systems (GIS) initiative. Specifically, UNFPA Somalia had reported on its use of data gathered by the Somali Health and Demographic Survey (SHDS) conducted between 2018 and 2020, which had been leveraged by the UNFPA GIS to track outbreaks and create a mapping of vulnerable communities and high-risk areas. The maps produced by the system integrate population densities with the locations of interest, including markets, hospitals, places of worship, and information on critical risk factors like levels of chronic diseases, disability, older people, and sites with internally displaced people (IDPs).
This initiative aimed to offer support to the Ministry of Health of the Federal Government of Somalia, the Federal Member States, and local and international development partners, providing valuable information to better target the country’s response to the COVID-19 pandemic.

“Within Somalia’s COVID-19 response, the GIS data has been a vital supplement,” explains Ojuolape. “For instance, the maps produced by the system are providing a common frame of reference for COVID-19 risk factors, thereby serving as tools in identifying where critical resources are needed and in prioritising interventions.”

One critical function served by the GIS data is giving responders the ability to link proposed interventions, such as mask mandates, social distancing, and hand washing, with the state of affairs at the time of planning and with reliable information on targeted population groups. This is achieved by building on the essential data gathered by the SHDS, such as access to basic hand washing facilities at household level, household size and sleeping arrangements, and available communication mediums, among others.

Additionally, Ojuolape notes that, over the past two years, the data has continually demonstrated potential beyond its initial applications. “What we have found is that the data can be effectively used to respond to a wide array of humanitarian challenges in the locations covered, in addition to supporting development goals in numerous ways.”

For instance, in addition to supporting the response to COVID-19, the maps can be used to curb the spread of other infectious diseases that impact communities in Somalia. They can also inform other aspects of humanitarian responses, such as isolating targets for specific interventions, identifying vulnerable populations, and building contingencies on evidence-based mechanisms. Meanwhile, the data derived on the needs of key population groups, such as older people, youth, women, children, IDPs, and others, can also contribute to peace-building initiatives throughout the country.

When Sudan reported its first case of COVID-19 in March 2020, humanitarians throughout the country voiced serious concerns. The country continues to be confronted by an array of political, security, and socio-economic challenges, and its healthcare system is marred by significant urban-rural and regional disparities related to conflict, displacement, and chronic poverty.

Meanwhile, for Sudanese women and girls, experts knew that the additional risks brought about by the pandemic were going to be substantial. Gender-based violence actors, including UNFPA partners, reported that the crisis exacerbated an already dire situation for many Sudanese women suffering family violence and domestic abuse, reinforcing the urgency for greater protection efforts.

UNFPA Sudan was quick to respond to these emerging concerns and made continuity of services — especially critical health and protection services — a key priority.

A harmonised response

The first layer of the response focused on emergency measures and capacity building, particularly in light of the shortage of healthcare workers during the initial months of the pandemic. UNFPA worked with the Sudanese Ministry of Health to conduct training programmes for healthcare workers at various health facilities, with a
focus on infection prevention and control. These efforts also included setting up more integrated mobile clinical teams to provide health services to women at high risk of obstetric complications and healthcare and referrals to survivors of gender-based violence.

To help bridge gaps in equipment, UNFPA teams also distributed emergency reproductive health kits and personal protective equipment (PPE) to supported facilities. Meanwhile, UNFPA supported 148 community-based service referral sites in 11 states over the course of 2020 which, in addition to operating around the clock, could also be reached by phone, enabling the people served to more easily access remote guidance and support. Moreover, mobile phones and SIM cards were distributed among active members of community-based protection networks and social workers with a view to further facilitating the referral of complex cases to more advanced services, including specialised health facilities.

UNFPA also partnered with the Ministry of Health and Combatting Violence Against Women to launch a GBV helpline to provide remote case management and support to survivors across Khartoum, North Darfur, West Darfur, East Darfur, South Darfur, White Nile, and North Kordofan.

Learning from experience

The successes that UNFPA Sudan achieved in 2020 have evolved into various programmes, initiatives, and adaptable knowledge.

In 2021, UNFPA continued to build on the response infrastructure it helped to establish, including through the pre-positioning of personal protective equipment alongside life-saving SRH medicines, supplies, and equipment, in addition to services designed to protect and respond to gender-based violence. The service package was also expanded to cover the Ethiopian refugee crisis in the states of Gedaref and Kassala, as well as the IDP crisis in West Darfur state. The UNFPA-supported GBV helpline also continued into 2021 and is being considered as a long-term initiative, particularly after it proved crucial to supporting GBV survivors and women and girls at risk during crisis conditions.

Moreover, the established community-based protection networks (CBPNs) continued to provide essential information on COVID-19 prevention and available gender-based violence services. Lemine explains that, in collaboration with partners, UNFPA was also able to integrate CBPNs into referral pathways at the local level, enabling them to serve as entry points linking survivors to available services, including Safe Spaces. The networks have proven vital for the continued delivery of programmes designed to offer women protection and healing while also empowering them to challenge harmful
social norms. UNFPA is continuing the practice in 2022 in the hope of ensuring the sustainability of the gains made towards ending harmful practices in a volatile environment.

Additionally, given the impact of CBPNs, risk communication using community volunteers was further adopted into other existing services, such as mobile and temporary clinics, along with within HIV prevention programmes targeting key populations. This helped improve both efficiency and integration, as well as the overall adaptation of response.

ACROSS THE WHOLE OF SYRIA, UNFPA PRIORITISED KNOWLEDGE AND AWARENESS TO ALLEVIATE THE BURDEN ON THE HEALTH SYSTEM

Syria had marked its ninth year of crisis just days after COVID-19 was declared a pandemic, foreshadowing what later became among the worst years of the crisis. Years of conflict, mass displacement, and the disintegration of basic services and community networks had compromised the resilience of Syrian communities considerably, leaving them in no way prepared to withstand the impact of a pandemic.

Moreover, assessments and data from UNFPA programmes showed a marked increase in the risks of gender-based violence dating from the onset of the crisis. These risks had already caused women and girls to feel unsafe and unprotected in numerous communities by the time the pandemic struck. As such, the additional challenges imposed by the pandemic required flexible and innovative solutions implemented as part of a collaborative, integrated and harmonised approach.

“As the pandemic was taking a foothold in the country, UNFPA and its partners understood that awareness was one of the most powerful tools we have to stave off infections and alleviate some of the additional burdens imposed on the country’s health system,” comments former UNFPA Syria Representative, Karen Daduryan. “Previous epidemics had shown us that awareness empowers individuals to take charge in a crisis, eliminating anxieties and helping communities navigate beyond the often overwhelming threat. Therefore, one of the first steps we took was to launch an awareness campaign on the disease in order to make sure that people were receiving the right messages and essential prevention tactics were encouraged. We were highly impressed with the level of engagement and response the campaign received.”
The campaign, which was launched via UNFPA Syria’s social media channels, was composed of a series of videos that communicated essential information on COVID-19, its risks and routes of transmission, as well as simple preventative measures recommended by experts. More than ten videos containing such key information were issued, with each garnering close to a thousand views per channel.

Sending the right message

Equally important were efforts to cultivate greater knowledge and awareness among UNFPA and partner staff through a wide range of training programmes on topics related to COVID-19 that were held online in 2020. They reached close to 600 health and community personnel at UNFPA-supported facilities, who learned about the signs and symptoms of COVID-19, clinical diagnosis, treatment and care, and prevention approaches based on World Health Organisation (WHO) guidelines. The programmes continued in 2021 as the pandemic evolved, bringing new challenges that made the initiative a fundamental part of UNFPA programming.

“In both initiatives, we found that awareness cultivated not only a clear sense of empowerment but also social harmony,” adds Daduryan. “This can be seen in the overwhelmingly positive comments on and reactions to the awareness campaign, with people showing appreciation towards and solidarity with the awareness efforts, in addition to the positive feedback we have received on the training programmes being offered.”

These efforts continued in 2021, with additional emphasis placed on protection and response to gender-based violence. To better respond to the needs of women and girls, UNFPA established a network of trained and skilled providers of psychosocial support services to help train all service providers working at UNFPA-supported facilities. Programmes covering core protection and GBV response topics have been adapted to fit the new realities imposed by COVID-19, helping participants to develop new mechanisms and to adapt to the escalating needs. To minimise gaps in protection services, starting 2021, UNFPA initiated the procurement of mobile phones and airtime for all of its supported Case Managers, thereby allowing for the delivery of remote case management and psychosocial support services. UNFPA also supported the establishment of a GBV Help Desk, an internal digital portal which provides case workers with individual mentorship and technical support on remote GBV service delivery, a vital need during the COVID-19 pandemic.

To further contribute to the body of knowledge available on COVID-19 during the first year of the pandemic, UNFPA launched efforts to research and understand the socio-economic ramifications. This research was especially needed in light of the worsening economic crisis impacting the country and existing protection challenges that were affecting many communities. UNFPA joined the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP), and the Food and Agriculture Organisation (FAO) in contributing to a United Nations
Development Programme (UNDP)-led nationwide assessment on the topic, ensuring that gender dynamics were taken into consideration throughout the process. The study, scheduled for publication later in 2022, will provide essential insights into the worsening economic conditions among countless Syrian households, offering critical considerations that have since shaped responses by numerous actors.

When access means survival

In north-western Syria, where UNFPA delivers much-needed assistance cross-border via Türkiye, women and girls continue to grapple with ongoing hostilities, mass migration, economic collapse, and lack of access to basic services, among a wide array of other challenges. The risks of gender-based violence have also skyrocketed since the onset of the crisis, setting the stage for even greater challenges during the pandemic.

In its initial response to the pandemic, UNFPA had one key mission: to ensure that women and girls requiring assistance were able to access the services they need. Given the volatile conditions in the region, UNFPA teams had considerable experience in adapting programmes to overcome accessibility barriers, something they were able to draw on in making rapid but effective changes to existing approaches.

“As we reported in 2020, our initial response focused on updating existing guidance to bridge any gaps in our capacities, adapt our service provision model to offer remote services, and continue to effectively lead gender-based violence coordination to address the changing needs,” explains Hassan Mohtashami, UNFPA Representative in Türkiye, where UNFPA’s cross-border operations into Syria are managed. “For a woman or girl requiring emergency health services, or coping with an abusive partner in the midst of a pandemic, remote access expert support can be life-saving.”

These efforts culminated in the systemised use of “telemedicine” as a way of improving accessibility and reducing infection risk, an approach that continues to prove vital for beneficiaries who could not physically reach health facilities. The telemedicine system has also been integrated with pre-existing mobile teams delivering medication to patients, allowing UNFPA and partners to establish adaptable foundations in case of future need.

UNFPA also published new guidance on GBV service provision during COVID-19, which have since been adopted across all relevant UNFPA-supported facilities. Additionally, UNFPA worked with its main partner for dignity kit distribution to develop procedures for safe distribution during the pandemic, which, thanks to regular training programmes, have since been standardised.

“We certainly found it effective to offer teams clear guidelines and to ensure that they are firmly established through effective capacity building at every service delivery point,” explains Mohtashami.

Meanwhile, the Türkiye Cross-Border GBV Subcluster had created a dedicated task force to support the adaptation of prevention, risk mitigation, and response programmes to the pandemic in order to bridge any gaps in service delivery. While the taskforce has since been disbanded and integrated into core operations, the knowledge it produced not only consistently informed the initial response to the pandemic, but has since been integrated into the regular activities of the GBV Subcluster.
“In its initial response to the pandemic, UNFPA Yemen had one key objective: to ensure the continuity of services to those in need,” explains Nestor Owomuhangi, UNFPA Representative, Yemen. “We also sought to achieve this even during peak outbreaks and restrictions, across the priority areas of ensuring critical supplies, reproductive health, and gender-based violence response.”
“Tens of thousands of people in quarantine received rapid response kits throughout the pandemic within this effort,” Owomuhangi observes, “and our teams managed to refer vulnerable women and girls to health and gender-based violence services, all the while raising awareness on COVID-19 protection measures during the distribution.”

Simultaneously, UNFPA was supporting the Ministry of Public Health and Planning to reinforce the provision of sexual and reproductive health services under COVID-19. This initiative also saw the training of 300 health workers on the implementation of new guidelines, particularly in southern parts of the country where the needs are particularly high. This significantly contributed to maintaining the delivery of services to women and girls in need, and these guidelines continue to be incorporated into other reproductive health training programmes, including those focused on family planning, MISP, and others.

Meanwhile, UNFPA also made sure to reach out to pregnant women and girls with disabilities nationwide, producing a sign language video in 2020 to raise awareness about protection measures for pregnant and breastfeeding mothers. As of the publication of this report, this remains the only resource of its kind circulating throughout the country and has been shared widely by UNFPA and partners to the point where it has reached more than 100,000 people.

Breaking the walls of silence, even from a distance

Similar efforts were made within UNFPA’s gender-based violence response in Yemen. UNFPA worked with the Women’s Protection subcluster to develop alternative service strategies for essential GBV services, in addition to outlining strategies to tailor its approaches to meet the needs of specific population groups. One critical tool of increasing relevance during the pandemic is telecounselling, in which UNFPA Yemen has invested considerably.

In 2020, UNFPA Yemen reported on its efforts to develop standard operating procedures on telecounselling and to integrate them in its various programmes, particularly as teams adapted to the pandemic. Services provided include psychological counselling, psychosocial support services, case management and referral, legal aid consulting, COVID-19 awareness, and protection services for women in prisons. By the end of 2021, the initiative launched in March with 18 telephone hotlines had served nearly 800,000 women. These hotlines also aim to raise awareness about COVID-19 prevention and response.

“My life changed for the better after I made my first call seeking help,” explains one woman who used the hotlines in 2021. “I had hoped to ease some of the pain I experienced at the hands of my husband, who nearly destroyed me with his violent outbreaks, particularly since he lost his job due to the pandemic. With the first call, I broke years of silence. The psychosocial sessions have changed my life. I didn’t think that I would ever smile again, but I am smiling now and I have hope for the future.”

Since then, telecounselling has become a core tool leveraged by gender-based violence responders throughout the globe, particularly when lockdowns and other movement restrictions render access to in-person services difficult. The initial investment made by UNFPA Yemen not only demonstrated the potential of telecounselling as a viable alternative when in-person services are not possible, but it has continued to yield significant returns in terms of people served. More than 1.2 million women had been reached with essential services and information by the end of 2020. Even after in-person services became available again in late 2020, nearly 500,000 women were reached via hotlines between January and December 2021, further underscoring the gap bridged by these services in terms of accessibility.

As of late 2021, the use of telecounselling is being mainstreamed within all gender-based violence programming in keeping with the standard operating procedures developed by UNFPA Yemen.
PART II: LOOKING AHEAD

Since first reporting on good practices and lessons learned in the COVID-19 pandemic, UNFPA in the Arab Region has continued to exercise the same level of flexibility and innovation, even as consecutive waves and more infectious variants of the virus emerged, and other socio-economic and contextual factors changed the humanitarian dynamic. The result was a plethora of new programmes and initiatives that not only incorporated the lessons learned of those that preceded them but also attempted to tackle new challenges and further improve the quality of the response.

This section sheds light on some of these initiatives and the insights they contribute to the growing body of knowledge on adapting to the new normal.
INSIGHT 1

DURING A HEALTH CRISIS, KNOWLEDGE IS POWER — PARTICULARLY IN A HUMANITARIAN SETTING

One of the fundamental lessons that emerged from the COVID-19 pandemic is the importance of knowledge and effective risk communication. Health crises are frequently accompanied by mass uncertainty, confusion, and vulnerability to misinformation, making successful communication and risk planning vital life-saving measures.

The WHO believes that “it is now time to acknowledge that communication expertise has become as essential to outbreak control as epidemiological training and laboratory analysis.” According to the WHO’s guidelines on communication during health outbreaks, the “overriding goal for outbreak communication is to communicate with the public in ways that build, maintain, or restore trust,” and that doing so “requires transparency (i.e., communication that is candid, easily understood, complete, and factually accurate).”

In its initial response to COVID-19, UNFPA adopted this as a guiding principle, tailoring its programmes to incorporate knowledge and awareness components that not only offered essential information on the disease but also focused on guidelines relevant to UNFPA’s core stakeholders: women and girls who are pregnant, lactating, or at risk of gender-based violence; young people and adolescent girls; and the various teams working at UNFPA-supported facilities.

In humanitarian settings throughout the Arab Region, this approach proved crucial, particularly in contexts where health systems are already compromised or overwhelmed, and where women and girls lack access to basic health and protection information and services. As such, making the right information available, and communicating clear and evidence-based risk planning measures, becomes key to an effective response.
Variety in the right communication channels can make all the difference

In Yemen, the onset of the pandemic caused many women and girls to become concerned about accessing service delivery sites for fear of infection. This called for an effective communications campaign by both health and gender-based violence actors.

After launching a wide range of awareness and training programmes in 2020, UNFPA reinforced its efforts in 2021 by launching a nationwide awareness campaign on COVID-19 in order to reach an even wider audience. Introduced under the heading of "We Can Stop COVID-19", the campaign's 360-degree approach leveraged all communication media known to be widely used by targeted demographics, including awareness brochures, remote counselling, radio talk shows featuring government spokespersons, and various social media platforms.

“The use of a 360-approach in terms of both communication channels and information conveyed proved to be fundamental to the success of the campaign," explains Nestor Owomuhangi, UNFPA Representative, Yemen. “The campaign focused on both general and specific information, including transmission risks and symptoms, preventative measures, and responses to popular myths about COVID-19. The result was that more than 800,000 people were reached with simple, accurate, and easily communicable information.”

Despite the clear effectiveness of the approach, contextual challenges meant that these awareness efforts were limited largely to the southern regions of the country. “This was a clear example of how access to information goes hand-in-hand with human rights, particularly during a pandemic,” observes Owomuhangi.

The right knowledge can offset collective traumas and save lives

In Iraq, the pandemic has affected the poorest and most vulnerable, and has had significant implications for women, girls, young people, and people with disabilities. Moreover, research has shown that the pandemic has had a significant impact on the mental health and psychosocial well-being of communities which have yet to overcome the traumas of multiple crises. This made access to consistent awareness and training efforts all the more essential.

“Since UNFPA had transitioned many of its existing services to online platforms early on in the pandemic, it was crucial to complement these efforts with an equal investment in accessible training programmes for staff, particularly on key topics such as the provision of reproductive health and family planning services during an outbreak,” explains Dr. Rita Columbia, UNFPA Representative, Iraq.

The training programmes, which focused on helping service providers adapt to the risks and challenges imposed by the pandemic, reached more than 500 individuals. This included gender-based violence service providers and case managers, whose work consistently proved life-saving for women and girls at risk or survivors of violence. In fact, due to their effectiveness and the wealth of positive feedback by participants, both government agencies and UNFPA partners made repeated requests for similar trainings for their own teams, including programmes focused on sexual and reproductive health. This resulted in a collaboration with the Iraqi Ministry of Health to train around 1,000 doctors, nurses, and midwives on the delivery of essential services during a health crisis.
Feedback from partners showed that these online training programmes became a crucial source of information and peace of mind,” adds Columbia. “Even with the obvious compromises, maintaining the flow of information should be a vital component within any humanitarian response, especially during converging crises.”

In humanitarian settings, the importance of the media in combating gender-based violence cannot be overstated

While lockdowns, curfews, and other restrictions on movement are deemed to be necessary preventative health measures that can save millions of lives, they are also sources of increased risk of violence and death for women and girls.

Organisations working to combat gender-based violence worldwide have issued an unsettling number of reports showing the tremendous impact the pandemic has had in terms of exacerbating the risks of violence against women and girls. These reports have also underscored the fact that many of the measures deemed necessary for controlling a viral outbreak significantly limit the ability of survivors to protect themselves from their abusers, all the while reducing or severing their access to life-saving support.

“One major challenge in this regard is that media coverage on the fundamental relationships between public health crises, gender equality, and violence against women and girls remains fairly sporadic around the world, particularly in humanitarian settings,” explains Jennifer Miquel, Head of the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The Hub).

A part of the UNFPA Arab States Regional Office, since 2014 The Hub has been leading a regional media programme that educates and trains journalists throughout the region and beyond on the principles of reporting on issues related to women’s rights and gender-based violence. Since the onset of COVID-19, the programme has expanded to include a health crisis component — an essential amendment, according to Miquel.

“With public attention and the bulk of media coverage focused on the health crisis itself, and given the added restrictions on movement that also make it increasingly difficult for journalists to perform their duties, it becomes much more likely for issues such as women’s rights and GBV to fall on the side-lines.”

A central function of journalism is to raise public awareness of the mounting challenges facing women and girls, including those that uniquely manifest during a health crisis. However, journalists need to exercise additional care when attempting to report on these issues in order to avoid causing irrevocable harm to survivors, most of whom have more limited recourse during a pandemic to seek additional protection or help.

After hosting a regional media symposium in 2020 to engage media professionals throughout the region on these issues, The Hub pursued an aggressive awareness strategy geared toward helping media professionals understand the critical role they have to play while also providing them with the tools needed to deliver better
coverage. This included new guidance to complement existing reference material, in addition to a series of online training workshops and consultations that targeted more than 100 journalists.

These efforts were met with positive feedback from participating journalists and communications personnel, with one journalist noting that “both the new reference material and the consultations helped open the eyes of participants to new ways of turning the pandemic into an opportunity to highlight issues related to gender inequality and violence against women.”

Collecting and producing quality data is essential for effective programming and response

One of the critical functions of The Hub is to facilitate the sharing of knowledge on effective responses to humanitarian crises, based on UNFPA’s experiences throughout the Arab Region, an aspect that proved vital during the pandemic.

Over the years, The Hub has invested considerable resources into cultivating the network of expertise needed to conduct large-scale, reliable research in humanitarian settings. These efforts have resulted in products such as Voices from Syria, which since 2016 has been produced annually to provide unique data and insights on gender-based violence in Syria, drawing on extensive qualitative research. Voices has also been recognised as an international best practice.

“During COVID-19, maintaining this vital process of data collection became a daunting challenge, as safeguarding the health and safety of facilitators and participants was a priority,” explains Miquel. “To address these challenges, we built on our existing experience in remote management, which has been a characteristic of the Whole of Syria response since the onset of the crisis due to various security and accessibility concerns. We gave facilitators the flexibility to decide the safest and most feasible approach to conducting community focus groups in their contexts, while expert focus group discussions were conducted online as in the year previous.”

In 2021, The Hub consolidated the key insights and lessons learned from this research in a product entitled Beyond Numbers — the first of its kind in The Knowledge Series. This guide targets gender-based violence coordinators or specialists who need to gather information on gender-based violence. It encapsulates a variety of lessons learned and best practices in the gathering of gender-based violence data to improve humanitarian responses. The guide has a section dedicated to COVID-19 and the challenges that health crises in general can present for data collection, in addition to key insights and recommendations for overcoming them.

“The importance of continued gathering and analysing of GBV data in humanitarian responses during a pandemic through these approaches relies on the development of products that amplify the voices of women and girls,” adds Miquel. “This helps guarantee that they directly inform the programmes that are designed to serve them, in addition to the whole humanitarian response.”
Despite the fact that our latest impact assessments show that the vast majority of the women and girls we serve consider the Safe Spaces they access to be truly gender transformative, we believe more can be done to help empower women and girls to think beyond the rigid confines of existing norms and to reach their full potential,” explains Miquel. “Transcending Norms provides much of the knowledge and tools needed to achieve that, based on extensive research that was conducted successfully despite COVID-19 restrictions.”

Besides highlighting the gender-transformative nature of existing gender-based violence programming, the research also showed that the impact of transformative approaches can vary significantly from one space to another due to a range of factors, and that realising the full potential of Safe Spaces requires intentional investments in and beyond the spaces themselves.

The guide also offers extensive recommendations to organisations operating Safe Spaces and to donors funding Safe Space programming. These recommendations include strengthening staff capacities, addressing pre-existing attitudes that may be influencing activity selection in Safe Spaces, and providing more sustainable and flexible funding to help these spaces grow.

COVID-19, the guide concludes, has greatly impacted Safe Space programming in the region by severing critical service delivery and community connection points for women and girls. Focus group discussions across the region overwhelmingly showed that, despite remote services partially bridging the gap, losing in-person access to Safe Spaces has been a significant detriment to the physical and emotional well-being of women, and to the larger efforts to promote gender equality.
UNFPA firmly believes that every woman and girl has the right to access universal sexual and reproductive health and to feel protected from gender-based violence. This also applies — and arguably even more so — to humanitarian settings, where access to service is often severely compromised while risks to harm are exacerbated.

Gender inequality and power imbalances, both in their visible and invisible forms, are widely recognized as the root causes of gender-based violence. At the same time, gender inequality and discrimination also underpin the social, cultural, and structural barriers that prevent women and girls from accessing the sexual and reproductive health services they need, in addition to stalling the development and growth of adolescent girls and young women by depriving them of their right to education, work, and self-actualisation.

The COVID-19 pandemic has shed new light on the benefits of integration, particularly in a humanitarian context. As such, humanitarian actors have consistently noted that integrating core services, such as protection, health, and youth engagement, offers unique opportunities for strengthening linkages and facilitating complementarity between various programmes. This helps to maximise the holistic scope of support provided to — and the positive impact on — those being served.

“In order to ensure that the rights of women and girls are truly universal, and that those in humanitarian settings are not left behind, it is essential for humanitarians to address the root causes of gender inequality and discrimination, as otherwise we are merely tackling the symptoms as...
opposed to the underlying disease,” says Elke Mayrhofer, UNFPA Regional Humanitarian Advisor, Arab States. “It is also essential to look beyond the immediate life-saving response and to invest in more medium- to long-term interventions and partnerships that strengthen the resilience of individuals, communities, and systems at large.”

Integration, Mayrhofer notes, is one of the most effective pathways to delivering such a harmonised response. Such an approach can help increase women’s and girls’ access to high-quality services, further expanding the reach and subsequent impact of these life-saving services. She also emphasises that the needs of people served are best met by engaging women and girls from the affected communities during every phase of the approach: from assessing the needs and designing programmes to implementation and impact evaluation.

A wealth of promising practices

Integration has repeatedly demonstrated its value in humanitarian settings throughout the Arab Region during the COVID-19 pandemic. Integrating the services being provided through a multitude of channels has not only helped offset some of the impact on women and girls in need but also allowed many of those served to learn about the other services available to them. These efforts have also further reinforced the understanding that the most challenging crises often carry within them numerous opportunities for change.

In Syria, for instance, particularly in the north-western governorates where the situation remains extremely volatile, integrating protection and health services had a profound impact, allowing health facilities to remain open and creating new pathways for protecting and supporting women and girls. One notable example of SRH-GBV integration is the Adolescent Mothers Against All Odds (AMAL) initiative, which delivers tailored responses to meet the immediate needs of pregnant adolescents and first-time mothers while simultaneously addressing community awareness around gender and social norms and harmful practices. This programme has proven paramount during the pandemic, when the worsening economic crisis in the region, overcrowding among households living in displacement shelters, and a perceived need among families to protect their daughters, had exacerbated the occurrence of child and early marriage and other harmful practices.

“The aim of the AMAL Initiative is to create a more adolescent-responsive healthcare system among health providers and communities,” explains Hassan Mohtashami, UNFPA Representative, Türkiye. “The programme sets out to break down barriers and facilitate access of adolescent girls to the sexual and reproductive health services. This includes interactive dialogues for health service providers to reflect on their personal attitudes and biases while providing services like family planning to adolescents.”

As a result of these efforts, UNFPA partners have observed more pregnant adolescents visiting health centres to access pregnancy consultations and safe delivery, receiving support from the adolescent advisory committees operating in the area (see Insight 3 for additional information). The adolescent volunteers raised awareness about available health services, ease of access, and other referrals, in addition to highlighting the consequences of child marriage.

The success of AMAL in north-western Syria has also led to similar initiatives being taken in Jordan and Lebanon, where partners have received extensive training and coaching on how to replicate the model within their own contexts. These capacity building efforts were delivered through a South-South cooperation led by a local Syrian partner non-governmental organisation (NGO) operating in the north-west.

“With as many as 30 percent of those accessing our antenatal care and delivery services being adolescent girls, meaning they are survivors of child marriage and/or sexual violence, integration becomes critical to address their intersecting needs,” adds Mohtashami.

In other parts of Syria, integration continues to help teams overcome stringent barriers. For instance, mobile teams operating throughout the country have merged to offer a comprehensive range of services that span both sexual and reproductive health and services to prevent and respond to gender-based violence. This approach was taken after consultations with service providers
showed that it can help avoid duplication of services and allows for a more cost-effective response.

Some UNFPA partners in Syria have established Safe Spaces inside health facilities to facilitate timely referrals between health and gender-based violence services, particularly in light of the escalating risks during COVID-19. One UNFPA partner implementing such a space noted that while health staff were initially hesitant about the idea due to a lack of understanding of its objectives, a comprehensive training programme helped address these concerns, accelerated adoption, and led to a significant increase in case referrals. UNFPA partners reported that, depending on the location, anywhere between 25 to 80 percent of women and girls who receive gender-based violence services request referrals to medical services, particularly in areas where the pandemic had rendered accessibility to some services difficult or impossible.

UNFPA teams in other humanitarian contexts have reported similar experiences.

For example, a similar approach to mobile team integration was taken in Iraq and Yemen, where UNFPA continues to experiment with different staffing models to deliver combined services. In Yemen, the mobile medical team now has a psychologist on staff to provide counselling to women and girls in need, while a midwife was assigned to outreach teams that are predominantly composed of gender-based violence specialists. In Iraq, mobile teams were similarly integrated to provide a comprehensive suite of services to internally displaced women and girls. In fact, UNFPA Iraq’s rapid and integrated response to the Mosul crisis was internationally recognised as a promising practice example for provision of reproductive health (RH) and GBV services in emergency situations.

Meanwhile, UNFPA’s experience in Sudan and Somalia shows how simple steps towards integration can have profound effects on the response as a whole. In Sudan, UNFPA has established social workers within health facilities to provide psychosocial support for survivors, coupled with doctors who are trained in the clinical management of rape. In Somalia, UNFPA-supported Safe Spaces are staffed by a team of case managers, psychosocial support workers, and registered nurses. Together, they cover gender-based violence prevention and response services in parallel with sexual and reproductive health consultations and awareness sessions.

In Jordan, where UNFPA has launched a new Adolescent Girls Empowerment Programme that integrates the work of UNFPA’s youth, protection, and health teams, integration proved to be a powerful tool for challenging social norms and offsetting the negative ramifications of the pandemic on the country’s young simply by integrating their voices and efforts into existing protection and health activities.

In all of these cases, integration has revealed new knowledge and insights into the process of programme design and implementation, further underscoring the benefits of breaking down silos and thinking more holistically. The Hub is currently in the process of encapsulating the key insights gained on GBV and SRH integration in a dedicated Knowledge Series product focusing on humanitarian settings in the Arab Region.

“The pandemic has pushed us all to think more openly, innovatively, and efficiently, particularly given the escalating needs,” concludes Mayrhofer. “The result has been a wellspring of innovative programmes that have re-imagined many of the core aspects of our operations to incorporate the drastic changes in our operating environments. These programmes show that integration is a key pillar when it comes to adapting to the new normal, particularly if we are striving to leave no one behind.”
What quickly became apparent was that — during a health crisis — targeting young people with quality programming and advocacy not only serves as a powerful tool for supporting the health response but also as a sustainable catalyst for empowerment and positive transformation. 

Making young people part of the solution is a good place to start

“I have had a recurring nightmare for years, where I feel someone is trying to pull me out of my house by force, and I struggle to resist them,” says Muna, a young Palestinian woman from East Jerusalem. Her words encompass the inner and outer struggle of countless Palestinian girls growing up in the midst of the protracted crisis in the country.

More than 1.14 million young people live throughout Palestine, all of whom have spent their formative years...
under occupation, conflict, and uncertainty. In the Gaza Strip, young people make up 22 percent of the population and 23 percent in the West Bank and East Jerusalem.

In 2021, the hostilities that plagued Gaza, the West Bank, and East Jerusalem had a profound effect on Palestine’s young people. UN data shows that people aged 10 to 29 years old make up more than half of those who were killed, and many more were among those injured. The crisis has also heightened the risks and vulnerabilities facing young people in Palestine, resulting in high rates of anxiety, depression, and post-traumatic stress disorder. This has given rise to a wide array of negative coping mechanisms and high-risk behaviours including drug use, suicide, and various forms of gender-based violence such as child and forced marriage and sexual exploitation and abuse.

“Despite these challenges, young people in Palestine are actively shaping the narrative on the challenges besetting them,” explains Kristine Blokhus, former UNFPA Palestine Representative. “Their vision transcends existing political divisions and harmful norms, echoing a conviction that the solutions to Palestinian problems can be found among the country’s young.”

Blokhus also notes that young people in Palestine are actively engaged in re-imagining their communities and employing new, more impactful approaches to communicate their message to the world. She adds that, for UNFPA and members of the international community, supporting these remarkable efforts is the bare minimum.

"In our response to the hostilities in Gaza in 2021, we made sure that young people played a central and autonomous role," Blokhus explains. "More than 150 young volunteers were active in our frontline response, participating in the rebuilding efforts and providing essential support to those requiring psychological first aid. Many of the volunteers were specifically trained to offer such support to women and girls sheltering throughout Gaza, while others helped distribute food packages to those impacted."

In addition, against the backdrop of an unpredictable pandemic, UNFPA and partners set up COVID-safe summer camps for 600 adolescents in schools throughout the Strip, in addition to organising youth-led activities for 700 adolescent girls living in marginalised and impacted communities.
“What we found was that such engagement created a strong sense of communal solidarity, inspiring achievements that were rather transformative,” Blokhus concludes, noting the importance of targeted research to gauge the needs and aspirations of the young. “It also underscored the importance of supporting the young’s access to education, livelihood opportunities, as well as their political, social, and economic engagement.

Addressing the challenges of the young helps dismantle structures of inequality and cultivates positive social norms

Like Palestine and Syria, the youth of Somalia struggle with fundamental challenges that include socio-political unrest, poverty, high unemployment rates, and poor educational outcomes, with close to two-thirds of adolescents and youth having not completed basic schooling. Poor access to sexual and reproductive health services and lack of spaces and opportunities for youth civic engagement and development continue to hinder progress, while harmful social norms continue to place the lives and dignity of girls and young women at risk.

This is precisely why — after establishing five community youth centres across different regions in the country during the pandemic — UNFPA found that engaging the young with tailored programming served as a powerful tool for promoting resilience, learning, and development across the board.

“In a context like Somalia, efforts to build a stable and prosperous society require inclusive participation and representation, through which all people feel empowered and that they’ve been given the tools and opportunities to improve their lives,” explains Niyi Ojuolape, UNFPA Representative, Somalia. “Accordingly, our centres offer a safe space for young people to engage with each other and build life skills needed for their employment or self-development, in addition to developing new relationships, building networks, and hosting constructive dialogue on issues of national importance.”
These centres, adds Ojuolape, were designed based on needs assessments and consultations with young people, with a particular focus on vulnerable groups like persons with disabilities, adolescent girls, and displaced and nomadic youth. The centres contain indoor and outdoor facilities and utility spaces that can be rented out for income generation projects to sustain the operation and services, including an information and communications lab with high-speed internet, a youth-friendly clinic, library, conference zone, and entertainment area, in addition to a wide array of recreational and skill-building platforms.

Since their establishment, thousands of young Somalis have benefited from the services on offer, and a potential partnership with the United Nations Development Programme will see the scope of services expanding to include science, technology, engineering, and maths (STEM) labs, media facilities, and telemedicine platforms, further bridging the service gaps exacerbated by the pandemic.

Another initiative supported by UNFPA is the Dalbile Youth Fund, which was created to accelerate socio-economic opportunities for youth in light of persisting economic challenges that have only worsened since the pandemic. The fund is built on the understanding that socio-economic challenges, including youth unemployment and lack of access to empowerment programmes, are among the key factors contributing to conflict, social unrest, and harmful norms throughout the country.

“The Dalbile Fund supports ground-up youth initiatives and start-ups through two models: the business accelerator model and social innovation grants, including human-centred design thinking boot camps,” explains Ojuolape. “The fund allows youth to champion community causes and co-create solutions to the social problems they face, and helps them shape their ideas into investable and viable businesses.”

What makes the Dalbile Youth Fund quite unique is that, like most successful initiatives geared towards the young, it was developed after extensive consultations with young people and entrepreneurs and was based on a needs assessment of the business and entrepreneurship ecosystem. The mechanism employed helps to broaden the socio-economic opportunities available to young people, thus contributing to stability and peace-building in Somalia by empowering local youth to design, initiate, and grow their own business ventures based on global good practices and expert guidance. The fund guides the outreach, selection, capacity building, financing, incubation, and mentorship needs, and does so using both business acceleration and innovation grants.

Since the establishment of the Dalbile Youth Fund in September 2020, more than 1,500 young people have benefited from capacity building and ideation boot camps, while around 60 startups and four social enterprises were created in various sectors, including the service industry, food, greenhouse production, fisheries, gaming, transportation, fashion design, and information technology.
“These milestones represent hope for the young of Somalia who are eager to carve the future of their country with their creativity, passion, and yearning for meaningful change,” concludes Ojuolape.

For adolescent girls throughout the region, creative self-expression proves an irreplaceable tool of empowerment

“I’ve been dancing since my early childhood and I will continue to dance when I’m an old woman,” writes 13-year-old Rima from Palmyra, Syria. “One day, I hope to dance all over the world and to meet famous dancers who can teach me their moves.”

Rima is one of nearly 40 adolescent girls whose writing, insights, and artistic creations are featured in In Her Words – a special initiative organised by the UNFPA Arab States Regional Office for adolescent girls living in humanitarian settings throughout the region. Developed by the UNFPA Regional Humanitarian Hub for Syria and the Arab States, the initiative invited adolescent girls living in Lebanon, Jordan, Iraq, Palestine, and Syria to experiment with different forms of self-expression, resulting in a remarkable array of impactful moving narratives.

“In the Arab Region, as in many other parts of the world, adolescent girls face a dichotomous reality,” explains Jennifer Miquel, Head of The Hub. “Even as they strive to experience the full breadth of their childhoods, they are challenged by rigid gender norms that manifest at a young age to significantly limit their opportunities. They are often told and conditioned to believe that they are worth less than boys and men, and yet somehow find themselves shouldering enormous responsibilities.”

Sadly, despite the many challenges that beset them, adolescent girls are also among the most forgotten population segments when it comes to humanitarian programming. They are rarely targeted with tailored interventions and, as a result, their voices are seldom incorporated into the design and development process, making it that much harder to address their unique needs.
Through *In Her Words*, readers are given a unique and direct look into the lives of adolescent girls living in the humanitarian settings in the Arab region, many of whom have spent their formative years amidst conflict, displacement, and violence. These stories are told directly by girls surviving some of the worst humanitarian crises in the world, and were collected as part of regional group activities that matched girls with more experienced mentors who guided them to verbalise and illustrate their inner worlds. Despite COVID-19 restrictions, these activities and interviews still took place, either remotely or in controlled settings.

The narratives featured in *In Her Words* have been divided into three parts based on the overarching themes they tackle. The first section, titled *Her Dreams*, highlights the ambitions and drive of adolescent girls, some of whom had drawn clear and inspiring trajectories for their lives (now derailed by conflict), while others had discovered their passions even as they survived violence and displacement. The second section, *Her Realities*, illustrates the difficult and unjust experiences to which adolescent girls are frequently subjected, particularly in humanitarian settings. Lastly, *Her Triumphs* features narratives that capture the remarkable resilience of adolescent girls as they conquer their challenges.

“Not surprisingly, their stories and artwork show us their unending capacity for perseverance, healing, and transformation, as in many instances they choose to face their realities with a resiliently positive outlook towards a better future,” concludes Miquel.

In a similar initiative, The Hub also partnered with the renowned edutainment company Rebel Girls to launch a localised version of their highly popular *Rebel Girls Journal* in Arabic — the first product to launch under the *Rebel Girls* brand in the region. The journal, the contents of which were designed based on extensive consultations with adolescent girls in humanitarian settings, invites girls to express their ideas more freely, challenge harmful social norms, and become more empowered change-makers in their communities. The journal also incorporates quotes by adolescent girls in humanitarian settings, in addition to inspirational stories of renowned women’s rights advocates from the region. The journal will play a key role in various engagement activities targeting adolescent girls throughout the region over the coming years.
COVID-19 has shone the spotlight on the pivotal function that technology performs during a health crisis — especially when it comes to safeguarding and advocating for universal human rights.

Since the outset of this health crisis, technology in its various forms has made an unprecedented situation more manageable, saving millions of lives and staving off the worst socio-economic consequences. The bulk of the promising practices highlighted in previous sections — from knowledge and risk communications to engaging young people and effectively integrating services — are fundamentally reliant on the strategic use of current technologies, making this a cross-cutting insight that likely impacts all other efforts to adapt to the new normal.

Most of the adaptations and innovations that have taken place throughout the region are driven in large part by technology, both in its simple and complex forms. Social and digital media were paramount in the initial awareness and risk communication, and they became even more integral as programmes were adapted to provide remote services. Hotlines and mobile apps were vital protection tools for women and girls long before the pandemic but have since become even more central as a lifeline for those at risk of or survivors of gender-based violence.

The flipside is that this has also further complicated the pre-existing “digital divide” that historically has disenfranchised women and girls in numerous communities. Essentially, access to technologies that allow women to overcome movement restrictions or other accessibility barriers became a determining factor in all responses.

In recent years, UNFPA offices throughout the Arab Region have consistently highlighted the risks posed by gender-based disparities when it comes to access to technology, particularly with regard to digital communications tools like the internet and mobile
applications. UNFPA and partners have endeavoured to address the root causes of this divide, which lie predominantly in harmful gender norms that limit the prospects and self-development opportunities available to women and girls.

In Iraq, for example, the transition or extension of core training programmes online during the early months of the pandemic highlighted many of these dynamics. Although ultimately successful, significant challenges emerged that underscored the ramifications of the digital divide.

"Disparities in internet access nationwide proved to be a major challenge early on, driven by both socio-economic and gender-based factors," explains Dr. Rita Columbia, UNFPA Representative, Iraq. "We knew this was going to play a crucial role in the overall success of the response and we did not want the information being communicated to be released in a vacuum. To address this, we delivered computers and other internet-connected smart devices to facilities that needed them, and held regular consultations to tailor the training programmes based on the feedback received by participants and staff members. This significantly improved both participation and general buy-in."

These training programmes were a central component of UNFPA’s integrated response, which insisted that a successful and efficient transition was a non-negotiable priority.

Moreover, the skills being transferred were a prerequisite for effective integration between health and protection services and the establishment of a viable referral system, highlighting just how significant a role digital equality can play during a pandemic.

Apps that make a difference

In Jordan, UNFPA programme data show that bridging the digital divide is a requirement for the effective engagement of young people. In 2021, Bessan, a 19-year-old Syrian adolescent girl who lives in Madaba city, participated in a UNFPA training programme that aims to bridge the gender digital divide by empowering women and girls technically. Bessan and her classmates were introduced to a wide-range of practical mobile applications that can be used daily. Some of these apps are particularly significant for women and girls, one such being the Amaali app, which provides information on protection services in Jordan. The eight-week programme, titled Me & My Mobile, introduces participants to useful mobile applications and ways to protect themselves from cyber crimes, including technology-facilitated gender-based violence that disproportionally affects women and girls.
In Somalia, where the digital divide consistently impedes women's and girls' access to essential information about their health and rights, UNFPA leveraged the concept of the open cinema to facilitate reach, demonstrating how simple yet innovative adaptations can go a long way. The initiative was conceived as an extension of existing programmes to combat female genital mutilation and featured a documentary that tackled the subject from the health, rights, legal, and religious standpoints. The documentary was screened as part of an open cinema experience in five locations nationwide, with each location garnering 200 to 600 viewers at a time.

Eliminating the divide

Throughout the COVID-19 pandemic, such programmes and initiatives have proven crucial to the delivery of an integrated response. Technology has enabled UNFPA and partners to more effectively lead on gender-based violence coordination, bridge accessibility gaps across both health and protection programmes, foster stronger support networks, and even reach new and wider demographics through the use of digital platforms and applications.

The key takeaway from these and many other experiences is that eliminating this divide and working with women and girls to build digital literacy is a crucial step in averting the worst of the next health crisis. This does not simply address issues of reach and awareness but is also critical in combating technology-facilitated gender-based violence, which has become an even more serious threat during the pandemic.
or waiting times when trying to access SRH services, in addition to having to deal with other barriers to access that include additional responsibilities for care of dependents (infected relatives, older persons, children); mobility restrictions; additional costs of transport (especially if public transport was suspended); and other regulations like curfews or mandatory masks.

Meanwhile, some UNFPA offices that would usually procure and distribute dignity kits faced pandemic-related challenges. CVA provided a safe alternative, enabling access to hygiene and menstrual products for women and girls affected by the crisis, while also allowing for individual protection assistance within GBV case management.

INSIGHT 5
CASH AND VOUCHER ASSISTANCE PROVES VITAL DURING A HEALTH EMERGENCY

In 2016, UNFPA joined donors, other UN agencies, and NGOs in its commitment to scaling up high quality, well-coordinated cash and voucher assistance (CVA) that makes a real difference in the lives of women, girls, and young people during crises.

The term “CVA” refers to all programmes in which cash transfers or vouchers for goods or services are provided directly to aid recipients. Essentially, humanitarian organisations provide cash or vouchers to people in need, giving them the autonomy to decide how to best meet their most vital needs.

For women and girls who were already grappling with humanitarian, economic, or other crises, COVID-19 came with a myriad of additional risks, not the least of which is the heightened risk of intimate partner and other forms of gender-based violence. Vulnerable women and girls were more likely to resort to risky coping strategies, including transactional sex, or faced increasing risks of forced or early marriage. They also faced increased costs, travel,
“Throughout the COVID-19 pandemic, the flexibility offered by CVA programmes has proven vital for addressing many of the challenges facing women and girls, including their exposure to increased protection risks like gender-based violence,” observes Elena Bertola, CVA Specialist at the UNFPA Arab States Regional Office.

More importantly, Bertola adds, UNFPA’s CVA programmes particularly benefit community segments that are at higher risk of exclusion or violence for reasons of age, displacement status, disability, HIV status, and diverse gender or sexual orientation. CVA offers a discreet and dignified way to reach and support extremely vulnerable groups.

A health and protection lifeline

Between 2020 and 2021, UNFPA piloted CVA programmes across the Whole of Syria, Jordan, Palestine, and Lebanon.

“In Syria, the mechanism is simple,” explains former UNFPA Syria Representative, Karen Daduryan. “We top-up WFP’s electronic food vouchers, enabling pregnant and nursing women to also access essential hygiene products alongside the food items allowed by WFP. The piggybacking approach remains one of the key pillars of operational partnership in emergencies and is the largest initiative of its kind being implemented by UNFPA globally.”

To increase efficiency, the programme takes advantage of WFP’s existing identity and benefit management system and UNFPA’s verification process at the health facility. Each eligible pregnant or nursing woman verified by health practitioners at UNFPA-supported health facilities is registered by WFP’s cooperating partners and receives an individual electronic card that allows redemption of their entitlements at WFP-approved retailers. This setup allows WFP and UNFPA to ensure that the right people in need receive the right assistance, including the use of periodic spot-checks and verifications. Women participating in the programme receive a monthly value-voucher for fresh food and selected hygiene items to improve their pregnancy and breastfeeding period.

“This is my first time using this [cash assistance] card,” explains Noor from Aleppo — a pregnant mother of eight who is struggling to remain healthy and provide for her family. “I’m three months pregnant and I think it will help a lot. We live in a rural area and we travelled into the city today to use this card. We bought food, diapers, laundry powder, and wet wipes. We are stocking up on diapers before the baby comes.”

Thanks to the UNFPA-supported CVA programme, Noor does not have to line up to receive hygiene kits every month and can choose between a range of hygiene items according to her specific needs.

Through its cross-border operations managed from Türkiye, UNFPA uses a different approach and continues to leverage CVA programming to alleviate the spiralling protection needs throughout the region. Post-distribution monitoring data continues to show that cash for individual protection contributed to GBV risk mitigation and response, increasing safety, well-being, decision making and alleviating stress.

In 2021 alone, CVA programmes throughout the Whole of Syria reached more than 154,000 women, many of whom reported having no other lifelines to avoid detrimental coping mechanisms, lack of essential products, or abusive relationships and situations. UNFPA’s experience in the Whole of Syria also produced a wealth of knowledge that is feeding into CVA programming in 2022.
“The success of the cash for individual protection model in a context as volatile and challenging as north-western Syria is a testament to the urgent need for a more tailored CVA approach when protection is the first and foremost goal,” notes Hassan Mohtashami, UNFPA Representative in Türkiye, where UNFPA’s cross-border operations into Syria are managed. “While there are numerous considerations and stages that must be incorporated into the programme design, we have enough data to demonstrate both the need for as well as the far-reaching impact of these efforts.”

Similar experiences abound

Since initially reporting on these efforts in 2020, UNFPA has published a number of case studies highlighting the lessons learned from its efforts to pilot CVA in north-western Syria, Jordan, Lebanon, and Palestine, as part of the humanitarian responses in these countries. These efforts were tailored to address some of the challenges imposed or exacerbated by the pandemic, particularly on women and girls, and were integrated into the array of gender-based violence services on offer.

“Overall, the integration of cash assistance within case management proved to have a positive impact both on mitigating further risk of violence and on supporting the access to a comprehensive package of gender-based violence services aimed at improving resilience and well-being of survivors and individuals at risk.”
Findings from these countries echo similar experiences and show unequivocally that CVA is not only a powerful means of helping women and girls meet their basic needs and overcome protection risks and challenges.

For instance, in 2021, communities throughout Lebanon continued to struggle with the impact of the economic crisis that began even before COVID-19, but which was exacerbated significantly by the advent of the pandemic and then the Beirut Port Blast of 2020. Among those benefiting from CVA programmes, 75 percent considered the cash assistance adequate to meet their urgent protection needs, such as covering the costs of safe accommodation, medical treatment, legal counselling, and transportation to access services or safer locations. Meanwhile, 85 percent noted that the assistance significantly reduced their immediate risk of exposure to gender-based violence, and all beneficiaries reported that they did not experience any safety-related issues while redeeming the assistance.

In Palestine, UNFPA’s experience showed that activities at Safe Spaces were boosted by the inclusion of voucher assistance, allowing families who were under enormous economic stress, exacerbated by the pandemic, to relieve some of their immediate distress and avoid use of negative coping mechanisms. Satisfaction rates were high among support recipients, who overwhelmingly reported an improved sense of well-being and resilience, particularly given the fact that gender-based violence awareness was extended to all support recipients as a matter of course.

“What we also found was that expanding grassroots-level coordination and collaboration with women’s organisations was essential to reaching gender-based violence survivors and women at risk of such violence,” explains UNFPA Palestine Representative, Kristine Blokhus. “Women also told us that they would rather receive a smaller amount of support over a longer period of time, and that additional support is required to sustain their economic recovery and pave the way for more economic empowerment.”
PART III: CONCLUSIONS

The emergence of COVID-19 has made the challenges facing UNFPA and its partners even more complex, particularly when it comes to safeguarding the rights and well-being of women and girls. The pandemic has also underscored the fundamental connections between healthcare, protection, and human rights, in addition to further revealing the unique challenges facing women and girls during any crisis.
However, the pandemic, like other far-reaching crises and health emergencies, carried opportunities for impactful innovation, with applications that can extend far beyond the crisis itself. The insights, adaptations, and new knowledge cited in the previous sections encompass UNFPA’s best efforts to adapt to an unprecedented and daunting situation. The lessons that have emerged from these efforts are essential and adaptable, and can help achieve better outcomes for the populations served.

In its initial response to COVID-19, UNFPA’s primary objective was to ensure the continuity of its operations, particularly its life-saving SRH services and GBV programming. From the outset of the crisis, UNFPA saw that, in today’s world, effective communication is as essential to outbreak control as epidemiological training and rigorous testing. UNFPA and its partners took serious steps to adapt programmes and incorporate knowledge and awareness components that not only offered essential information on the disease but also focused on guidelines relevant to accessing life-saving GBV and SRH services for UNFPA’s core stakeholders: women and girls who are pregnant, lactating, or at risk of GBV; young people and adolescent girls; people with disabilities or those from marginalised communities; and teams working at UNFPA-supported facilities.

It is also paramount to underscore that disseminating this knowledge effectively and providing quality and timely services invariably relies on equitable access to technology, which has repeatedly emerged as a necessity when it comes to the delivery of essential services and for the protection of women and girls. Despite this, access to basic internet and communication services remains far beyond the reach of countless women and girls throughout the region. This is why emergency hotlines, remote services, telecounselling, webinars, innovative mobile apps, and many similar solutions have helped bridge serious gaps in humanitarian responses throughout the pandemic, particularly when restrictions on movement prevented women and girls from evading abusive environments or seeking the support they need.

Meanwhile, as engaging the young has consistently proven conducive to dismantling gender inequality and harmful social norms, humanitarian actors are encouraged to approach health crises as opportunities for accelerating positive transformation, and to work collectively to prioritise the active participation of young people in the response. Doing so does not only help the young navigate a daunting and disruptive crisis but can also foster empowerment and autonomy even in the most complex humanitarian environments.

Lastly, UNFPA’s experience during the pandemic has further highlighted the importance of collecting, analysing, and publicising quality data, which not only helps inform programme design and adaptations but can also support other core aspects of humanitarian work and response, including monitoring, evaluation, and communications. In addition to providing the evidence base for the responses being proposed, quality data helps gauge the impact of any adaptations made during an emergency, in addition to helping donors, partners, and other stakeholders identify key priorities.

As of the time of writing in mid-2022 — two and a half years since the initial outbreak in December 2019 — COVID-19 remains a pandemic, with more transmissible variants of the disease continually emerging to cause outbreaks in different parts of the world. UNFPA will continue to build on the lessons learned during this crisis, leveraging new and innovative modalities of service delivery to further strengthen our programmes and improve the accessibility of our SRH services and GBV programming. By making the right information readily available, and by incorporating health emergency planning into programme development and design, our hope is that humanitarians will be better equipped to stave off the worst impacts of health crises on populations served, particularly for the most at risk women and girls.
Adapting to the Insights and lessons learned from UNFPA’s response to the COVID-19 pandemic in the Arab Region

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