



Arab States Region

COVID-19 Situation Report No. 6

United Nations Population Fund



Reporting Period: 1 - 31 July 2020

Regional Highlights

- The UN Secretary-General's [policy brief on the impact of COVID-19 on the Arab region](#) highlights the likely devastating effects of the pandemic. The economy could contract by over 5% and one quarter of the population may end up in poverty. Some communities will be especially hard hit, including women, migrants and the more than 62 million people already in need of humanitarian assistance prior to COVID-19. Those caught in armed conflict face particular challenges.
- The brief also highlights that the response to the pandemic is an opportunity to address long-standing conflicts and structural weaknesses, and recommends four sets of priorities.
- The policy brief underlines the importance of continued international support to countries in the region to successfully weather this crisis and build back better. UNFPA engages in these priorities at regional and country level through the various socio-economic frameworks that are being developed and rolled out.
- In the immediate term, preventing the spread of COVID-19 through public health measures and providing support in the context of the country preparedness response plans remains a priority as the strain on health systems is increasingly apparent, the socio-economic situation is plummeting and more countries are facing unprecedented food insecurity exacerbated by COVID-19, e.g. Sudan, Yemen, and Somalia.
- Major challenges in mitigating the pandemic include inadequate risk communications and community engagement; limited national capacities to isolate, quarantine and trace; and limited adherence to social and physical distancing.

Situation in Numbers

 **970,125** Confirmed COVID-19 Cases

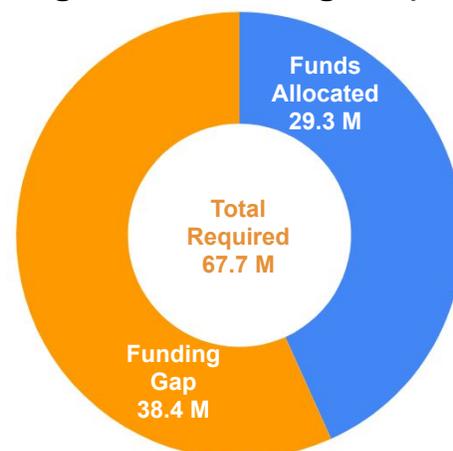
 **17,556** COVID-19 Deaths

Source: WHO 3 August 2020

Key Population Groups

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

Funding Status for Region (US\$)



Regional Response Summary

Coordination and Advocacy

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

UNFPA is also using its co-leadership and membership in some of the regional issues-based coalitions (IBCs) to address the impact of COVID-19 on health, provision of basic social services, protection and data, focusing on women and girls.

Young People and COVID-19

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

UNFPA Jordan in cooperation with the Ministry of Youth and in coordination with UNHCR, UNICEF, UNDP and NRC launched the [the Compact for Young People in Humanitarian Action in Jordan](#). The event aimed at facilitating partnership building for young people in humanitarian action through introducing the Compact as a collective framework along with the the Compact COVID-19 guidance. The event drew attention to good practices in the COVID-19 response in working with and for youth as “indispensable stakeholders and decision makers who are solution-oriented and who drive change and strengthen resilience.”

Adolescent girls and young women are often the most affected by the lack of access to SRH and GBV services as governments often do not consider SRH and GBV interventions as priorities. More emphasis needs to be put on prioritizing the needs of what are considered “life-saving services”: sexual and reproductive health services, and menstrual hygiene materials for women and girls; expanding and adapting protection and gender-based violence (GBV) services; and, increasing the investment in mental health and psychosocial services, especially in conflict settings. In the broader context of **economic empowerment**, UNFPA will also explore the use of cash and voucher assistance (CVA) **targeting young women and adolescent girls**.

Following country specific socio-economic impact assessments with an emphasis on **SRH, GBV, and Young People** UNFPA is now engaged positioning these same priorities within the country specific medium-term UN socio-economic response plans. UNFPA's focus is on health, social protection and basic social services, and gender considerations to ensure no one is being left behind especially those most vulnerable, i.e. persons with disabilities, older persons, refugees, internally displaced persons and migrants. The Arab States region, known for its protracted and complex humanitarian crisis, will need to ensure an overarching response along the humanitarian, development and peace nexus.



Distribution of PPE © UNFPA Iraq



Distribution of dignity kits © UNFPA Iraq

Regional Response Summary

Continuity of SRH interventions, including protection of health workforce

At regional level, UNFPA provided technical guidance on [SRH and Midwifery Care in the context of COVID-19](#), [Supply Chain Management in the context of COVID-19](#), and a [position paper on the impact of COVID-19 on sexual and reproductive health and reproductive rights in the Arab region](#).

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

UNFPA, under the regional alliance for the Global Action Plan (GAP) for Healthy Lives and Wellbeing for All, and in partnership with WHO, UNICEF, UNAIDS, UNHCR and World Organization for Family Doctors, is developing an online training programme for primary health care providers on COVID-19-19 management and on sustaining essential services.

At country level, UNFPA maintains its support for the continuity of SRH interventions including protection of health workforce by:

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

Country examples:

- **Palestine:** UNFPA scaled up mobile clinics to provide essential SRH services to around 26,000 people living in particularly vulnerable locations and, through its partners conducted home visits for essential SRH services and SRHR community awareness activities. Infection prevention and control (IPC) training was provided to 42 SRH service providers in Gaza. An emergency SRH action plan will be developed reflecting the complementarity and roles of all partners in providing services in the context of Covid-19.
- **Egypt:** UNFPA supported the development of COVID-19-19 standard operating procedures for service providers for antenatal, delivery and postnatal services at primary healthcare centers and hospitals, including isolation hospitals



Training on COVID-19 symptoms for health care workers © UNFPA Libya



PPE for health care workers © UNFPA Yemen

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

- In **Oman**, the SRH telemedicine hotline service, in cooperation with WHO, MoH and the Omani Society of Obstetrics and Gynaecology (OSOG), was extended to address the critical needs of pregnant, lactating and women at reproductive age. The bilingual service, is used by both nationals and migrant workers.
- **Jordan**: A national SRH hotline promotes access to remote services and provides information around SRH including women's choice for family planning. The hotline complements other remote approaches (telephone, digital applications, SMS text messaging, voice calls, interactive voice response) for relevant consultations, follow-up or screening implemented in the early response to COVID-19.
- **Lebanon**: UNFPA supported the Syndicate of Social Workers in Lebanon to provide information and raise awareness on COVID-19 and RH to 250 women of reproductive age and 20 older women in July 2020. The Lebanese Order of Midwives, supports pregnant COVID-19 infected women through a network of 77 midwives in 8 governmental primary health care centers and 21 governmental hospitals. A total of 3,191 women were reached with information on RH and COVID-19, family planning through counselling sessions, face-to-face patient education, and through phone calls. UNFPA is leading a core RH service platform, including the MOPH, UNICEF, WHO and UNHCR, currently planning an information campaign for women and adolescent girls about the importance of seeking reproductive health care services assuring that necessary IPC measures are taken to ensure the safety of these centers.
- **Morocco**: A national webinar targeted managers of the Pregnancy and Childbirth Surveillance Program for the promotion of comprehensive, integrated and quality maternal and newborn health care.
- **Iraq**: The sharp increase in cases during the months of June and July remains a major challenge for the health system. UNFPA delivered PPE (surgical masks, N95, coveralls, gloves) to the Ministry of Health in the Kurdistan Region to serve 7 hospitals across the region. UNFPA through its partner Iraq Health Access Organization, supported orientation on COVID-19 and its impact on women's health for 30 RH service providers focusing on the latest guidelines developed by the Ministry of Health and the Iraqi Society of Obstetrics & Gynecology (ISOG).



Infection prevention control

© UNFPA Sudan



Antenatal care consultations

© UNFPA Iraq

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

- **Libya:** Through its partner International Medical Corps, throughout the month of July 2020, UNFPA continued supporting the provision of essential reproductive health services in AlQadesseya and Fashloum Primary Healthcare Centers (PHCs) in Tripoli and AlJadid PHC in Sabha through mobile medical units. The teams assisted a total of 800 women and 2 men and conducted 12 mental health and psychosocial support (MHPSS) consultations, as well as several awareness sessions in the three PHCs on hand hygiene, respiratory hygiene, and COVID-19 and pregnancy, reaching 2,737 individuals. The triage of a total of 883 cases was supported in the three PHCs according to NCDC guidelines.
- **Somalia:** Despite funding challenges, UNFPA continues to provide leadership and support for the continuity of and access to quality life-saving essential SRH information and services for women, adolescents and youth during the pandemic including support to the De Martino Hospital in Mogadishu, the Government-Designated National Referral Center for COVID-19 case management and Isolation for the entire country. University students received training to become knowledge-sharing champions on reproductive health issues such as STIs & HIV and family planning in the context of COVID-19. Support to family planning services continues while responding to the multiple challenges of COVID-19 and floods across Somalia.
- **Sudan:** UNFPA supported the State Ministry of Health in Kassala in conducting infection prevention and control training targeting 15 health care providers working at Algirba Hospital. Nationwide, 3,015 health care provider including community midwives, Obstetricians/Gynecologists and health care providers in Emergency Obstetric and Neonatal Care facilities (EmONC facilities) were trained on IPC to address any gaps in infection prevention and control as well as to insure maximum protection of health care providers and the patients they serve. See: [UNFPA Sudan COVID-19 Response and Needs](#)
- **Syria:** UNFPA Syria continues to support reproductive health service through its implementing partners, including in the community wellbeing centers, emphasizing protection of service providers, as each service provider is required to wear facial masks and gloves in both static clinics and mobile teams. Support was provided to the MoH to produce IEC materials to raise awareness about COVID-19 with a lense on reproductive health. Beneficiaries in need of information on family planning or any other RH topics can call implementing partners through widely disseminated phone numbers.
- In **Yemen**, UNFPA supported the development of a national manual for healthcare providers for the provision of reproductive health services under COVID-19; training on IPC and RH service delivery under COVID-19 was conducted for 48 reproductive health workers across 14 health facilities; 200 health facilities received PPE; and 55,756 women were reached with reproductive health services in June 2020. Shortage of funding remains a key concern. UNFPA was forced to suspend support to lifesaving reproductive health services in 140 health facilities while an analysis shows a pronounced increase in RH service uptake in UNFPA supported facilities during May and June despite fear among the public of contracting COVID-19 while visiting health facilities. ([UNFPA Yemen Response June 2020](#))

Provision of medical oxygen cylinders for health facilities
© UNFPA Yemen



Addressing Gender Based Violence (GBV)

The COVID-19 pandemic affects an ever-increasing number of countries, and the rise of gender-based violence is one of the most dire consequences of the pandemic. UNFPA plays a lead role in GBV prevention, mitigation and response both through programme implementation and inter-agency coordination. UNFPA supports country offices in the new pandemic context especially in the 63 GHRP countries. A Guidance Note on Establishing GBV Coordination Mechanisms in GHRP countries in response to the global pandemic draws on the [Handbook for Coordinating GBV in Emergencies](#).

At the regional level, UNFPA, in partnership with other UN agencies, produced a policy brief on the [Impact of COVID-19 on Gender Equality in the Arab Region](#) and published a brief on COVID-19 and [Essential Services Provision for Survivors of Violence Against Women and Girls](#). UNFPA, jointly with the regional offices of WHO, UNDP, UNODC and UN Women, under the roll-out of the global guidelines on the [Essential Service Package for Women and Girls Subject to Violence](#) organized a webinar on 11 June with the Health, Social, and Justice and Policing sectors from the region to share promising practices on how to reach GBV survivors during lockdown. In June and July UNFPA organized a series of webinars on the adaptations of clinical management of rape (CMR) programmes in the context of COVID-19, and on intimate partner violence (IPV). As a member of the [United Nations Inter-Agency Network on Women and Gender Equality \(IANWGE\)](#), UNFPA also contributed to the [Compendium on integrating gender considerations during COVID-19](#) to ensure the UN socio-economic response to COVID-19 sufficiently takes into account the varied gender dimensions.

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

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

- Sensitizing national partners on the intersections of gender and public health, and how to ethically and effectively address the increased risk of gender-based violence;
- Highlighting the barriers and risk of exclusion that women and girls with intersecting and multiple forms of discrimination face in COVID-19 response;
- Developing online tools on GBV prevention and response during COVID-19 and supporting hotlines to address the most immediate needs of GBV survivors;
- Distributing dignity kits adapted to COVID-19 for female healthcare workers, women and girls in quarantine and isolation, and refugees and asylum seekers;
- Reviewing and updating referral pathways and services addressing GBV to compensate for the disruption of services, in particular for clinical management of rape, and offering the essential package of services to address various GBV prevention and response needs at UNFPA-supported safe spaces.

Infection prevention training for GBV case workers, Gaza
© UNFPA Palestine



Addressing GBV (continued)

Country examples

- **GCC/Saudi-Arabia:** UNFPA along with other UN partners, is providing long term capacity building to the National Family Safety Program (NFSP) in KSA. The first webinar in a series of 7, addressed GBV and domestic violence cases in the country and provides best practices.
- **Oman:** Efforts to advocate for and build capacities of national stakeholders to respond to GBV highlight the significance of gender equality in the implementation of the SDGs in country and in the national development process especially in the context of COVID-19.
- **Sudan:** UNFPA, through the Sudanese Family Planning Association (SFPA) Khartoum, supported 145 GBV survivors residing in two Safe Houses for Eritreans and Ethiopians in Khartoum. Protection materials such as masks, soap, and hand sanitizer for two months were provided in addition to offering referral services for medical treatment, transportation, and psycho-social support.
- **Tunisia:** The Ministry of Women's Affairs set up a new temporary shelter for women survivors of violence. UNFPA provided three shelters with PPE products and supported the 24/7 GBV hotline.
- **Jordan:** Dignity kits are used for promoting protection, and physical and psychosocial wellbeing, for women and girls at risk, while providing an entry point for understanding risks facing women and girls in communities and providing additional support when distributions are executed with specialised service providers. 3,000 dignity kits were distributed in Za'atari Camp along with credit top-ups for mobile phones to call GBV hotlines. UNFPA's GBV programme has resumed activities in all 18 locations across the country with the provision of in-person GBV case management, psychosocial support and referral. Group activities resumed at 30% of capacity in both urban areas and refugee camps in line with Government indication on risk mitigation measures.
- **Morocco:** UNFPA made significant strides to strengthen institutional and civil society response to violence against women and girls during Covid-19 including support for the update and technical adjustment of the MOH [information system on violence against women \(VAW\)](#) and the launch of a platform for the remote reporting of violence against women. Following a series of technical consultations with civil society on the impact of Covid19 and the effects of the health emergency on VAW and on SRH, recommendations were made including support to for the UN guidelines on the essential services package on VAW, particularly the intersectoral coordination component.
- **Palestine:** Supported 3,900 women and girls to receive GBV services (psychosocial, legal, SRHR) through 8 established safe spaces in the West Bank including Jerusalem and Gaza Strip. Support to GBV survivors was extended to start vocational training inside the shelter. In Nablus shelter, GBV survivors tried to cope with stress by learning embroidery, producing embroidered masks for sale. "Stars of Hope", a local NGO, conducted an assessment on disability inclusion in essential GBV services in the West Bank and Gaza Strip and will support GBV service providers to increase their awareness toward women and girls with disabilities and empower women and girls with disabilities and their families toward the GBV available services.



Youth volunteers messaging against COVID-19 related stigmatization
© UNFPA Sudan

Addressing GBV (continued)

Country examples

- **Iraq.** In July, a total of 17 mobile teams, 42 Women Community Centres and 142 staff were mobilised to assist gender-based violence survivors. A total of 693 GBV cases were reported and 157 cases were referred to specialised services. UNFPA partners distributed 7,475 dignity kits and the women centres sewed more than 2,000 masks. The online case management system put in place to ensure that survivors of gender-based violence have access to the necessary support provided more than 1,816 counselling sessions. 48 vocational training sessions were provided mostly in IDP and Refugee camps.
- **Syria:** The community well-being centers continued to provide GBV prevention and response services, including: case management, PSS, awareness raising, vocational training, and recreational activities, to beneficiaries, taking into consideration the precautionary measures against COVID-19. To extend the reach and ensure adherence to social distancing measures, online service provision has been conducted to raise awareness on COVID-19, stress management, and RH and GBV related topics such as family planning, and early marriage.
- **Lebanon:** UNFPA supports remote GBV Case management and psychosocial support to vulnerable women and girls and survivors of GBV benefitting around 2,030 persons in July. GBV outreach and awareness activities reached an approximate 5,000 females and 1,400 males in July. Close to 5,000 dignity kits were distributed. UNFPA was also engaged in the [Gender Alert on COVID-19. Lebanon Issue No. 4. In Focus: Women, Gender Equality and Health](#)
- **Libya:** UNFPA's "Psychosocial Support Hotline 1417" addressed over 245 calls related to psychosocial support and legal consultations related to emotional, domestic and physical abuse issues during the week, referring over 29 individuals to receive further specialized services. Women and Girls Safe spaces were supported in Tripoli, and Benghazi, while partners also supported livelihood training sessions in Sabha and case management one-to-one consultations, and remote awareness sessions on gender-related topics.
- **Somalia:** UNFPA continues to strengthen the GBV one Stop Centres across the country which integrate care for survivors of Gender-Based Violence with reproductive health services. A newly released [GBV/FGM Rapid Assessment on the impact of COVID-19](#) by the GBV AoR highlights the increased risk of exposure for women and girls to higher levels of both GBV and FGM as measures to contain the spread of the pandemic, including lockdowns, school disruptions, limit their mobility.
- **Yemen:** UNFPA and the GBV sub-cluster adopted the use of hotlines and toll-free numbers as an alternative to previous in-person services. The concept of telecounseling is now being mainstreamed among all GBV services with SOPs developed as well as tele-case management. The hotlines for telecounseling through the GBV-sub cluster operate nationwide as well as governorate specific. Critical services such as specialized psychological centres and shelters continue running, with distancing measures in place, and the provision of PPE. Meanwhile, measures were put in place for a phased return of some of the services, for example, to continue livelihood interventions such as producing cotton face masks and hand sanitizers. More than 50,000 masks were produced and distributed and 199,075 women and girls were reached with GBV information and services in June 2019.



Preparing face shields in a UNFPA supported Safe Space for Women
© UNFPA Yemen

Risk communication and community engagement - leaving no one behind

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

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

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

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

UNFPA support at country level:

- **Yemen:** Awareness raising through social and mainstream media amplifies the reach of existing GBV tele-counselling services including coronavirus awareness and protection services related to women in prisons. Distribution of free-face mask and hand sanitizers during community awareness sessions helps prevent community transmission of COVID-19. UNFPA reaches an average of 250,000 beneficiaries per month and is using this outreach to raise awareness about COVID-19.
- **GCC/ Oman:** Y-Peers were engaged to promote telemedicine SRH service through a media campaign.
- **Somalia:** UNFPA supported the development of GBV COVID-19 messages including guidelines and dissemination using service sites and during the distribution of dignity and hygiene kits. As the country sees a rise in FGM during the COVID-19 lockdown, medical doctors, religious leaders and civil society leaders were mobilized for radio talk shows to reach out to more people for the #EndFGM campaign.

Spreading correct information about COVID-19

© UNFPA Sudan



Risk communication and community engagement - leaving no one behind (continued)



Risk Community and Community Engagement on COVID-19 © UNFPA Iraq

UNFPA support at country level:

- **Iraq:** UNFPA supported women centres offered awareness-raising sessions on sexual exploitation, domestic violence and prevention methods as part of the COVID-19 response reaching 1,928 individuals in camps and non-camps settings. In addition, implementing partners conducted 28 focus group discussions on the pandemic and responded to questions from beneficiaries.
- **Jordan:** UNFPA organized an online expert discussion of "Daring to ask, listen and act," a rapid COVID-19 impact assessment on the sexual and reproductive health and GBV risks of women and girls that also provided actionable recommendations for national stakeholder.
- **Morocco:** Launched in late March by UNFPA and partners, [Operation SALAMA](#) spreads accurate information about disease prevention, protecting health professionals and pregnant women from COVID-19, and minimizing the economic effects of the pandemic on the most vulnerable people. More than 16 million people have so far been reached with disease-prevention information via television, radio and online communications. SALAMA kits with hygiene supplies and disease-prevention information were also distributed to vulnerable groups, including migrants, older people, persons with disabilities, survivors of violence, young people and people in detention.
- **Libya:** Through its partner Huna Libya, UNFPA conducted an awareness-raising campaign on forced and early marriage titled "I have the right to choose – من حقي نختار," reaching over 1,200,000 people through social media and web articles.
- **Syria:** UNFPA broadcasts audio-visual products produced jointly with the Ministry of Information and the Ministry of Health to raise awareness amongst women and young people regarding COVID-19.



Putting in place measures for physical distancing in public spaces
© UNFPA Syria

Media & Communications

For the month of July, UNFPA offices around the world focused their efforts on the release of our flagship product, [State of the World Report](#), and the celebration of World Population Day on 11 July. This year's theme 'Against My Will' highlighted at least 19 harmful practices, ranging from breast ironing to virginity testing, all human rights violations, while focusing on the three most prevalent ones: female genital mutilation, child marriage, and extreme bias against daughters in favour of sons.

The release of the report happened on three different levels — global, regional, and national — giving the occasion an unprecedented amount of viewership within the Arab States Region. UNFPA-ASRO was part of all three levels of celebration, starting with the global virtual launch event, and followed it with [a regional virtual launch event in partnership with the League of Arab States](#). Country offices were active participants in the regional launch and echoed the messages highlighted in the report.

On the country offices' level, most offices had their own national launch. Country offices continued to exceed all expectations with their innovative ways to uphold the values of the mandate and to reach all audiences, leaving no one behind. The activities during the month of July ranged from social media cards, virtual webinars, virtual press conferences, virtual workshops, all the way to virtual musical concerts.

In **Iraq**, UNFPA held a discussion on 13 July on COVID-19 impact on the Iraqi population, the services and the sustainable development. While in **Morocco**, UNFPA dedicated a whole week of action to the celebration of the World Population Day under the global theme "Putting the Breaks on COVID-19: How to Safeguard the Health and Rights of Women and Girls Now?" In **Djibouti**, UNFPA engaged youth through an online talk show, Coffee Talk, to discuss FGM and ways to end the harmful practice. And to create a more festive environment while conveying the message, UNFPA in **Syria** and **Jordan** organized virtual musical concerts.

UNFPA **Lebanon** collaborated with its partners and released six videos and key messages produced to highlight the office's commitment to safeguarding the health and rights of women and girls especially during the COVID-19 pandemic. In **Oman**, a three-days virtual workshop focused on capacity building for the nationalization of SDG5 and its indicators and ensuring gender equality and parity in national programmes to meet the needs of the marginalized social groups.

For the two occasions, the combined activities and efforts throughout the region reached over 2 millions online users on all platforms. Furthermore, UNFPA's activities in the region received notable coverage from traditional media outlets as well.

Along with IOM, UNODC, and other regional partners, UNFPA took part in a regional online campaign, **the #SavingDignity week**, to commemorate the World Day Against Trafficking in Persons.

Algeria: [Continuity of Reproductive Health and Family Planning Awareness campaign](#)

Djibouti: [Coffee Talk Show](#)

Egypt: [A pregnant COVID-19 patient's road to delivery and recovery](#)

Oman / GCC: [UNFPA lauds Omani women status](#)

Iraq: [Youth, the ultimate priority for UNFPA and the Ministry of Youth & Sports](#)

Jordan: [From Frustration to Success ... There is Always Hope](#)

Lebanon: [Gender Alert on COVID-19. Lebanon Issue No. 4. In Focus: Women. Gender Equality and Health](#)

Morocco: [The most vulnerable populations at the heart of UNFPA's response to COVID-19](#)

Somalia: [Urgent need to prioritize the fight against GBV and FGM amidst COVID-19 response](#)

Syria: [Through her eyes: A painful journey and quest for self-resilience](#)

Sudan: [Women have been authors of the future history of Sudan](#)

Yemen: [Caught between displacement and a pandemic](#)

Distribution of Salama Kits to most health care workers and women in vulnerable situations

© UNFPA Morocco



Preparing dignity kits for distribution in Gaza

© UNFPA Palestine



UNFPA and the Canadian embassy in Iraq distributed 195 dignity kits to medical workers at the blood bank, the Emergency Call Centre & Shahid Hemin hospital in Sulaymaniya

© UNFPA Iraq

Tala, 6 years old, took a short break from playing her game to visit the #clinics with her mother for the first time due to some breathing difficulties.

© UNFPA Syria



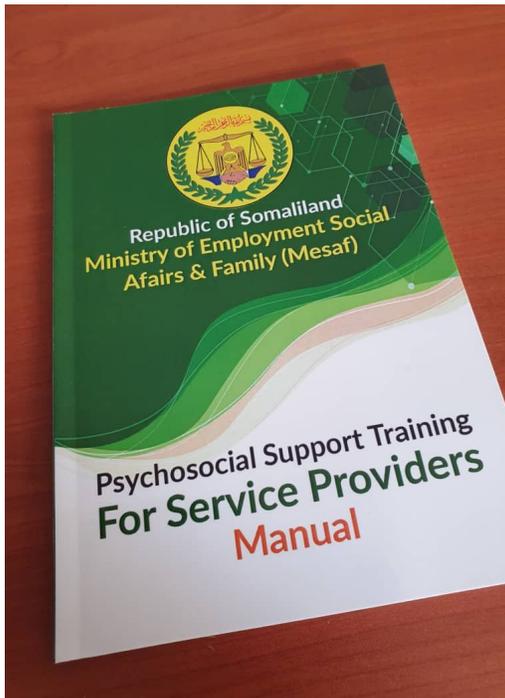
Ebtisam, our gynaecologist in Hufash Rural Hospital in Al Mahweet, is working tirelessly to save mothers and their newborns in remote and hard-to-reach areas.

© UNFPA Yemen



Dignity kits for Syrian and African women and girls at the Obour Safe Space in the presence of Dr. Ashraf Sobhy, the Minister of Youth and Sports, and General Abd Al-Hamid Al-Haggan, Governor of Qalyubiyya.
© UNFPA Egypt

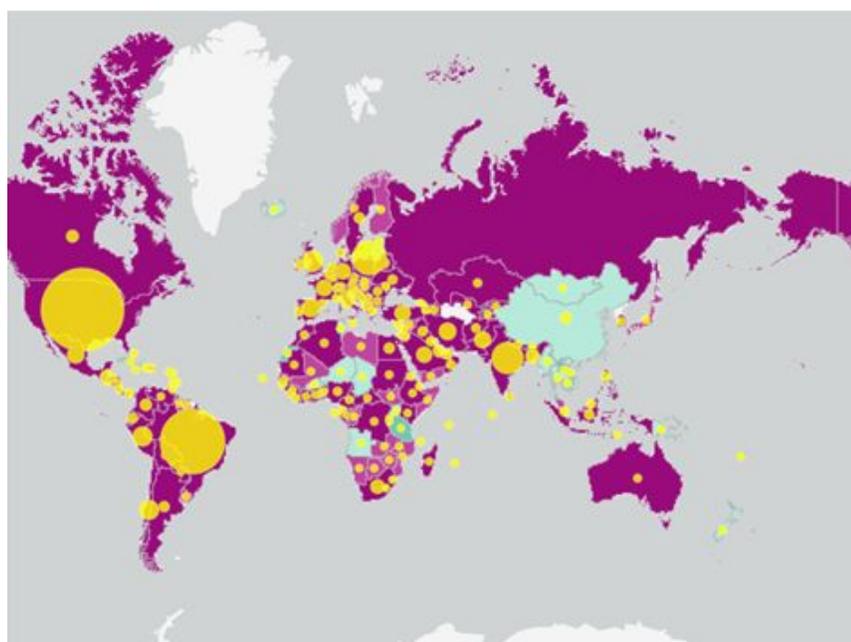
Awareness campaign in Oman targeting pregnant women
© UNFPA GCC



UNFPA supported the production of training manuals for psychosocial first aid responders across Somaliland
© UNFPA Somalia

Confirmed Cases and Deaths (UNFPA programme countries) WHO, 3 August 2020

Country	Confirmed Cases	Deaths
Algeria	31,465	1,231
Djibouti	5,161	59
Egypt	94,483	4,865
Gulf Cooperation Council*	639,547	4,470
Iraq	129,151	4,868
Jordan	1,213	11
Lebanon	4,885	62
Libya	3,837	83
Morocco	25,537	382
Palestine	15,780	87
Somalia	3,220	93
Sudan	11,738	752
Syrian Arab Republic	809	44
Tunisia	1,561	51
Yemen	1,738	498
TOTAL	970,125	17,556



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

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