

REGIONAL SYRIA CRISIS DONOR UPDATE

ON COVID-19

June 2020

AT A GLANCE

Since the Coronavirus Disease-2019 (COVID-19) pandemic was declared on 11 March 2020, the United Nations Population Fund (UNFPA) has remained committed to providing essential, life-saving services in sexual and reproductive health (SRH) and gender-based violence (GBV) for the women, girls, and vulnerable populations throughout the Regional Syria Response countries. Since the first update to donors on 26 March 2020, UNFPA has revised service and operational modalities to adapt to international and domestic movement restrictions, curfews, social distancing, and closure of many essential services and shops.

UNFPA recognises that outbreaks like the COVID-19 pandemic affect women and men differently, potentially exacerbating existing inequalities both between genders and with other vulnerable communities like persons with disabilities, youth, and the elderly.



OVERVIEW

SYRIA COUNTRY OFFICE

COVID-19 Impact on Programmes and Operations

As of 26 May 2020, Syria had reported a total of 121 confirmed COVID-19 cases. Since the first case of COVID-19 was reported on 23 March 2020, the Government of Syria introduced several measures that remain in place to minimise the risks of COVID-19 transmission, including movement restrictions between governorates and a daily national curfew between 19:30 and 06:00. Other restrictions that had been in place, such as the closing of public institutions and local businesses, have eased in the last few weeks, under the condition that social distancing and health safety measures are respected. These measures immediately impacted UNFPA's capacity to deliver and monitor current activities, though remote surge deployments and new modalities of service provision have ensured that critical services have continued to be delivered.

The COVID-19 pandemic has exacerbated the already dire circumstances caused by the deterioration of the economic situation in Syria, increasing humanitarian needs while also making essential goods such as food, water, and hygiene items unaffordable for many. In addition to the loss of homes due to displacement, many have lost their livelihoods and access to agricultural fields, increasing reliance on humanitarian support. To date, major factors that have had an impact on programming include:

- **Suspension of programme activities:** Regular programme activities, especially those conducted in groups, had to be suspended to fully adhere to COVID-19 containment measures, including movement restrictions between governorates.
- **Suspension of public transportation:** This has made it difficult for women to access service points. This is being mitigated by the use of various teleconferencing tools.
- **Delays in the delivery of aid supplies (kits):** These delays occur between governorates due to government restrictions. This is further exacerbated by the increasing and fluctuating market prices.
- **Monitoring visits:** Due to movement restrictions, challenges in conducting monitoring visits to UNFPA-supported services were faced.
- **Disruptions in basic services:** The power shortage and poor internet connectivity are challenges that continue to affect the participation in online activities or courses. Additionally, restrictions on the use of some learning platforms have rendered it even harder for participants to tune in.

Continuity of Programmes

UNFPA Syria has continued to work with the Health sector, the Ministry of Health (MoH), the UN Country Team (UNCT), and other coordination bodies on national preparedness and response plans as well as crisis response. Additionally, in order to overcome the challenges associated with the COVID-19 pandemic, UNFPA developed a Programme Innovation Working Group which aims to find new and innovative programmatic approaches to ensure continuity of service delivery. UNFPA continues to work on quality standards, with regular guidelines being issued to support work by implementing partners (IPs).

New approaches have been adopted for programming continuity, including increased use of social media and other forms of digital media platforms by UNFPA IPs.

Gender-Based Violence

As is the case around the globe, there are clear indications that both the risk and incidences of GBV are increasing due to containment measures and disruption of social services. While women and girls are the primary targets, other at-risk populations include people with disabilities (PwDs), those with chronic diseases, and the elderly. UNFPA Syria has thus adapted GBV and SRH programming to continue to meet the needs of these most vulnerable populations, ensuring they have access to woman-centred, dignified, and quality services.

Due to the COVID-19 pandemic, 19 out of 48 Women and Girls' Safe Spaces (WGSSs) have temporarily suspended operations, as have 50 of 126 mobile teams providing integrated GBV/SRH services. Despite

these closures or restricted operations, the majority of WGSSs remained operational and implemented careful social distancing measures to enable the safe delivery of individual face-to-face psychosocial support (PSS) and GBV case management. In areas where WGSSs are closed, GBV programme delivery has continued using various virtual means, including teleconferencing, phone calls, WhatsApp groups, and others. Some vocational training sessions have also been held remotely, with trainees provided the raw materials, such as those used for sewing classes. Meanwhile, mobile teams, most of which are still operating, have minimised the number of individuals served in one session to reduce the risk of infection.

UNFPA Syria is in the process of developing a series of online webinars on remote GBV service delivery, covering intervention areas such as GBV awareness raising during COVID-19, conducting remote safety audits in camp settings, and remote GBV case management, among others. The webinars will target UNFPA IPs and will be conducted in a series of five weeks.

Meanwhile, UNFPA has reached a total of 9,526 beneficiaries with dignity kit and sanitary napkin distributions. In May 2020, UNFPA also launched its contribution to the World Food Programme (WFP) e-voucher system. This is providing 3,000 pregnant and lactating women in Dara'a governorate with an additional 7,000 Syrian Pounds per month to cover the costs of essential hygiene and dignity items. UNFPA intends to extend this programme to other parts of Syria later in 2020.

Sexual and Reproductive Health

UNFPA and its partner IPs are working continuously to ensure that pregnant women, women in labor, and lactating women, including those who are quarantined, have timely and safe access to essential SRH services, including antenatal and postnatal care, family planning, and treatments for reproductive and urinary tract infections, among others. UNFPA Syria supports 85 static RH clinics that are still providing services during the pandemic, though staffing is at 40% of the usual levels to comply with social distancing and infection prevention and control (IPC) requirements. Awareness raising sessions on COVID-19 are also being held at the static clinics, as well as through brochures, social media, and other online fora.

For its IPs, UNFPA Syria is ensuring that all team members have gloves, masks, and hand sanitiser as part of the precautionary and preventive measures against COVID-19, in accordance to WHO standards. UNFPA Syria's supply unit is also currently in the process of procuring nine types of personal protective equipment (PPE) in support of the MoH RH department, including 500,000 medical masks; 12,500 boxes of gloves; 10,000 alcohol and hand-gel sanitisers; and 5,000 bottles of surface sanitisers. These are expected to be delivered by the end of May 2020.

UNFPA Syria supported its IPs in the enrollment of an online training in Emerging Respiratory Viruses, including "COVID-19 Methods for Detection, Prevention, Response, and Control" provided by WHO. The training provides a general introduction to COVID-19 and emerging respiratory viruses. UNFPA Syria also conducted capacity building of health workers utilising material issued by WHO and the MoH, including prevention and awareness guidelines, COVID-19 case management guidelines, and COVID-19 Infection in Pregnancy guidelines.

Funding and Programme Gaps

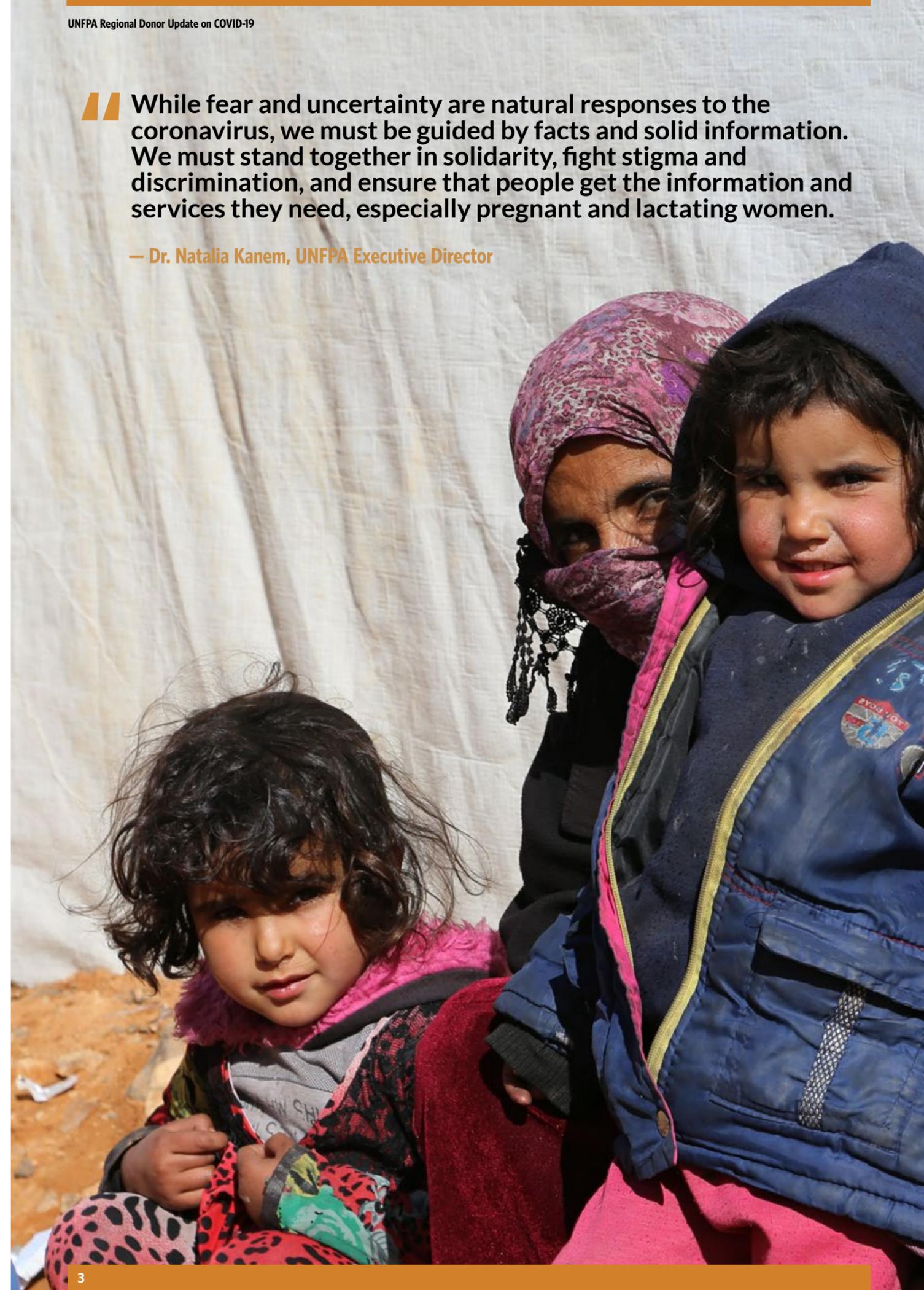
The financial gap for COVID-19 response funding gap is estimated at US\$ 2,300,000 for the provision of services, medical equipment, and PPE.

Lessons Learned

During this period, UNFPA has had increased coordination with other UN agencies to avoid duplications of effort and to provide a synergised UN-approach in programme delivery.

While fear and uncertainty are natural responses to the coronavirus, we must be guided by facts and solid information. We must stand together in solidarity, fight stigma and discrimination, and ensure that people get the information and services they need, especially pregnant and lactating women.

— Dr. Natalia Kanem, UNFPA Executive Director



OVERVIEW

TURKEY CROSS-BORDER**COVID-19 Impact on Programmes and Operations**

While no cases of COVID-19 have been identified to date in northwest Syria (NWS), the humanitarian response has continued to focus on preparedness, mitigation measures, and response planning to minimise the potential impact of COVID-19 on communities and humanitarian partners. Despite the relative calm following the ceasefire on 6 March in northwest Syria, the humanitarian situation remains alarming and demands an even heightened response to ensure it does not further deteriorate with the added risk of COVID-19.

Prevention and mitigation measures of COVID-19 have resulted in a notable increase of reported GBV incidents due to extended quarantine and other social distancing measures, as well as the deteriorating economic situation and the loss or reduction of income as a result of “stay at home” measures. The reported GBV cases primarily include incidents of intimate partner violence (physical, emotional, and deprivation of services and resources), which have been mostly registered in camps and reception centres.

UNFPA has faced challenges concerning the delivery and transshipment of RH kits that contained PPE materials. However, two of UNFPA's key suppliers in the Netherlands received waivers to export kits containing PPE materials out of the European Union area. Slight delays were initially experienced regarding the transshipment of dignity kits due to the introduction of new protocols by the Turkish authorities. All UNFPA staff are currently telecommuting, and daily operations are running relatively smoothly.

At the Bab Al-Hawa and Bab Al-Salam border crossings between Turkey and northwest Syria, individuals are currently not permitted to cross with the exception of medical emergencies. While movement of UNFPA's IPs across the border has been limited, it has to date not significantly impacted programmes. At the border, IPC measures are in place on the Turkish side for both arrivals and departures. Both crossings are currently open for humanitarian and commercial shipments, and crossing points between Idlib and northern Aleppo (inside northwest Syria) have reportedly been eased with civilians now being able to cross between the two areas.

Continuity of Programmes

Overall movement restrictions and forced quarantine measures have impeded GBV survivors' access to services, impacted individual safety plans, and affected the ability of GBV survivors to cope with stressful situations. GBV services offered in health facilities have also been impacted due to the general reduction of services provided as precautionary measures against COVID-19. UNFPA has ensured the continued provision of SRH and GBV services, to the extent possible, while limiting social contact and gatherings and following guidance developed by the GBV Sub-Cluster and the RH Working Group on how to adapt service provision in light of COVID-19 preparedness. Additionally, the strengthening of referral pathways among GBV and SRH partners has further facilitated and supported adequate GBV response in light of the ongoing emergency, and awareness raising efforts on COVID-19 related risks and precautions have widely persisted through both online and offline mediums for both SRH and GBV.

At the technical level, UNFPA is doing the following:

- In total, 35 PPE kits have been distributed to 23 UNFPA-supported static facilities and mobile clinics to cover their needs for two months until the end of May 2020. The local procurement of these kits has expedited the process.
- One of UNFPA's IPs, leading ongoing IPC trainings under the Health Cluster COVID-19 Task Force, has rolled out trainings to 157 UNFPA-supported health workers.
- To date, 216 health workers have been trained on COVID-19 preparedness and response, and related GBV risks, in order to support awareness raising efforts. Additionally, 38 non-health staff (mainly protection) have also been trained.

- UNFPA has established triage systems in all supported static health facilities. Each triage is composed of two tents with trained staff, two nurses, one IPC worker, one cleaner, and one on-call doctor.
- IPs have been advised to utilise social media and communication platforms (i.e. phone, Skype, WhatsApp) to perform some consultations remotely. The same platforms are used to inform patients on when and in which case they can visit the health facility.
- PSS services in health facilities are made available to provide mental health and psychosocial support (MHPSS) services to beneficiaries, including on COVID-19 related matters.
- SRH supplies such as contraceptive pills, injectables, and condoms have been distributed to cover the needs for the next three-month period in order to reduce unnecessary physical contact between beneficiary and health facility.
- Anticipating the risk of pregnant women potentially not being able to reach health facilities for delivery, UNFPA is in the process of procuring clean delivery kits to cover the needs of 100,000 pregnant women and 1,000 midwives, in addition to 8,100 newborn kits.
- The GBV Sub-Cluster coordination mechanism has established a Task Force to ensure safe and timely GBV services during the COVID-19 pandemic.
- UNFPA's main IP for dignity kit (DK) distribution has developed COVID-19 related guidance on the safe distribution of DKs given social distancing concerns, based on guidance provided by the Non-Food Items (NFI)/Shelter Cluster and in compliance with WHO instructions. All GBV partners have committed to adhere to this guidance. GBV partners have been providing verbal awareness raising on COVID-19 to beneficiaries during distributions.
- UNFPA has transhipped 59,400 DKs between the end of April and 15 May 2020. This is part of a project that aims to provide more than 218,000 women and girls in northwest Syria with essential hygiene and sanitation supplies by the end of June.
- In line with the UN Logistics Cluster coordination guidance, UNFPA adopted new procedures to handle humanitarian transshipments, which enabled staff to reduce the risk of COVID-19 infection through minimising their presence at the border crossings. Other UN humanitarian partners have followed suit.

Funding and Programme Gaps

Re-alignment of funding resources has continued. For the time being, no additional funding is required as UNFPA has successfully reallocated US\$ 111,000 to cover the changes in programming. The funds will support IPC training, the establishment of triage systems, and the provision of PPE kits for supported facilities.

Lessons Learned

Early adaptation and flexibility of supply chain procedures has been implemented to ensure minimal disruption and subsequent provision of timely humanitarian transshipments. UNFPA received internal approval to purchase life-saving medical items and supplies through fast track procedures. The flexibility allowed by donors on UNFPA's response has been critical to the successful implementation of activities to date, and UNFPA has also built flexibility into IP agreements to allow for adaptation of activities. This has been a crucial component of the COVID-19 response.

In the framework of the COVID 19 response, the hub developed a “Donor Advocacy Brief on critical GBV services during COVID-19”, with emphasis on the need to continue prioritizing all types of GBV, with the necessary flexibility to adapt services and ensure innovative methods to support GBV survivors and women and girls at risk. The GBV Area of Responsibility (AoR) also developed a “Guidance note on GBV service provision during COVID-19”, to support frontline GBV service providers to ensure timely, dignified and safe GBV service provision during the COVID-19 pandemic. The GBV AoR also engaged in the development of the WoS COVID-19 HRP annex, the response plan to the COVID-19 pandemic in Syria as well as the related monitoring plan, with inputs from each hub.

OVERVIEW

EGYPT COUNTRY OFFICE

COVID-19 Impact on Programmes and Operations

The COVID-19 global pandemic continues to have a serious impact on the people of Egypt. As of 26 May 2020, 18,756 confirmed cases of COVID-19 have been reported, with the highest prevalence of cases located in Cairo, Giza, Alexandria, Damietta, and Qalyubia. These are the same governorates that host the majority of Syrian refugees and asylum seekers in Egypt.

As of 17 March to date, all UNFPA programme staff are working from home, with some essential UNFPA staff able to work partially from the office per the UNFPA Egypt business continuity plan. The situation differs for implementing partners. National implementing partner the Ministry of Youth and Sports (MoYS) suspended activities and closed safe spaces hosted in youth centres. Non-governmental organisation (NGO) partners restrict the opening of safe spaces to emergency cases, and the staff are partially working from home. All case management has shifted to phone and online modalities. Awareness raising activities also went online through different channels, including WhatsApp groups.

COVID-19 has impacted UNFPA humanitarian programme as below:

- **Partial closure of safe spaces:** Of the 13 total safe spaces operated by UNFPA and its partners, 11 are currently closed. Additionally, 8 safe spaces operated by the MoYS have been closed since 8 March 2020 as part of social distancing and infection prevention measures.
- **Restriction of movement:** The Government of Egypt enforced a partial curfew and restrictions of movements between governorates, which has caused challenges for refugees and host communities in accessing different services.
- **Programme structure:** UNFPA's programmes are designed around community-based protection, including community public events, awareness raising sessions, and other events. The majority of these activities can no longer be implemented in their planned form during the pandemic, though alternate modalities of awareness raising and public events are being explored.
- **Additional emerging needs of Syrian refugees:** COVID-19 imposes an additional layer of vulnerability and needs to Syrian refugees in Egypt, and new COVID-19 related needs have emerged. As per the latest community assessments from UNHCR Egypt, the need for hygiene and dignity kits are ranked among the priority needs.

Continuity of Programmes

To mitigate the above identified challenges and ensure continuity of services, UNFPA Egypt team prioritised:

- **Programme adaptation:** UNFPA Egypt has adapted and adjusted programmes to ensure that the emerging essential needs are met, including the provision of dignity and hygiene kits for Syrian communities in Egypt. In addition, the safe spaces are adapting their community-based approach to be implemented remotely through online and social media tools. The programme includes new interventions such as COVID-19 awareness raising through short videos over social media. In addition, hygiene and dignity kits are provided to Syrian refugees living in COVID-19 hot spot areas.
- **Continuum of care:** Most of the closed safe spaces shifted towards online and phone-based case management systems to ensure that essential services are still offered to Syrian refugees. The procurement plan for Inter-Agency Reproductive Health (IARH) kits has been updated to ensure IPs have adequate supplies. The two open safe spaces reduced the number of staff and beneficiaries to only essential staff to serve critical and emergency services, and to address the needs of Syrian refugees that cannot be provided through remote modalities. Maximum caution and preventive measures are taken in these safe spaces for both staff and refugees, including provision of preventive equipment, disinfectants, and social distancing at all times.
- **Humanitarian coordination:** UNFPA and partners have reviewed

the referral pathways so that services disrupted due to COVID-19 are replaced and complemented by other service providers.

In addition, GBV Sector Working Group partners are closely monitoring emerging trends due to COVID-19 in gender-based violence. The initial findings of the trend analysis highlighted a decrease in number of reported GBV cases, compared to pre-COVID-19 reporting, particularly in rape services. This may be due to restricted movement, difficulty in reporting confidentially, and change in service modalities offered by humanitarian partners.

- **Protection of frontlines workers:** Protective equipment, including masks, gloves, sanitisers, and other equipment, have been provided for all staff of operating safe spaces to ensure their protection. All safe spaces were equipped with additional infection prevention and control supplies to clean the facility.

Funding and Programme Gaps

In order to comprehensively respond to the COVID-19 crisis, the programme needs to upscale the existing cash for protection programme to address the needs of Syrian refugees, and to compensate for the downscaling of humanitarian services due to facility closures, social distancing, and movement restrictions. The new intervention requires an additional US\$ 250,000 for six months.

Lessons Learned

Adaptive programming: Throughout the pandemic response, UNFPA Egypt has noted how critical it is for programming to be flexible and adaptive to a fast-changing environment. The response has resulted in UNFPA Egypt and partners using new modalities to reach populations in need to deliver essential services to Syrian refugees and vulnerable host community populations, and UNFPA Egypt will explore if and how these new approaches could be implemented in the future.

Integrative approach: Refugees and asylum seekers can easily fall behind or be ignored during national emergencies. Therefore, it is critical to ensure their optimal integration into the national response planning and implementation from an early stage with all stakeholders.

Community-based approach: Syrian women who took vocational and economic empowerment training at UNFPA-supported safe spaces have begun leveraging their skills to make face masks, which are then provided to the community at cost. This ensures that Syrian women have access to work and income-generating activities during this crisis.



Despite the challenges posed by COVID-19, UNFPA is on the ground, distributing personal protective equipment for health workers and supporting health systems where needed. UNFPA is also supporting efforts to learn more about the virus and its impact to better serve the most vulnerable.

OVERVIEW

IRAQ COUNTRY OFFICE

COVID-19 Impact on Programmes and Operations

The Government of Iraq and the Kurdistan Regional Government have imposed curfews across the country, and the pandemic has disrupted access to life-saving SRH services and worsened existing inequalities for women and girls. The pandemic and curfews in place have led to a decrease in the reporting of GBV cases as women lack the freedom of movement and privacy to report cases. Nevertheless, GBV is believed to be increasing due to higher tensions in households due to confinement, posing new risks and potentially fueling pre-existing forms of GBV, particularly violence in the home perpetrated by intimate partners or other family members. UNFPA is working with the Government of Iraq and the Kurdistan Regional Government to ensure that essential services are still being provided.

Since the beginning of the outbreak of COVID-19, UNFPA Iraq has adopted a remote working modality, with most staff working from home and/or from abroad, conducting meetings virtually, and providing programme delivery through alternative modalities. The operations were localised to follow restrictions and also ensure that the programme is reaching beneficiaries in need. Since the beginning of April, UNFPA Iraq has also been working with partners to raise staff awareness about the measures they should take to protect themselves and those receiving services. A total of 4,848 cases of COVID-19 have been reported in Iraq as of 26 May 2020.

Continuity of Programmes

UNFPA Iraq is acting to mitigate the impact of the COVID-19 pandemic on RH supplies, including modern contraceptives, maternal health medicines, and PPE. UNFPA is supporting the MoH to provide online information sharing on RH and family planning services, and is providing PPE to health workers, case managers, social workers, and drivers at health facilities and women's centres as well as to mobile teams.

Since the beginning of April 2020, UNFPA Iraq has also been supporting the government and IPs to procure the supplies needed for protection, cleaning, and infection prevention control. UNFPA continued to provide uninterrupted RH services through 51 health care facilities in refugee camps, internally displaced persons camps, returnee areas, and host communities. As a result of UNFPA support, 6,694 individuals received RH services in May, including ANC, PNC, newborn care, breastfeeding support, and FP services. In addition, UNFPA Iraq continues to support five delivery rooms and two maternity hospitals, which have also provided uninterrupted services. In order to reduce the risks of health care providers contracting COVID-19, UNFPA Iraq provided medical PPE and infection prevention materials such as sanitisers, disinfectants, gloves, masks, and caps. UNFPA Iraq donated 6,000 surgical masks, 2,000 coveralls, 2,000 gloves, 250 reusable face shields, 3,000 isolation gowns, 1,000 goggles, and 5,000 surgical respirators (FFP2/N95) to the MoH as part of the COVID-19 emergency response in May.

In addition, UNFPA Iraq has facilitated two RH Working Group meetings remotely, one in April and one in May. The meetings focused on the revision of the working group's terms of reference and identifying challenges and gaps of the RH services across the country. The working group has agreed on the need to continue the advocacy for family planning and to update the mapping of the RH services. On securing family planning commodities, UNFPA Iraq is coordinating with the MoH to transport contraceptives from the Kurdistan Region to the Central South area to ensure family planning services are maintained.

UNFPA Iraq is supporting the continuity of GBV and case management in camps and non-camp areas and has established remote PSS services, through mobile teams, phone calls, and other communications methods, including the GBV helplines supported by UNFPA and partners. With curfews and movement restrictions still in place, the response is adapting novel methods and modalities that are still being explored and modified. During this period, UNFPA Iraq also worked with partners to keep women's centres open, especially in camps, with 39 women centres remaining operational during this period. The women's centres

supported GBV survivors, provided consultations, and offered other support in nearby communities. Under the response through May, 2,698 beneficiaries received GBV consultations through the dedicated hotline; 2,582 survivors received essential GBV services including specialised MHPSS services; 8,344 beneficiaries received GBV services such as PSS, consultations, and awareness raising, among others; and 3,371 received dignity kits. In addition, UNFPA Iraq-supported women's centres are also working closely with the Directorates of Health to sew masks and produce sanitisers to distribute to the most vulnerable, such as prisoners, school students, government employees in the field, and women and girls in the women's centres.

UNFPA Iraq conducted a rapid assessment of the impact of COVID-19 on GBV and services across the country; the final report should be completed in June 2020. Additional support for assessments on impacts of programming and COVID-19 will be needed over the course of the year. Meanwhile, programmes plans for 2020 have been adjusted to include COVID-19 emergency response and newly-emerging challenges and needs. However, additional funds are needed to provide a holistic response to the most vulnerable: women and girls, adolescents and youth, persons with disabilities, IDPs, and refugees; these are detailed below.

Funding and Programme Gaps

UNFPA Iraq foresees the need to reprogramme some funding to respond and adjust to the COVID-19 response and programming delays. Current funding requirements stand at 1,680,444 USD, and will be used to cover a number of key priorities that include strengthening national and local health system capacity to ensure access to GBV and SRH services; operational support, logistics, and support to the global supply chain; providing risk communication and community engagement for information and stigma reduction; ensuring safe access to SRH and GBV services for women and girls; and the implementation of regular impact assessments to gauge performance.

Lessons Learned

UNFPA Iraq and its partners used a flexible and adaptive approach in programming and response, which has resulted in using new modalities to reach populations in need. UNFPA Iraq will further explore how these new methods and approaches could be further operationalised in the future.

It was frightening – giving birth during a full-blown pandemic. Somehow, in spite of everything, we have welcomed new life into our family. I am so grateful.

— AFRAA, a survivor of child marriage who recently received SRH services at a UNFPA-supported facility



OVERVIEW

JORDAN COUNTRY OFFICE

COVID-19 Impact on Programmes and Operations

As of 26 May 2020, Jordan has reported 718 cases of COVID-19, with the daily average falling low enough for the government to begin easing its previous lockdown policies.

UNFPA Jordan has been largely working from home under the restrictions and guidelines in place through the UNCT and the Government of Jordan. The standard operating procedures (SOPs) for office presence are being finalised as movement restrictions ease. Since early May 2020, UNFPA has gradually resumed GBV service delivery per the GBV Sub-Cluster "Guidelines on gradual resuming of GBV services".

GBV case management services are now available in all urban areas and in Zaatar camp, with reduced staff capacity; group activities remain suspended to comply with social-distancing practices. In Azraq camp, GBV service delivery is still provided remotely pending the issuance of necessary operating permits.

Continuity of Programmes

In the third week of May 2020, UNFPA Jordan drafted an IP Safe Access for Service Delivery SOP document based upon the "Guidance Note for SGBV Service Provision during COVID-19 in Jordan" that was issued by the GBV Working Group. UNFPA will be treating this as a living document and update it as new developments arise; UNFPA will also continually follow up with Government of Jordan counterparts for newly released guidelines, ensuring continuous alignment. UNFPA has also actively engaged in youth programming-focused approaches to engage youth to respond to the crisis via knowledge dissemination, remote-access youth meetings, and discussion forums in Zaatar Camp and across the country.

UNFPA Jordan has prioritised SRH critical services within the main healthcare services to be resumed in both camps (Zaatar and Azraq), with a special focus on the maternity clinics. UNFPA is also ensuring continued availability of contraceptives, essential medicines, and supplies in a cost-efficient manner at both camps, using its remote services modality to provide supplies and medical consultation processes.

UNFPA and Plan International, in collaboration with the Institute for Family Health (IFH), conducted a rapid assessment on adolescents and young girls focused on SRH and GBV during the COVID-19 pandemic. The assessment results demonstrate that COVID-19 pandemic restrictions have led to greater uncertainty, stress, and health and psychological risks for women and girls, many of whom already face challenges of entrenched gender inequality and discrimination. GBV, particularly domestic violence, has increased during the pandemic with 69% of all survey respondents and informants reporting increasing prevalence. Emotional and physical abuse, often perpetrated by an intimate partner or member of the family, have been the most commonly reported form of abuse.

As SRH services and supplies are curtailed, women and girls risk losing control over their bodies, which is equivalent to a loss of control and agency over their lives and futures, as described in the UNFPA report titled [Daring to Ask, Listen and Act: A snapshot of the impacts of COVID on women's and girl's rights and sexual and reproductive health](#). UNFPA Jordan has also produced and disseminated visual communication materials to make information accessible for persons with disabilities on available support services for GBV survivors during the crisis. Moreover, UNFPA Jordan, in collaboration with key national partners like the Ministry of Health and the National Council for Family Affairs, where essential information on youth, SRH, and GBV was provided, particularly on where to receive assistance.

UNFPA also participated in the national campaign "Elak COVID," disseminating messages on GBV risks and where to seek help. UNFPA is continuing to support hotlines for GBV survivors across Jordan, along with the centres gradually re-opening. UNFPA also organised learning sessions for GBV service providers on how to take a crisis call and conduct remote safety planning. As movement restrictions eased in May, UNFPA resumed in-person clinical management of rape (CMR) services in Zaatar and Azraq camp and in urban areas. UNFPA and UNHCR also

revised emergency referral pathways for GBV survivors, with information available on the changes in the mobile Amaali application. The GBV information management system (IMS) Taskforce, chaired by UNFPA and UNHCR, conducted analysis of the preliminary GBV trends during COVID-19 emergency response. Preliminary data from the first two-week lockdown period suggest an increase in the risk of GBV occurring for women and girls, particularly domestic violence. The frequency and types of violent acts include a higher incidence of those violent acts that constitute a threat to life, aggravated by the fact that women are living with their perpetrator under current quarantine conditions. Women are also facing specific obstacles in help-seeking behaviour with a recorded drop of 68% in reported cases since the beginning of the lockdown (the GBV IMS preliminary analysis is available in English and Arabic [here](#)). During May 2020, the GBV IMS taskforce worked on a second analysis showing that incidents reported are still below the average compared to before the crisis (9.5%). The number of reported incidents is increasing compared to the first two weeks of the lockdown, as women receive more information on where to seek help and centres are re-opening.

All youth services were suspended due to COVID-19; however, virtual alternatives were introduced. UNFPA and IP Questscope used WhatsApp groups with 50 active volunteers to reach 500 young people in Zaatar camp to ensure continuous engagement while also initiating discussions around youth well-being, mentorship, and sharing health related information. With IFH and the Royal Health Awareness Society (RHAS), activities were resumed using Zoom. IFH youth educators in Karak, Zarqa, Madaba, Amman, Zaatar Camp, and Emirati Jordanian Camp (EJC) are resuming GBV and RH sessions via Zoom and/or WhatsApp.

UNFPA has also supported specialised training for Youth Peer Educators through the Youth Peer Education (Y-PEER) Network on COVID-19, to mobilise an informed virtual peer education approach. UNFPA is currently mobilising youth coordination structures, including the Youth Task Force in Zaatar refugee camp, the National Youth, Peace, and Security (YPS) 2250 Coalition in Jordan, and active youth networks such as Y-PEER and Shababna Networks in universities, to spread reliable information on COVID-19. In line with the UNFPA global response plan, the youth programme in Jordan is positioned as an "accelerator" for the response for strengthening the capacity of youth organisations to engage safely, effectively, and meaningfully in ways that enable young people to augment their knowledge on the virus and play an effective role in the prevention and response.

UNFPA supports youth coordination as co-chair of the Youth Task Force in Zaatar camp with the Norwegian Refugee Council (NRC), and as the Secretariat of the National YPS 2250 Coalition in Jordan. UNFPA Jordan also plays a role in the dissemination of knowledge management products, for regional and global technical and guidance notes. In collaboration with Royal Health Awareness Society, UNFPA supported a training for youth workers and youth-led organisations to discuss COVID-19 impact on adolescents and youth.

As of mid-June 2020, UNFPA Jordan plans to launch a youth-targeted campaign on COVID-19, including interactive videos and posts on Instagram and Tik-Tok platforms. This is expected to launch over a two-month period and will focus on "messaging" for youth mental health, wellbeing, GBV and SRHR, as well as messages for parents on how to assist their children whilst living under lockdown and with ongoing movement restrictions. Youths' positive role in the COVID-19 response has also been highlighted by UNFPA Jordan, linked [here](#), and also at the international level. In collaboration with Generations for Peace and the Ministry of Youth (MoY), UNFPA and partners are planning to begin "coffee break" virtual sessions in mid-June 2020, with YPS Coalition members, engaging high level decision-makers such as the MoY Minister, to highlight positive practices for youth engagement and peace-building during COVID-19.

Funding and Programme Gaps

UNFPA is requesting budget and activity modifications from donors as needed to reallocate needed funding for COVID-19 specific responses, including but not limited to environmental infection-control in the SRH Clinic in Zaatar, procurement of PPE, distribution of dignity and salama kits in Zaatar, and a Rapid Assessment (now complete) of the impact of COVID-19 on GBV and SRH within the camp.

The UNFPA Jordan GBV programme has a gap of USD 250,000 per the COVID-19 response appeal to address the gap in shelter response and strengthening hotlines. This said, many of UNFPA's activities remain on-track, having been maintained through remote-modalities, such as the use of the Amaali app for GBV information and a telephone line for GBV cases. Core or critical SRH activities have continued, as essential, life-saving activities.

Lessons Learned

- Case management supervision is continuing by online platforms like WhatsApp and Skype to ensure the quality of services using remote modalities.
- Parents view education as a priority when it comes to adolescents and youth and their virtual interaction, limiting accessibility for virtual activities, and pauses dis-engagement for some youth from informal education or self development activities. In camps the internet connection is poor, or there is no access due to financial burden. Additionally, many adolescents and youth do not have devices. The next phase of the COVID-19 response will require improved coordination for youth groups and networks and ensuring health practices and social-distancing is maintained as the country gradually opens up.

OVERVIEW

LEBANON COUNTRY OFFICE**COVID-19 Impact on Programmes and Operations**

Following the announcement of the COVID-19 health emergency in Lebanon on March 13, public mobilisation and lockdowns were implemented nationwide. These measures began easing in May, though some restrictions are still in place. All UNFPA projects were placed on hold from this period to be able to respond to immediate actions and needs. As of 26 May 2020, a total of 1,140 COVID-19 cases had been diagnosed. The COVID-19 emergency has been compounded by the rapidly deteriorating economic crisis that led to the devaluation of the Lebanese pound by more than 50%, decrease in purchasing power, inflation in prices, withholding depositors' money in banks, and other consequences. This economic and financial crisis is estimated to have increased the proportion of Lebanese living below the poverty line to around 60% and those living below extreme poverty to 20%, according to the World Bank.

As a result of this situation, UNFPA Lebanon's programmes and operations have been affected in several ways. Six ongoing IP agreements were put on hold due to the inability to support regular operations, and ten new IP agreements have been delayed in commencing. Lebanese Government line ministries have not been operational to provide guidance or clearance on some interventions, and some health facilities have been closed or less accessible due to restrictions of movement; there have thus been decreased provision of health care services, including RH services, during this period. Outreach and awareness raising activities at the community level were suspended. For GBV services, IPs have minimised their operations in the WGSSs, with in-person PSS and GBV case management put on hold. Dignity kit distribution has also been challenging during lockdowns, particularly those for the most vulnerable and securing the needed documentation to support procurement and distribution. Despite these challenges, there have been a number of service delivery modality changes that have enabled UNFPA Lebanon to continue to reach vulnerable women and girls throughout the country.

Continuity of Programmes

Within the GBV programme, activities largely switched to new modalities to continue ensuring the provision of priority GBV services in times of limited access while avoiding mass gatherings. Hence the ten IP agreements signed in early March were revised to adopt a GBV/SRH integrated approach and focus on provision of GBV services to survivors and people at risk among Syrian refugees and host communities using remote modalities that take restricted movements into account. The GBV services include case management, individual PSS, and referrals to other needed services such as SRH. Remote community awareness and sensitisation key messages are being shared with beneficiaries through a variety of channels, such as social media, bulk SMS, hotlines, and outreach volunteers. To facilitate the new IPs' work, all have been trained on how to conduct remote case management for GBV survivors; additional virtual training sessions have aimed to strengthen IPs' operational capacity to ensure their abilities on compliance and financial management. During this period, dignity kits were distributed to 20,000 vulnerable women and girls, and UNFPA Lebanon is exploring adapting support to include cash and voucher assistance (CVA) to these populations. UNFPA Lebanon intends to continue implementing these activities over the next three months (May to July 2020), to be extended based on priorities and the developing context.

As part of its co-lead role of the GBV Taskforce, UNFPA Lebanon developed a guidance note in partnership with the Protection Sector, the PSEA Network, UN Women, and WHO, focusing on how partners can mainstream protection into distributions. Meanwhile, in addition to conducting a virtual training on PSEA to more than 70 people, UNFPA also collaborated with UN Women and the National Commission for Lebanese Women to develop gender alerts during the COVID-19 crisis to serve as a unified platform for data on gender issues. The first alert can be found [here](#), and the second, published on 20 May 2020, [here](#). Finally, UNFPA Lebanon and UN Women also collaborated on a rapid assessment of the impact of COVID-19 on GBV. The results of the assessment, once complete, will inform programming responses going forward.

UNFPA Lebanon has partnered with several organisations and worked with the Ministry of Public Health (MoPH) to ensure SRH service provision continued during the pandemic. A rapid assessment of the CMR clinics was conducted to assess the continuity of CMR services during COVID-19, and found that, of 19 clinics surveyed, services did not vary during the pandemic. This is due to many CMR clinics being embedded at hospitals, while those at primary healthcare level replied that, even with lockdowns, such services are delivered as needed. CMR clinics did not have updated GBV referral pathways, which were then provided by UNFPA. Meanwhile, support was provided for the establishment and operationalisation of a National Technical Task Force on COVID-19 and pregnancy through a decree by MoPH. Through the support of UNFPA, the Task Force developed national standards and guidelines in three languages; information and awareness materials; a series of webinars in collaboration with the American University of Beirut; and the Continuing Medical Education (CME) programme that is reaching an estimated 200 frontline health workers.

Meanwhile, more than 500 midwives, 258 doctors, and 135 social workers received remote training on pregnancy and COVID-19 and initiated patient education and sharing of information with beneficiaries in health facilities, reaching about 1,500 women in total. UNFPA Lebanon has supported the establishment of a hotline on family planning where midwives provide guidance and advice on contraceptives. Around 150 social workers also received virtual training on COVID-19 and pregnancy, and established coordination with around 125 local communities and municipalities to reach out to people with information and support. A similar partnership was made with the Lebanese Medical Student Society to provide capacity building on COVID-19 and pregnancy, with a series of training for community and social workers.

Lastly, procurement of PPEs was initiated to supply dispensaries, social workers, and institutions supporting the elderly. Dignity kit and PPE supplies procured through local vendors were checked for quality, receiving WHO and MoPH clearance, and are being prepared for delivery and distribution. As of 24 May 2020, 17,465 women and girls have received small dignity bags, and another 4,500 will be distributed before the end of June 2020.

Funding and Programme Gaps

UNFPA Lebanon has identified a funding gap of US\$ 1,500,000 for the May-July 2020 period. This includes programme gaps such as providing CVA to vulnerable women and girls, continuing to develop a more functional and sustainable remote service provision package, engagement of new partners, development of training, and guiding resources to strengthen the alternative service package.

Lessons Learned

UNFPA has noted the importance of cash and voucher assistance for women and girls to mitigate the socio-economic impact of the COVID-19 pandemic. Meanwhile, restrictions on movement impede GBV survivors' direct access to GBV services and create new challenges to identify new cases and provide safety plans for GBV survivors. Community outreach workers have been able to address this challenge due to their previous engagement in their communities. In addition, social media and TV awareness campaigns have contributed to disseminating hotline and helpline numbers to women and girls in need.

Capacity development has largely shifted to remote methods, such as through webinars. These methods have been found to be equally effective as in-person training as long as there is a revised monitoring and follow-up mechanism in place. Programme and operational modality changes overall have also been essential, and staff, donors, and partners must all adapt and be flexible in the current environment. Partnerships with other UN organisations, including through long-term agreements (LTAs), can also be a cost-effective way to secure needed goods or services beyond UNFPA's usual methods.

Lastly, coordination with local communities and municipalities ensures their engagement in the response and ensures their support in disseminating information more widely.



UNFPA recognizes that outbreaks like the COVID-19 pandemic affect women and men differently, potentially exacerbating existing inequalities both between genders and with other vulnerable communities like persons with disabilities, youth, and the elderly.

OVERVIEW

TURKEY COUNTRY OFFICE

COVID-19 Impact on Programmes and Operations

The COVID-19 outbreak in Turkey began with the first reported case on 11 March 2020, and has increased to 158,762 total cases as of 26 May 2020. The country has been under social distancing and movement restriction requirements from 17 March 2020, which have resulted in business closures and challenges in accessing essential services. Despite these challenges, UNFPA Turkey has continued to support populations in need, such as vulnerable women and girls and Syrian refugees, throughout the outbreak.

UNFPA Turkey has been supporting a total of six WGSSs in 2020 specifically targeting Syrian refugees. Due to the COVID-19 outbreak, some adjustments have been made in the modality of service provision in all six centres. While service provision has continued, three WGSSs (two in Hatay and one in Sanliurfa), which are integrated to the Migrant Health Centres of the MoH, continued providing services physically from the centres; while the other three in Istanbul, Eskisehir, and Diyarbakir have been telecommuting for two months. WGSS staff follow up with beneficiaries mostly via telephone. WGSSs, where services are provided physically, follow several protective measures during service provision: making appointments in advance to track expected numbers of people in the facility and limiting the number of beneficiaries both in the waiting room and counselling rooms; and providing masks for beneficiaries with visible symptoms. In addition, each beneficiary is provided with information and IEC materials about COVID-19 in the centres. The beneficiaries who are assessed as at-risk for COVID-19 are referred to the respective hospitals for testing.

Dignity kits are usually distributed through WGSSs to women and girls following GBV/SRH service delivery. During the outbreak, service providers started to distribute the dignity kits to beneficiaries' homes in order to reduce infection risks for beneficiaries who use public transport to reach WGSSs.

Continuity of Programmes

Since the outbreak started in Turkey, UNFPA Turkey's service providers prioritised awareness raising activities on COVID-19 among beneficiaries through regular information sharing, primarily via phone. In addition, they conducted needs assessments and provided remote case management, follow up of MHPSS cases, and information counseling. Furthermore, dignity kit distribution continued to the most vulnerable individuals. In Istanbul, UNFPA's implementing partner The Association for Solidarity with Asylum Seekers and Migrants (SGDD-ASAM) has collaborated with the Istanbul Metropolitan Municipality for distribution of 400 dignity kits to WGSS beneficiaries.

The UNFPA Humanitarian Team continues telecommuting as well. However, this situation had a positive impact on the supervision of refugee focused WGSS. UNFPA has started conducting bi-weekly online supervision and coordination meetings for personnel of the six WGSSs as well as IP managers to enable experience and information sharing between all partners and strengthen their capacities for better service provision during the outbreak. These meetings also include sessions on remote GBV case management; SRH services including family planning counselling and MHPSS services; and empowerment activities during remote service provision.

Though telecommuting has allowed service delivery to continue, the main obstacle is the presence of the whole family in the house during calls with women and girls. Spouses usually answer the phone even though the phone belongs to the female beneficiary. Even though service providers manage to reach women directly, spouses often listen to the phone calls. This resulted in some revisions in service provision; service providers speak with the husband or male family member first and provide information on services. Topics that would require revealing confidential details of the beneficiary are not discussed during the calls. Moreover, some beneficiaries cannot be reached due to changes in their contact numbers.

Another major challenge is related to basic needs. Many beneficiaries have lost their livelihood and their main request is related to their basic needs. Unfortunately, many basic needs support (food, rent, etc) available through public institutions are only available to Turkish citizens. Service providers struggling with finding resources to cover basic needs of beneficiaries.

Funding and Programme Gaps

UNFPA Turkey has appealed for 3.5 million USD in the Regional Refugee and Resilience Plan (3RP) COVID-19 appeal under basic needs, health, and protection sectors. Of this amount, US\$ 1.5 million can be allocated through reprogramming of available funds. Therefore, UNFPA Turkey needs an additional US\$ 2 million to be able to respond to the urgent needs of the most vulnerable refugees in Turkey to reduce their health and protection risks and respond to their basic needs.

According to needs assessments conducted by the implementing partners, numerous beneficiaries are in need of food assistance and hygiene/dignity kits. WGSSs have been distributing dignity kits procured through existing regional Syria support; however, the need is bigger than the number of dignity kits currently available. In addition, there is a need for specific hygiene kits tailored for the sanitation needs of the household; maternity kits to respond to the needs of women in the postpartum period; and newborn to reduce the risks of COVID-19 transmission.

In the health sector, the major need identified by the UNFPA through consultation with the MoH has been the continuity of SRH services during the COVID-19 outbreak. In addition, support for contact tracing (filiation activities) through mobile teams is needed to enable health personnel to conduct household visits, provide information related to COVID-19, check the vulnerability of the household members, information counseling on SRH and family planning, and identify risks for GBV. Furthermore, there is a continuous need for personal protective equipment for health service providers, particularly working at primary health care and maternity hospitals, as well as needs for SRH supplies including contraceptives.

In the protection sector, needs around rapid assessments, remote GBV case management, psychosocial support, referrals, and temporary accommodation for GBV survivors are more prominent.

Lessons Learned

- It is important to collaborate with local NGOs and municipalities in order to provide beneficiaries with the basic needs that cannot be covered by WGSSs, such as food or cash assistance.
- Telecommuting has helped reaching new beneficiaries that opt for benefiting from WGSS services, though refrain from coming to centres for various reasons.

OVERVIEW

ARAB STATES HUB

COVID-19 Impact on Programmes and Operations

Given that it is based in Amman, Jordan, the UNFPA Arab States Humanitarian Hub Jordan activated its Business Contingency Plan in line with the Jordan Country Office. As a result, all staff from the hub in Jordan have been working from home since the 17 March 2020. The hub is operationally working remotely, and focusing on ensuring continuity of essential projects and adapting the 2020 work plan to suit the new challenges presented by the pandemic.

Continuity of Programmes

The planning for the 2020 regional impact assessment has begun. As in previous years the assessment will focus on the impact UNFPA's programmes has had on the wellbeing of the women, girls, boys, and men it services. The Impact assessment will also take into account the impact COVID-19 has had on programme implementation. The assessment will be carried out in the third quarter of 2020, with results reported in the final quarter.

Regional Media Programme

Meanwhile, the hub is planning to organise an online regional media symposium focusing on the principles of reporting on gender-based violence during COVID-19 and other health crises. The event is based on the hub's Regional Media Programme, which was conceived to help journalists in covering GBV more ethically and professionally, and to support the media in producing such reports more frequently. Over the past five years, the hub has been hosting consultations and training workshops targeting journalists of various levels of experience throughout the region. More than 500 journalists were directly engaged to date, while more than 1,500 have been reached through awareness messages.

To adapt to COVID-19, the hub is taking this programme online, beginning with this regional symposium. The one-hour, virtual event will be held on Thursday, 18 June 2020, ahead of the International Day for the Elimination of Sexual Violence in Conflict on 19 June, and the Brussels conference on Supporting Syria and the Region on 30 June. The event will be live-streamed on Facebook from 12:00 p.m. until 1:00 p.m. Amman time (9:00 a.m. until 10:00 a.m. GMT).

Ahead of this symposium, the Arab States Hub also developed a companion guide to its recent comprehensive guide on the topic, [Reporting on Gender-Based Violence in Humanitarian Settings: A Journalist's Handbook](#), which was published in its second edition in March. The guide encourages journalists to deepen their coverage of the underlying links between health crises, gender inequality, and gender-based violence, in addition to providing guidelines and insights for both journalist and editors to ensure coverage remains professional and survivor-centred.

Regional Programming Analysis

The hub is conducting a regional analysis of programming trends and programming adaptation, with results planned for release in June 2020. The analysis will provide essential information on how programmes are being adapted in light of COVID-19 and what gaps remain that are in need of funding and support. The information will help inform a variety of plans and projects as the response adapts to the pandemic.

Knowledge Management

Lastly, the hub is working toward facilitating the development of effective, insightful and accurate humanitarian needs overviews, building on its well-received Voices from Syria project as a model. The hub is developing a "how to" guide designed to help other offices and agencies replicate the best practices that led to the development of Voices over the past years, providing insights gained from experience to facilitate the process.



CONTACT INFORMATION

Jennifer Miquel
Head of the Arab States Hub
miquel@unfpa.org
(962) 79 575 6755