

# COVID-19

## UNFPA BEST PRACTICES AND LESSONS LEARNED IN HUMANITARIAN OPERATIONS IN THE ARAB REGION



**Gender equality and women's rights are essential  
to getting through this pandemic together.**

— ANTONIO GUTERRES, *Secretary  
General of the United Nations*

## The Knowledge Series

The UNFPA Knowledge Series products aim to provide all stakeholders in the humanitarian community with simple, effective, and replicable information or approaches that can aid humanitarian responses. These are based on lessons learned from UNFPA programming and operations in the Arab States Region and are meant to serve as practical tools to inform responses or enable actors to adapt successful approaches to suit their contexts.

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## Foreword

The COVID-19 pandemic continues to redefine the realities of nations throughout the world, creating new and unprecedented challenges. The pandemic and its long-term ramifications have revealed many of the structural issues that underlie societies, highlighting systemic inequalities across race, gender, socioeconomic status, and others. In humanitarian contexts, the pandemic has exacerbated the challenges already impacting communities in need, be it through health risks, the economic fallout, or on human rights and social harmony.

This is especially true for women and girls who, as is the case with most humanitarian crises, continue to bear the brunt of the pandemic. In addition to being at higher risk of contracting the virus due to shouldering a larger portion of frontline response and caretaking responsibilities, women and girls continue to face higher risks of gender-based violence, which have been significantly heightened in light of the pandemic and its consequences. The web of violence besetting them has only expanded; movement restrictions have meant that more women and girls will face even greater difficulties accessing basic sexual and reproductive health services, while those suffering violence at home are no longer able to escape their abusers. Meanwhile, the socioeconomic fallouts have heightened the risks of exploitation and negative coping mechanisms like child and forced marriage. Additionally, as governments shift resources away from development and towards pandemic response, investments in challenging social norms that stifle the rights of women and girls will become even less of a priority, and threatens the progress achieved in past years.

Since the onset of the pandemic, UNFPA has been aware of these risks and challenges, and has made significant changes to its programmes to ensure they are being addressed. UNFPA offices throughout the Arab states region have continued to focus on innovations and alternative solutions that guarantee the continuity of services to those in need, maintaining safe access to health facilities that provide sexual and reproductive health services while tailoring programmes to allow for continued support to survivors of gender-based violence. This document captures some of these efforts, outlining the lessons learned and offering a simple blueprint that can be replicated in other contexts.

Given that this pandemic is unlikely to recede in the near future, it is imperative that the rights and needs of women and girls are continually taken into account in any viable response to the crisis. Our hope is that the initiatives highlighted in this document will help other UNFPA offices and organizations in the region and beyond to deliver more gender-sensitive, inclusive, and impactful responses.



**Luay Shabaneh**  
Regional Director

## Table of contents

1. Continuity of Services and Programme Adaptation	6
2. Policy and Advocacy	14
3. Harnessing Technology	16
4. Supplies and Logistics	18
5. Data and Monitoring	20
6. Partnerships and Coordination	22
7. Overall Lessons Learned / Conclusions	24

## Overview

When COVID-19 was declared a pandemic in March 2020, a series of measures were introduced by various governments throughout the region, including nationwide lockdowns, curfews, and other restrictions on movement. These measures resulted in the inevitable disruption of essential services, including sexual and reproductive health (SRH) and gender-based violence (GBV) services, leading to a lack of access by those in need. These circumstances were further compounded by overriding fears among populations of contracting the virus and thus avoiding service delivery locations altogether.

To respond to these challenges, the United Nations Population Fund (UNFPA) has adopted a number of measures to ensure that those in need continue to receive vital services. This required adapting existing programmes, re-allocating funding, and instating new, innovative approaches to guarantee accessibility without risking the health of clients and providers alike.

This document provides an overview of some of the best practices and lessons learned from countries in humanitarian settings in the Arab States region that have adapted their programmes to COVID-19.





# 1 Continuity of Services and Programme Adaptation

## 1. Continuity of Services and Programme Adaptation

As a result of the COVID-19 pandemic and subsequent movement restrictions, UNFPA has ensured continuity of essential SRH and GBV services through remote service modalities, expanding the services offered through hotlines, and continuing distributions of essential supplies to the most vulnerable women and girls.

Throughout the Arab States region, UNFPA country offices (COs) have reported an increase in domestic violence but an overall decrease in access to SRH and GBV services. This has underscored the importance of ensuring continuity of service delivery throughout the course of this pandemic and the need for innovative approaches to ensure continued accessibility.

While these measures have to varying degrees been successful in reducing the spread of the virus, there was a notable decrease in the number of people accessing SRH and GBV services between February and March-April. In the Whole of Syria, beneficiaries reached with GBV services dropped from 113,782 in February to only 39,543 in April 2020; in Jordan, beneficiaries of GBV services also nearly halved in the same period, from 4,132 to 2,228. For SRH, in Jordan the number of beneficiaries receiving any SRH service decreased from 9,612 in February to 3,408 in April. Though services are rebounding as restrictions ease, some countries are still facing challenges.

Several factors contributed to the decline in service accessibility, including the closure of certain facilities, restrictions on movement (such as curfews and lockdowns), or due to beneficiaries actively avoiding accessing facilities for fears of contracting the virus. These variations have also been largely context-specific, with many countries experiencing an increase in service provision either due to fewer restrictions by governments or overall better epidemiological statuses and most countries experiencing an increase in online services provisions through hotlines.

### RAPID ASSESSMENTS

In an effort to better understand the impact of COVID-19 on the people served, UNFPA conducted a number of rapid assessments, notably in Jordan and Lebanon. Assessment tools were modified to conduct assessments while maintaining ethical and safety protocols during the COVID-19 pandemic. These assessments contributed to improving the SRH and GBV response in the countries and informed policy decisions.



#### JORDAN

##### Adolescent Girls Assessment

In April 2020, the UNFPA Jordan country programme in coordination with Plan International and the Institute for Family Health (IFH) Noor Al Hussein Foundation commissioned a rapid assessment of the COVID-19 situation in Jordan. The overall purpose of this rapid assessment was to measure the impact of COVID-19 on gender-based violence and sexual and reproductive health and rights among adolescent girls (defined as girls ages (10-17) and young women aged (18-24) in Jordan, including persons with disabilities (PwDs)). This report, [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](#) captured the findings that were used to inform the GBV and SRH response.



#### LEBANON

##### Assessment of CMR Clinics

In view of the increased incidence of gender-based violence, UNFPA Lebanon and the Ministry of Public Health (MoPH) conducted a quick assessment of the clinical management of rape (CMR) clinics in Lebanon, looking at variations in service provision related to COVID-19. While all CMR clinics retained their full capacity to deliver CMR services (medical services, forensic evidence, referrals, etc), 30% of the survey respondents perceived that access to CMR services decreased during COVID-19. UNFPA Lebanon anticipated the global shortage of Lopinavir (part of the post-rape treatment kit) and supply chain disruption, and thus procured emergency RH post-rape treatment kits early for the CMR clinics to ensure medium- to long-term capacity in these clinics. The assessment report will be finalized in July 2020.

##### Interagency GBV situational analysis

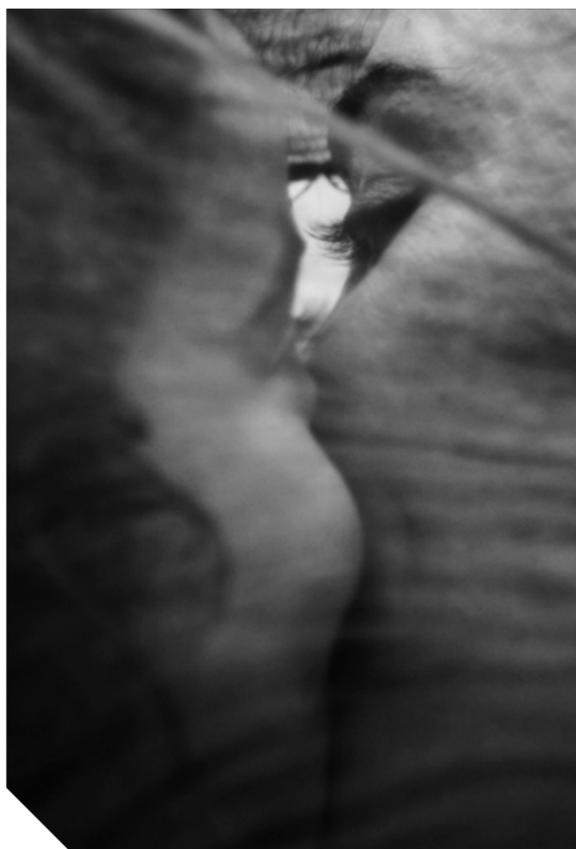
The Interagency SGBV Task Force that is co-led by UNFPA Lebanon conducted an [assessment](#) surveying 562 women and girls across the country, which concluded that up to 54% of respondents have observed an increase of harassment, violence, or abuse against other women and girls in their household or their communities. Of those interviewed, 57% report feeling less safe in their communities, and 44% state they feel less safe in their homes since the start of the COVID-19 pandemic. Other studies by GBV task force partners have found a similar deterioration of feelings of safety and increases in observed harassment, violence, and abuse against women and girls since the outbreak began.

## WOMEN'S AND GIRLS' SAFE SPACES AND HEALTH FACILITIES

UNFPA ensured continuity of services through the provision of personal protective equipment (PPE) and infection prevention and control (IPC) measures where possible. Critical services such as specialized psychological services and shelters continue running, with distancing measures in place, and other measures such as reducing the number of staff and beneficiaries by half in centres. These infection prevention supplies include: hand sanitizers, gloves, masks, spraying disinfectants, and other essential protection supplies.

Meanwhile, measures were kept in place for a phased return of some services. For example, measures were put in place to continue vocation interventions.. These include splitting the training into two shifts rather than one (including both trainees and trainers), renting bigger temporary spaces to ensure physical distancing measures were in place, and other basic protection measures such as hand hygiene.

In Yemen, for example, UNFPA also availed 40 ventilators that were positioned for emergency obstetric care to respond to the pandemic, and another 40 ventilators have arrived in the country. The maternity wards in particular have been disinfected and all nurses and midwives at the hospital were provided with PPE. In total, 200 health facilities were provided with PPE.



## Establishment of hotlines or strengthening hotlines for service delivery

Where possible, services started to be delivered online and hotlines were either established or scaled up to respond to the needs.



### YEMEN

#### Procedures for Telecounseling Girls Assessment

UNFPA Yemen worked with the GBV subcluster to plan and adopt alternative service modalities for essential GBV services. UNFPA and the GBV subcluster adopted the use of hotlines and toll-free numbers as an alternative to in-person services previously provided, such as counseling. [UNFPA Yemen developed standard operating procedures on telecounseling](#) and the concept of telecounseling is now being mainstreamed among all GBV services. The services provided include psychological counseling, psychosocial support services, GBV case management and referral, legal aid consulting, coronavirus awareness, and protection services related to women in prisons. This is amplified by awareness raising through social and mainstream media.

As a result of UNFPA's and the GBV sub cluster's coordination, 18 telephone hotlines are in operation throughout the country to provide telecounseling on a range of protection services for women and girls. In total, more than 368,000 women were reached with GBV information and services from March to June 2020, despite COVID-19 transmission mitigation measures in place.



### JORDAN

#### SRH, Family Planning, and GBV Hotlines

UNFPA Jordan is supporting the Sexual Reproductive Health Sub-Working Group's response plan for initiating a national SRH hotline that promotes access to remote services and information around SRH and services. The impact of remote services and their potential to reduce the risk to women's health and lives is evidence-based, and that should be promoted as part of public health policy. Additionally, hotline services promote women's choice for family planning. This will add to 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. The first phase, an assessment of the medical network for remote service providers, is being conducted through an assigned consultant. In parallel, the procurement of technological infrastructure is being finalized. The national service is planned to be launched in late September 2020.

## UNFPA ensured continuity of services through the provision of personal protective equipment (PPE) and infection prevention and control (IPC) measures where possible.

In Jordan, Women's and Girls' Safe Spaces closed at the start of the lockdown, and the service delivery transitioned to online and hotline support. UNFPA partners and members of the SGBV Working Group (WG) activated new hotlines to complement and expand access beyond the hotlines existing prior to the crisis, and a dissemination plan was developed to reach beneficiaries with information on where to seek help. UNFPA collaborated on these interventions with the Family Protection Department. The GBV Information Management System (IMS) produced a short data trend analysis to review trends to better inform adaptation of programming. In the second half of March 2020 as lockdown measures started, the [GBV incidents reported to GBV IMS](#) dropped significantly by 68%, as analyzed in the first issue of this series. [In April](#), a 9.5% drop in incidents was reported, though this is slowly reversing.



### LEBANON

#### A New Hotline for Family Planning

In collaboration with the Lebanese Order of Midwives (LOM), UNFPA supported the establishment of a network of midwives at the primary and secondary healthcare levels to monitor, report cases, and provide necessary care and support to COVID-19 infected pregnant women. Furthermore, under this coordination effort, a hotline for guidance on family planning (FP) has been established with LOM to support beneficiaries in information and referral related to FP services; other SRH issues have also been addressed as needed. The hotline number was disseminated through different sectors and agencies as well through communication material (posters, [flyers](#), [social media posts](#), and video).



### PALESTINE

#### Increased service provision through hotlines

Following the outbreak and restriction measures in Palestine, more than 15 West Bank and nine Gaza organizations specializing in GBV shifted to remote operations, several of whom are supported by UNFPA and the UNFPA-led GBV subcluster. Emergency GBV services, counseling, and referrals are provided through hotlines and online chat groups through these agencies; additionally, hotlines have provided information on COVID-19 to callers concerned about the virus spread,

and helping with risk mitigation. UNFPA and partners have worked to raise awareness about these services via television, radio, and social media.

By the end of April, these groups had reached more than 3,000 women and girls in Gaza and more than 3,000 women, girls, boys, and men in the West Bank. This represents a 20% increase since 15 March. GBV partners have also distributed food parcels; dignity kits, including hygiene items such as soap and sanitary napkins; and information about how to receive further support and protection to at-risk families and survivors of violence, including those in quarantine. Vulnerable women and families have been given contact information for lawyers and social and health workers, including psychologists, who can provide mental health and psychosocial support, legal aid, and case management.



### LIBYA

#### Psychosocial Support Hotline

In coordination with the Ministry of Social Affairs (MoSA) and local partners, UNFPA established the first national PSS Hotline in December 2019 to provide immediate support to GBV survivors and other vulnerable groups. The hotline was designed to enhance access and demand for services and raise awareness, while it was also meant to enhance the capacity of service providers through applying the international standards of do no harm.

At the start of the COVID-19 pandemic, hotline services were expanded to include PSS to individuals calling for help due to pandemic panic. UNFPA with its partners included the National Center for Disease Control (NCDC) hotline to the UNFPA GBV hotline as part of the referral pathway for the COVID-19 related calls. The referral system was further activated and strengthened in Tripoli, Benghazi, and Sabha cities through regular meetings with civil society and NGO focal points.

In the month of April 2020 only, a total of 682 phone calls were received related to emotional, domestic, and physical abuse issues, as well as COVID-19. Of these, 385 phone calls were addressed through provision of psychosocial support and legal consultations, counselling services, and referrals to medical services and food assistance, while the remaining 297

were incomplete due to poor telecommunications infrastructure, conflict, lack of coverage, electricity cuts, and disrupted calls; this remains a challenge for hotline access. The first months of the pandemic saw a notable increase in the number of incoming calls to the hotline, including 33% from men, which was attributed to outreach communications and messaging about the hotline on various media platforms, as well as people having more time during the lockdown to seek PSS. A case study analysis on GBV trends during the pandemic will be completed in July 2020.



### TURKEY CROSS-BORDER, WHOLE OF SYRIA

#### Using Telemedicine to Overcome Access Challenges

In Northwest Syria (NWS), the COVID-19 outbreak has systematized the use of “telemedicine” as a way to decrease physical attendance at health facilities to ensure continued access to SRH services for beneficiaries who cannot physically reach health facilities. Midwives and gynaecologists have been trained on delivering virtual consultations in light of the COVID-19 pandemic and are on call to ensure service availability, including for antenatal care, postnatal care, family planning, and others. The telemedicine system is combined with pre-existing mobile teams delivering medication to patients, if and as required. UNFPA is contributing to promoting and structuring these SRH teleservices that will contribute to overcoming the barriers linked to transportation and movements, which are a concern in the region. Lastly, UNFPA has also assigned a designated midwife at the facility to cater to women who miss their appointments due to lockdowns or other movement restrictions.

### Awareness Raising of Services / Adaptation of Referral Pathways



### LEBANON

#### Developing COVID-19 Education Materials

Following the request of several reproductive health actors in Lebanon for information, communication, and education (IEC) materials on COVID-19 and SRH, UNFPA, as the RH sector working group lead, worked with the MoPH, WHO, UNICEF, and the Lebanese Red Cross to develop unified IEC messages on RH and COVID-19. UNFPA then collaborated with these stakeholders on the production and dissemination of the developed materials.

This uniform set of messages was developed and disseminated at the national level and through key actors. These IEC materials, endorsed by national stakeholders, included posters, flyers, and videos on RH and COVID-19. Social media platforms of various actors (MoPH, UNFPA, UNICEF, WHO, Lebanese Society of Obstetrics and Gynaecologists (LSOG), the LOM, and

others) posted the same messages and materials, which enhanced the credibility of the information provided and avoided duplication.



### JORDAN

#### Increased Use of Social Media and Reaching Out to Persons with Disabilities

In order to expand awareness to persons with disabilities, UNFPA Jordan developed a sign language video in April on what to do if one experiences domestic violence. Moreover, as part of the national COVID-19 working group on risk communication and community engagement, UNFPA Jordan championed the inclusion of selected messages in the nationwide «Elak o Feed» campaign in joint efforts with key partners in the Government of Jordan and UN agencies (UNICEF, WHO, Ministry of Health (MoH), Royal Health Awareness Society, and the National Council for Family Affairs). The messages were further adapted by national actors and covered risks of increased family tensions and domestic violence, as well as which are hotlines available to seek help. The messages will be adapted and used in all primary healthcare facilities for a GBV campaign in collaboration with the Ministry of Health. The campaign currently relies on social media outlets, including Facebook, Instagram, Twitter, and WhatsApp groups, of partner institutions, in addition to placing all the publications and campaign information on the official MoH COVID-19 website. The campaign works in cooperation with various media outlets to contribute to broadcasting the campaign's messages through radio and television.



### SYRIA

#### COVID-19 Media Campaigns

Contributing to the COVID-19 operational response plan, UNFPA has engaged key line ministries such as Ministry of Health (MoH) and Ministry of Information (Mol) to jointly develop media campaigns to raise awareness on COVID-19 and reproductive health services. UNFPA has prepared and published posters, flyers, and short videos to raise awareness on COVID-19 prevention measures, especially for pregnant and lactating women. Short videos ([here](#) and [here](#)) were produced by young people and posted on Facebook in order to raise awareness on COVID-19 preventive measures and on activities that young people can participate in during self-quarantine.



### YEMEN

#### Messages Target Persons with Disabilities

A video on protection measures for pregnant and breastfeeding women with disabilities in Arabic was developed by the country office and reached over 40,000 people via social media channels.



“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



### SUDAN

#### Extension of Community-Based Referral Mechanisms

In order to ensure that GBV services were available to all survivors, UNFPA Sudan supported community-based referral mechanisms, which were working 24/7 in Khartoum and North Darfur states, and are being extended to three more states in the country. Additionally, mobile phones and SIM cards were procured for active members of community-based protection networks and social workers to facilitate the referral of GBV cases to needed services.

### Capacity building/ New COVID-19 guidelines



### LIBYA

#### Capacity Building to Address COVID-19 and for Staff Retention

Knowing<sup>1</sup> the fears of healthcare providers regarding COVID-19 and identifying key health facilities, including the main referral hospitals of Al-Jala and Al-Khadra along with four primary healthcare (PHC) facilities,

led UNFPA Libya and partners to prioritize addressing health worker concerns, retaining health workers, and ensuring that essential health and referral services remained available to avoid adverse outcomes for non-COVID-19 patients. UNFPA oriented and trained frontline healthcare providers, including OBGYNs, midwives, and nurses in health facilities where services were suspended due to lack of trained staff, delays in salary provision, and lack of PPE and essential RH kits. Two training packages were developed to address COVID-19 service delivery concerns, one on COVID-19 case management and the other including SRH and basic emergency obstetric and neonatal care (BEmONC) essential service package modules.



### WHOLE OF SYRIA

#### A Guidance Note on GBV Service Provision

The Regional Syria Response Hub compiled a [Guidance note on GBV service provision during COVID-19](#), which is available in both English and Arabic, through coordination with the Syria, Northeast Syria, and Turkey Cross-Border hubs. This document aims to provide practical guidance to support frontline GBV service providers to ensure timely, dignified, and safe GBV service provision during the COVID-19 pandemic.

1. According to recent health sector reviews, 25% of primary healthcare facilities were closed due to conflict, salary payment delays, and the fear of COVID-19; the remaining 75% of healthcare facilities do not provide all components of essential Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services. Services are only available in few referral hospitals at tertiary levels.



## TURKEY CROSS-BORDER, WHOLE OF SYRIA

### Contextualized Guidance on GBV Programming

The Turkey Cross-Border response also developed a contextualized [guidance note](#), a living document that has been revised and updated with best practices in implementing GBV programming during the COVID-19 outbreak and key messages on GBV and social inclusion related to COVID-19.



## LEBANON

### COVID-19 and Pregnancy Guidelines and Training

The National Task Force on Pregnancy and COVID-19, established and co-led by UNFPA in Lebanon in the early stages of the pandemic, created and produced [guidelines for inpatients and outpatients on pregnancy and childbirth services during COVID-19](#) in English, Arabic, and French to ensure uniform health practices (both in the public and private sectors) related to the outbreak. The guidelines will be amended as and when new information and findings related to the virus are available.

Within one month after issuing national clinical guidelines on COVID-19 and pregnancy, more than 1,200 healthcare providers received training on

COVID-19 and pregnancy, which provided them with necessary information to deal with suspected and infected COVID-19 cases. Training sessions raised awareness on the virus, transmission, infection prevention, and its impacts on pregnancy. As a result, 95% of trained providers reported feeling more confident to care for patients with COVID-19.



## JORDAN

### Guidance Note and Online Training Series

The SGBV WG in Jordan developed a [Guidance note](#) on GBV service provision during COVID-19 which includes a section on GBV messages. These messages were designed in consultation with members of the working group and tested with beneficiaries. The messages have been disseminated by a number of working group members, including local women organizations, through WhatsApp groups, social media, and along with the distribution of dignity kits.

To improve the quality of remote GBV case management and support partners, the GBV IMS taskforce, chaired by UNFPA and UNHCR, organized three webinars for the six organizations of the task force. The webinars focused on the following topics by request of member organizations: adapting GBV case management; safety plans during COVID-19; supervision; and taking a crisis call.



“The world is not kind to girls. We always feel like we’re doing something wrong, even when we are trying our best to be good and pursue our dreams.”

— MAYA, a survivor of domestic violence living in Domiz 1 camp, Iraq



girls’ networks. In addition to the webinars, one-page guidance notes on the training topics have been developed and will be disseminated to each of the training participants via their mobile phones.



## YEMEN

### Guidelines on Provision of Reproductive Health under COVID-19

UNFPA Yemen, in coordination with the Ministry of Public Health and Population, UN agencies, and national partners, developed a [national training guideline](#) for reproductive health service providers on RH service provision while ensuring the prevention and mitigation of COVID-19. The guidelines also include preventing sexual exploitation and abuse (PSEA) awareness. A key aim of the manual is to ensure the continuity of RH service provision during the pandemic. Multiple trainings were conducted (virtual and face-to-face) for reproductive health workers across the country, including for 164 community and home-based and midwives in health facilities.



## SUDAN

### Training for SRH and GBV Services

In Sudan, lack of personal protective equipment and other supplies reduced the number of active healthcare providers in the early stages of the pandemic. In response, to ensure that SRH services were available, UNFPA worked with the Sudan Ministry of Health in conducting infection prevention and control trainings for healthcare workers at EmONC facilities; establishing more integrated mobile clinical teams to provide SRH services to women at high risk of obstetrical complications and GBV survivors, as well as family planning services; distributing emergency RH kits and PPE to facilities to ensure they have the necessary lifesaving medications, PPE, and equipment to deliver comprehensive SHR care and necessary IPC supplies; and referring pregnant women to care including through expanded community-based mechanisms. UNFPA also supported training on GBV case management, PSS, and referral services for social workers and GBV focal points in collaboration with the MoH and Combatting Violence Against Women (CVAW).



## SYRIA

### Online Training Series

UNFPA Syria initiated five online GBV webinar modules targeting GBV case managers on remote GBV service delivery, remote GBV case management, and psychosocial support. A total of 40 case managers have participated in the first four webinars covering topics such as: remote GBV service delivery during COVID-19, remote GBV case management, remote safety planning for Intimate Partner Violence survivors, GBV messaging, and enhancing and mobilizing remote women’s and

*To improve the quality of remote GBV case management and support partners, the GBV IMS taskforce, chaired by UNFPA and UNHCR, organized three webinars for the six organizations of the task force.*

## 2 Policy and Advocacy



### 2. Policy and Advocacy



#### LEBANON

##### Gender Alerts

UNFPA Lebanon, UN Women, the National Commission for Lebanese Women (NCLW), and WHO partnered to provide periodic Lebanon-specific gender and COVID-19 alerts as a result of the increased number of GBV cases reported. These updates aim to provide observations on gender issues in the country context; compile available secondary data into one reference point; consolidate guidance and programmatic tools related to gender issues; and offer recommendations to support a more gender equitable response.

The Gender Alerts (GA) are disseminated widely among the different actors in Lebanon and through the media. Media actors showed specific interest in the Gender Alerts and built on their findings to advocate on GBV through covering GBV stories.

The [first issue of the gender alert](#) focused on access to justice and GBV in Lebanon during the COVID-19 pandemic. The [second issue of the gender alert](#) focused on women, gender equality, and the economy in Lebanon. The third issue also focused on access to justice and gender-based violence. The latest alert addressed [women, gender equality and health](#).



#### JORDAN

##### Sexual and Reproductive Health and Rights (SRHR) Policy Brief

UNFPA Jordan produced a policy brief, [COVID-19 SRHR in Times of Crisis](#), which presents initial analysis of the impact of COVID-19 and the resulting lockdown measures had on women and girls in Jordan, with a focus on SRHR and the increased risks of GBV. The paper also outlines a set of recommendations for key decision-makers.



#### THE REGIONAL SYRIA RESPONSE HUB

##### Donor Advocacy and Media Symposium

The [Donor Advocacy Brief on the Criticality of GBV Services during COVID-19](#) was produced by the UNFPA Regional Syria Response Hub to highlight the need for donors to continue to fund comprehensive and specialized GBV programmes. Recommendations that may help donors deliver more holistic, informed, and far-reaching services amid these exceptional circumstances are also provided.

The Regional Syria Response Hub's Regional Media

Programme focuses on helping journalists deliver more professional coverage of GBV issues through consultations and capacity building. Taking this programme online, a [Regional Media Symposium](#) consultation was held in June and live-streamed via [Facebook](#). The symposium was approached as a pilot initiative that provides a model for other countries in the region to emulate by hosting more localized journalist consultations and training webinars. The event brought together a panel of experts in humanitarian response and journalism to provide a cohesive set of guidelines for reporters region-wide. Topics covered included the principles of survivor-centered reporting, innovative approaches to covering GBV during COVID-19, and essential resources for self-improvement. The model, which leverages technologies that are readily available for free or at low cost (teleconferencing and live streaming), is easy to replicate and offers a significant return on investment in terms of reach and impact.



In addition, the Hub has also produced a [companion guide](#) to complement the second edition of the [Journalist's Handbook](#) — a comprehensive guidebook on how journalists should report on GBV — to offer journalists essential insights on how to address the subject during the pandemic.

The COVID-19 pandemic changed operational and service delivery contexts rapidly throughout the regional Syria response countries. In order to keep regional donors and stakeholders updated on the contexts of programme adaptation to the pandemic, COVID-19-specific donor updates were produced in [March](#) and [June 2020](#).

The Regional Syria Response Hub also conducted an analysis of the way SRH and GBV services have evolved over the last three years and to gather lessons learned. A specific COVID-19 section was included in the analysis.

# 3 Harnessing Technology

## 3. Harnessing Technology



### PALESTINE

#### Youth Hackathon

Gaza Sky Geeks (a joint effort of Mercy Corps and Google for Startups), in partnership with the World Health Organization, UNICEF, UNFPA, the Ministry of Empowerment and Entrepreneurship, and other corporate and government partners, conducted the first virtual hackathon in Palestine, bringing together Gaza, the West Bank, people from different backgrounds, and the global and local tech communities. The Hackathon was inspired by the global #HacktheCrisis movement to generate solutions and to respond to the pandemic. Tens of thousands of people have joined forces online to solve problems in health, education, and business, and have already created some amazing solutions, making a real impact in people's lives. More than 700 persons participated, split into 130 teams that developed solutions for various sectors including health, education, and agriculture.



### JORDAN

#### Amaali GBV Referral Application

In Jordan, the Amaali App is a user-friendly tool established and supported by the SGBV Working Group. The app is open to beneficiaries and both specialized and non-specialized GBV service providers, and aims to raise awareness and make self-referral and updated referral pathways accessible in a screen touch. Since the change in service delivery modalities in the early stages of the outbreak, the SGBV WG added a COVID-19

section to the app containing all the hotlines available during quarantine. Given the demonstrated increased violence, challenges, and risks related to remote counseling support via calls, UNFPA, UNHCR, and partners decided to add two features to the app in order to improve and secure its use. The first addition will be an option to get emergency help with one press to cover critical situations, and the second addition will be an option to reach and receive support from a counselor by texting; these additions will be ready later in 2020. It is expected that the expansion of the app will continue benefiting the response after the COVID-19 crisis.



### IRAQ

#### Youth Strategy Launch

UNFPA Iraq supported a national adolescent and youth survey in 2019 with Iraq and Kurdistan regional governments and ministries, the results of which were scheduled to launch in March 2020. Because of the COVID-19 pandemic and resulting lockdowns, movement restrictions, and social distancing requirements, UNFPA Iraq organised a web-based launch of the survey results on 3 May 2020. The web launch was well-received by government and development partners, resulting in additional invitations to UNFPA to conduct webinars on the survey despite the COVID-19 situation. UNFPA Iraq has observed that government counterparts are now more inclined to use online fora, and they aim to conduct a complementary online qualitative adolescent and youth survey later in 2020 instead of postponing this activity due to the pandemic.



“After the lockdown was announced, I honestly did not know if I would survive till the end. I was not afraid of the virus; I was afraid of being locked in with the men of my family and to endure the same abuse without the chance of escape.

— JANA, an adolescent girl living in Jordan



# 4 Supplies and Logistics

## 4. Supplies and Logistics

With lockdowns and the resulting economic downturn, women and girls had limited ability to leave their homes or to procure basic hygiene materials. UNFPA has adapted dignity kits to meet new demands and also adapted the way dignity distributions are carried out.



### LIBYA

#### Safe Dignity Kit Distribution

UNFPA Libya has ensured that regular distributions of dignity kits take place at the WGSSs for women and girls, taking into consideration COVID-19 distancing and movement restriction measures. Hygiene items have been distributed to women and girls at IDPs camps, as well as migrants and refugees visiting the polyclinics to which they have gone for services during the pandemic.



### TURKEY CROSS-BORDER, WHOLE OF SYRIA

#### SOPs for Safe Distribution

UNFPA's main IP for dignity kit distribution developed a [Standard Operating Procedure](#) for safe distribution based on guidance provided by the Non-Food Item (NFI)/Shelter Cluster, which in turn was in compliance with WHO instructions. All distributing IPs conducted awareness sessions to inform beneficiaries about distancing measures and COVID-19 IPC. UNFPA shared the SOP with its third party monitoring partner in order to effectively ensure that IPC measures were adequately being implemented by UNFPA's IPs and other distributing partners. UNFPA has also adapted its third-party monitoring tools to ensure that all relevant COVID-19 response guidelines are being thoroughly implemented across supported health facilities and safe spaces. UNFPA has also adapted all dignity kits to include items that are deemed essential within the COVID-19 context based on continually updated needs assessments.



### LEBANON

#### Dignity Kit Distribution and PSEA

UNFPA's [Guidelines on Safe Distributions for Reducing Protection Risks in In-Kind Distributions](#) provide guidance on how partners can mainstream protection, specifically GBV and preventing sexual exploitation and abuse (PSEA), into in-kind distributions during the COVID-19 pandemic. The development was led by UNFPA and extensively reviewed by the SEA Task Force members, protection actors, and WHO to ensure alignment with COVID-19 guidelines under UNFPA's leadership. The guidelines were shared with distribution actors in order to help them reduce and

mitigate protection risks to individuals and communities when conducting distributions, safeguarding the health, security, privacy, and dignity of beneficiaries, specifically women and girls.

Within two months of the lockdown, UNFPA and partners were able to safely and effectively distribute critical hygiene supplies to nearly 30,000 women and girls, despite lockdown measures, movement restrictions, and social distancing requirements, thanks to prior identification of vendors and timely coordination with distribution partners.



### YEMEN

#### Using the Rapid Response Mechanism to Respond to COVID-19

The UN Rapid Response Mechanism (RRM), led by UNFPA since October 2018, distributes immediate, critical, lifesaving emergency supplies within 48 to 72 hours to families who are newly displaced, on the move, in hard-to-reach areas, stranded close to the front lines, or returnees. A kit includes food provided by WFP; basic family hygiene kits by UNICEF; and female dignity kits provided by UNFPA. UNFPA was called upon to be one of the first responders across the humanitarian system to respond to COVID-19, including to quarantine centers established by the de facto government. The RRM teams, already trained in protection and GBV mainstreaming, identified the most vulnerable women, girls, and other people of concern, who were then referred to relevant services. The RRM continues to respond to those newly displaced by the on-going conflict, while applying distancing and other protection measures in place for COVID-19. Over 10,000 people in quarantine received rapid response kits in March and April 2020. The RRM teams were able to refer vulnerable women and girls to health and GBV services, and raised awareness on COVID-19 protection measures during the distribution of kits.

#### Examples of Dignity Kit content adapted to COVID-19:

Menstrual Pads	Female underwear for women and girls
Baby-safe antibacterial wipes	Tooth Paste
Comb	Tooth Brush
Hijab	Hand Sanitizer
Soap	Deodorant Stick
Soap Box	Solar Torch
Bleach Cloar	Washing Powder
Spray Surface Sanitizer	Leaflets on Information on GBV and SRH services available in the camp
Shampoo	Mobile credit for SIM card
Bath Towel	

# 5 Data and Monitoring

## 5. Data and Monitoring

While monitoring and evaluation has become harder during the COVID-19 pandemic, with lockdown, quarantines, and other IPC measures such as social distancing, UNFPA continues to be committed to trying to improve our programmes.



### THE REGIONAL SYRIA RESPONSE HUB

#### Impact Assessment

The Regional Impact Assessment has begun and will cover Iraq, Jordan, Lebanon, Syria, and Turkey. The assessment aims to determine the impact that UNFPA services have had on the well-being of the women, men, girls, and boys that access these services. The methodology has been adapted to the COVID-19 pandemic.



At the sessions, they offer us the chance to discuss these subjects openly, and this creates an environment where we are encouraged to be honest with one another.

— RANWA, an adolescent girl from Palmyra, Syria

The SHDS also looked at health-seeking behavior, including how many people seek healthcare from public and private facilities when they are ill.



### SOMALIA

#### Leveraging data to save lives

The recently-completed Somali Health and Demographic Survey (SHDS) was used by UNFPA Somalia and partners to identify vulnerable populations, health knowledge, and health-seeking behaviours to coordinate its COVID-19 response strategy. The survey, which gathered information from 2018 to early 2020, is helping the government and partners to target

interventions to vulnerable groups of Somalis to focus advocacy and awareness raising to these groups, and ensure that resources make it to the most in-need populations. The SHDS also looked at health-seeking behaviour, including how many people seek healthcare from public and private facilities when they are ill. Moreover, UNFPA sought to maximise the utility of this data by building on its technical expertise to pioneer the Geographic Information Systems (GIS) initiative, which aims to provide crucial and visualised data that further aids the response. The GIS initiative leverages information gathered during the SHDS 2020 to deliver geo-referenced data that can be used to predict responses by household members who may contract COVID-19, thus informing the pandemic response. The information also includes population density maps that identify communities facing increased risks to COVID-19 infection, such as demographic distribution, the presence of public gathering spaces like congested marketplaces, healthcare centres, and places of worship, all of which can provide response teams with valuable insights that allow for better planning and resource allocation.



Equipped with the right information, Somali policymakers and stakeholders can design strategies to raise awareness within Somali communities, protect the most vulnerable members of society, and make timely decisions to prevent further spread of the virus.



# 6 Partnerships and Coordination

## 6. Partnerships and Coordination



### LEBANON

#### Adapting Coordination Mechanisms to the Needs

In line with UNFPA's mandate in promoting SRH services and rights; building the national capacities to better respond to SRH needs; and supporting the provision of SRH services and information to women, men, girls, and boys, UNFPA Lebanon partnered and collaborated with various UN agencies, governmental and professional entities, and NGOs to respond to SRH in the context of COVID-19. These partnerships resulted in new coordination structures including: (a) the establishment of the National Taskforce for Pregnancy and COVID-19 that developed clinical guidelines on COVID-19 and pregnancy; (b) capacity development of health care providers and outreach workers on COVID-19 and pregnancy at the national level; and (c) enhanced awareness and sensitization on RH and COVID-19 through the development and dissemination of related IEC material.

Working at both the management and field levels, coordination has enabled monitoring of activities and programming adjustments as necessary. For example, any case of pregnant women suspected or diagnosed with COVID-19 was promptly reported to UNFPA. Moreover, variation in provision of RH services was reported to UNFPA and MoPH through the RH SWG, which enabled prompt action on essential and time-sensitive matters, such as a shortage of condoms in centres; quick reporting referred this issue to the MoPH for their quick action to ensure crucial supplies were available and accessible.



### TURKEY CROSS-BORDER

#### GBV Subcluster COVID-19 Task Force

The GBV Subcluster created a dedicated task force to support GBV SC members in adapting prevention, risk mitigation, and response programmes to the COVID-19 emergency and to bridge capacity gaps identified by the members and the coordination team. The [terms of reference \(ToR\)](#), include objectives to coordinate effectively in an integrated GBV response, identify potential challenges and suggesting contextually-relevant solutions, build capacity of GBV subcluster members, and update and adapt guidelines continually to the context.



### THE REGIONAL SYRIA RESPONSE HUB (THE HUB) AND SYRIA

#### Preparatory Phase for a Changing Social Norms Pilot Intervention

In December 2019, the Regional Syria Response Hub organized a workshop in Amman, Jordan to develop a WoS Theory of Change (ToC) on GBV Prevention. This resulted in UNFPA deciding to pilot a social norms intervention to change harmful norms that are drivers of GBV in Syria. The pilot project will begin in Aleppo governorate through the UNFPA Syria office. Social norms intervention are by definition long-term programmes, and the Regional Syria Response Hub and Syria country office were in the early stages of the pilot's preparatory phase when the COVID-19 crisis started. As in-person workshops were not possible, the Hub, through the support of an external consultant, organized eight online three-hour consultations, with the aim of developing: a nested ToC for the Aleppo pilot; an M&E and formative research framework; and a process mapping based on a pre-selected intervention model. The consultations, happening approximately every two weeks over a two and a half month period, engaged UNFPA staff in a process that successfully completed the objectives to commence the pilot. The excellent facilitation and the spacing of the online consultation allowed the group to overcome the challenges of not being together in person and provided the needed time for people to consider what was discussed during the consultation and to provide comments in writing to the documents.



### SYRIA

#### Understanding the socioeconomics of COVID-19

Given the mounting socioeconomic impacts of the pandemic, which threatens to expose significant swathes of the Syrian population to extreme poverty and food shortages, UNFPA partnered with UNICEF, WFP, FAO, and UNDP to conduct a socioeconomic impact assessment throughout the country. The assessment analysed the potential impact on poor and vulnerable households and the response and recovery measures needed to support those groups. UNFPA also ensured that gender mainstreaming was incorporated into the research process, identifying sexual and reproductive health needs and gender-based violence risks, particularly the risks faced by women and girls as a direct result of the socioeconomic dynamics of the crisis.

# 7 Overall Lessons Learned / Conclusions

## 7. Overall Lessons Learned / Conclusions



**The flexibility of donors and operational support** from UNFPA has ensured the rapid scale up of training and procurement of PPE for targeted health facilities.



**Strong partnerships** pre COVID-19 have proven significantly conducive to a rapid response.



**Supporting governments and local organisations** to move services online has been conducive to increased service delivery.



**The change in service delivery modalities offers opportunities** for future programming to extend the reach of essential, lifesaving interventions. Several country offices intend to continue offering, and potentially even further expanding, remote service modalities even as movement restrictions are lifted.



**For me, the thing I valued most in the safe space were the friendships I've formed. The people I've met here became more than my family.**

— *MARAM, a Syrian refugee from Aleppo*

## COVID-19

UNFPA BEST PRACTICES AND LESSONS  
LEARNED IN HUMANITARIAN OPERATIONS  
IN THE ARAB REGION

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