



Mobilising for COVID-19 response @UNFPA Ukraine

UNFPA Global COVID-19 Situation Report No. 3



Reporting Period: 1- 30 June 2020

Situation in Numbers





-  **11,669,259** Confirmed COVID-19 Cases
-  **539,906** COVID-19 Deaths

Source: WHO 8 July 2020

Global Highlights

- UNFPA is making a difference in the COVID-19 response by focusing on the continuity of sexual and reproductive health (SRH) services and gender-based violence (GBV) prevention and response, risk communication and community engagement, and provision of lifesaving supplies including modern contraceptives, maternal health drugs and supplies, personal protective equipment (PPE).
- As part of the UN Global Humanitarian Response Plan (GHRP), UNFPA has reached over 5 million women with SRH services in 34 countries, 1.3 million adolescents and youth aged 10-24 with SRH information and services, and delivered more than 1 million surgical masks to 18 countries. In addition, 82 percent of countries that requested core commodities to implement SRH services received them. About 72 percent of supplies that arrived were distributed to implementing partners between 1 March and 30 June 2020.
- GBV services in targeted geographic areas have decreased overall during COVID-19. Of 820 targeted areas across 40 GHRP reporting countries, minimum GBV response services were available in 625 areas pre-COVID and in 576 areas in June. While this progress is promising, UNFPA is concerned about the limited or lack of services in some geographic areas.
- UNFPA assessed continuity of maternal health services by examining births in health facilities (in GHRP countries). Comparing the number of institutional births between March and June 2020 to a baseline in 2018 and 2019, 20 of 26 countries saw declines, ranging from less than 10 percent to as high as 60 percent in health facilities. These results may indicate disruptions in continuity of essential SRH care, with serious potential implications on maternal and newborn health.
- UNFPA continues to develop a [body of technical briefs](#) to guide the work on ground, in the context of the [WHO global strategic preparedness and response plan](#), [COVID-19 Global Humanitarian Response Plan](#), [UNFPA COVID-19 Global Response Plan](#) and socio-economic support frameworks.

Key Population Groups

-  **97 M** Pregnant Women
-  **1.6 B** Women of Reproductive Age
-  **1.6 B** Young People (age 10-24)
-  **483 M** Older Persons (age 65+)

Global Funding Status (US\$)*

Category	Amount (US\$)
Funds Allocated	161 M
Funding Gap	209 M
Funding Required	370 M

* As of 30 June 2020

Leadership, Coordination and Partnership

At country, regional and global levels, UNFPA is coordinating efforts to reduce the spread and negative impacts of COVID-19, working with governments, other UN agencies, NGO and private sector partners. UNFPA is leading efforts through 150 country offices, six regional offices, liaison offices and New York headquarters.

- **At the global level**, the UNFPA Executive Director participates in the Inter-Agency Standing Committee (IASC) Principals meetings coordinating the IASC collective's COVID-19 response. UNFPA's Executive Director also participates in meetings of the Secretary-General's Executive Committee for high-level decision making in the overall COVID-19 response. UNFPA participates at the Deputy Executive Director level in the **UNSDG Task Team on the implementation of the UN framework for the immediate socio-economic response to COVID-19**. The task team had its first meeting on 26 June. In addition, the Director of the Humanitarian Office participates in the IASC Emergency Directors Group. Furthermore, UNFPA's Humanitarian Office is fully engaged participating in the IASC Operational Policy and Advocacy Group (OPAG) and related Reference Groups meetings.
- **UNFPA collaborates with the Executive Office of the UN Secretary-General** on an ongoing basis to develop Secretary-General reports and briefs on COVID-19 in areas such as gender, human rights, people on the move, children, older persons and mental health, with participation of field staff. UNFPA co-authored the health pillar of the UN framework for the immediate socio-economic response to COVID-19, and provided contributions to the other pillars of social protection and basic services, economic recovery, and multilateral collaboration.
- **UNFPA is a member of the WHO-led UN Crisis Management Team** that provides strategic leadership on the health response, and is a member of the COVID-19 Supply Chain Task Force (WHO, WFP, UNICEF, UNOPS, UNDP, UNFPA, UNHCR). The Task Force provides strategic direction to ensure that the most critical gaps in supplies are identified and met in a timely fashion. UNFPA is one of 13 UN agencies and NGOs for which UNICEF leads global tender for procurement of personal protective equipment – masks, gloves, gowns and others – to cover the forecasted PPE needs for the COVID-19 response. Efforts continue to procure hard-to-obtain products. UNFPA supports the UN global initiative, [Verified](#), to combat misinformation amid the COVID-19 pandemic.
- **UNFPA works within international humanitarian and development systems** to ensure that the needs of women, girls and young people are included in COVID-19 guidance, response plans and country-level implementation. UNFPA's work contributes to prevention and control of the pandemic to ensure the continuity of essential services for women, young people and vulnerable populations such as older persons, persons with disabilities, LGBTQI, ethnic minorities including Afro-descendants and indigenous people in COVID-19 affected areas. UNFPA also works to protect frontline health and social workers, 70 per cent of whom are women that need PPE.
- **At the regional and country levels**, UNFPA participates in the WHO Regional Crisis Management Group and various coordination mechanisms, including the UN Country Team and Humanitarian Coordination Team, and supports the respective national COVID-19 Preparedness and Response Plans ensuring integration of SRH and GBV concerns, and mitigation of social and economic impacts, including protection from GBV and prevention of sexual exploitation and abuse. UNFPA country offices have been spearheading various COVID-19 impact assessments on SRH and increased risk of GBV among women and girls, including those most vulnerable such as persons with disabilities, older persons, refugees, internally displaced persons and migrants.
- **UNFPA leads the GBV sub-cluster coordination in 43 humanitarian settings**, under the global protection cluster, and leads many SRH sub-working groups in the context of the health cluster. UNFPA offices are coordinating the procurement and logistics of humanitarian relief supplies as they relate to UNFPA's mandate and COVID-19 response. UNFPA supports COVID-19 Humanitarian Operation Cells, or similar mechanisms, to address service delivery constraints and advocate for physical access.

Gender-Based Violence Coordination

UNFPA currently leads GBV coordination in 43 countries covered by the Global Humanitarian Response Plan, working with partners to ensure life-saving care and support to GBV survivors. UNFPA leads the GBV Area of Responsibility (GBV AoR) under the UNHCR-led Protection Cluster. In addition to mapping and provision of life-saving services, UNFPA and partners are working with women-led organization, NGOs and a wide range of local partners through different initiatives, including cash and voucher assistance, to mitigate the impacts of COVID-19 on women and girls in both ongoing humanitarian crises and countries where basic SRH services delivery infrastructure is severely affected by the devastating impacts of COVID-19.

At the global level, the GBV AoR helpdesk has continued support to GBV practitioners in the field in developing briefs, research and guidance, not only on adapting GBV responses to COVID-19 but also addressing other challenges and specific themes relevant to GBV prevention and response. The latest products developed by GBV AoR helpdesk include:

- [Handling GBVIMS Data Sharing Requests from External Actors](#)
- [Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Frontline Services and Workers](#)
- [Mapping of Financing Opportunities in the Europe and Central Asia Region for Gender-based Violence Programs Responding to Needs of Migrant and Refugee Women and Girls](#)
- [Ethics in Researching Gender-based Violence in Humanitarian Settings: Reflections from the Field](#)
- [Review of Available Evidence and Conditions Necessary for Screening for GBV in Antenatal Healthcare Settings](#)

More resources from GBV AoR helpdesk can be found [here](#).

Sexual and Reproductive Health

To ensure continuity of sexual and reproductive health and maternal health services and protection of health workers, the UNFPA Maternal and Newborn Health Thematic Fund has supported regional and country offices in re-programming their resources to identify and address challenges imposed by the COVID 19 crisis.

This includes working with partners to ensure that the **emergency obstetrics and newborn care networks** remain fully equipped, functional and operational and that maternity care providers, particularly midwives, have full access to PPE, sanitation and a safe and respectful working environment.

Technical guidance for facility-based maternity services during COVID-19, including infection prevention, has been disseminated across all regions. In addition, in collaboration with the Asia and Pacific Regional Office and the Burnet Institute, a guidance for alternative models of maternity care, to reduce direct patient contact for non-urgent situations at the health facility, has been developed. This includes the establishment of community-based care delivery and phone-based antenatal and postnatal care to ensure there is no disruption in service delivery or breakdown in patient care.

To mitigate the possible disruption of supply and demand for condoms, the Global HIV Prevention Coalition, UNAIDS and UNFPA issued a brief on [Condoms and lubricants in the time of COVID-19](#).

A multistakeholder working group on prevention of unintended pregnancies and unsafe abortions has been established and is co-led by UNFPA and WHO/Human Reproduction Programme. A community of practice has been established under the Implementing Best Practices knowledge sharing initiative.

UNFPA participates in the inter-agency working group on monitoring the impact of COVID-19 on Essential Services for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition. The group is developing a guidance for countries to analyse, interpret and use routine (existing) data to guide strategic decisions and actions with regard to reorganizing and assuring safe access to essential health services while taking into account critical equity dimensions.

UNFPA Global Response Plan to COVID-19

UNFPA's COVID-19 Global Response Plan has appealed for an estimated \$370 million. As of 7 July, the Plan had received \$44.1 million. UNFPA's top donors to the COVID-19 response include Australia, Canada, Denmark, Iceland, Norway and the United Kingdom, the UN COVID-19 Response and Recovery Fund, and the UN Central Emergency Response Fund. This support has enabled UNFPA to respond quickly to COVID-19 around the world. Funding provided through the UNFPA Humanitarian Action Thematic Fund (\$22.2 million) allows UNFPA the flexibility to respond to needs as they arise in humanitarian contexts.

Strategic Partnerships with the Private Sector

UNFPA is engaging with private partners globally and at regional and country levels in support for the COVID-19 response through partnerships for resource mobilization, the development of new technologies and innovative tools.

Highlights include:

- UNFPA's **Individual Giving** Coronavirus Emergency Campaign, [Protect Pregnant Women, New Mothers and Newborns](#), to engage the public in UNFPA's COVID-19 response has raised \$468,000 to date from over 8,000 new donors (growth of 1000% compared to January 2020).
- UNFPA partnered with **Global Citizen** on the [Global Goal: Unite for Our Future](#) Global Goal: Unite Campaign to mobilize financial resources for the Global COVID-19 response. A total of \$6.9 billion in pledges (\$1.5 billion in cash grants, and \$5.4 billion in loans and guarantees) were mobilized to combat the disproportionate impact of COVID-19 on vulnerable and disadvantaged communities.



Youth engagement

Youth Compact Champions Programme

In June, the [Compact for Young People in Humanitarian Action](#), under the leadership of UNFPA, Restless Development, the UN Major Group for Children and Youth, ActionAid, the Norwegian Refugee Council, War Child Holland and Plan International, launched the [Youth Compact Champions Programme](#). This programme will provide 18 months of support to 20 young leaders who have been affected by humanitarian crisis and have experience leading humanitarian action.

The Youth Compact Champions programme builds on the collective work, initiatives and passion of the Compact members to date, and is aligned to the Compact's guidance, '[COVID-19: Working with and for young people.](#)' These Young Leaders are being inducted into the Compact this week and will join the Compact's global interagency working group on COVID-19 to help coordinate technical guidance, messaging and action related to the impact of the COVID-19 emergency on young people and the role young people can play in tackling the virus and its impacts.

Jordan Compact Launch

On 29 June, UNFPA Jordan, in cooperation with the Ministry of Youth and in coordination with UNHCR, UNICEF, UNDP and NRC, held a high-level event to launch the local chapter of the Compact for Young People in Humanitarian Action in Jordan to provide opportunities for young people to tap into their talents and lead and engage in the COVID-19 response and help address the crisis and its aftermath. The Jordan Times published the joint statement [here](#).

COVID-19 Response and Nexus Approach

UNFPA is working to ensure that its COVID-response includes a nexus approach that bridges humanitarian, development and peace interventions to make a sustainable impact. A webinar on strengthening the nexus approach in the COVID response brought together UNFPA staff from all regions to share best practices in programme adaptation, innovation, preparedness, and partnership with a view to build back better and improve resilience.

Takeaway messages:

- **Successful adaptation to COVID-19 largely depends on previous long-term investment** in system strengthening, coordination structures, capacity building and partnership. In many cases, previously used mechanisms can be adjusted to contribute to the pandemic response.
- **Adaptations made in response to the COVID-19 pandemic are stepping stones to build back better.** New measures and innovations in response to the pandemic will improve programming post-COVID-19.
- UNFPA's leadership and expertise in data is key entry point for contributions to governments' COVID response.
- **The work of UNFPA in pandemic response can boost longer-term development and resilience.** Some UNFPA country offices have used the space created by the COVID-19 response to create new guidance and tools for future emergencies. Where UNFPA included full GBV guidance in national COVID response plans, a foundation was laid to strengthen GBV response and prevention as part of the health system and as essential.
- **Preparedness planning and prepositioning of supplies enabled some country offices to adapt quickly** to the COVID-19 context. **Building on knowledge gained from crises such as Ebola contributed to adaptation** and afforded UNFPA a seat at the table in national decision-making.
- **Proactive coalition strengthening from the onset is critical.** Use existing structures and partnerships to strengthen collaboration for pandemic response.
- **Localization contributes to community building and resilience during crisis and for the long run.** Working with local organizations and communities to address COVID-19 builds capacity for crisis response and sustainable development.



Pregnant women and girls at the San Felix maternity facility. ©UNFPA Panama/Osman Esquivel Lopez

Global Response Summary

The UNFPA overall response to COVID-19 aligns with the [2030 Agenda](#), the [WHO global Strategic Preparedness and Response Plan \(SPRP\)](#), the [UN-coordinated Global Humanitarian Response Plan \(GHRP\)](#), the [UN framework for socio-economic response to COVID-19](#), and [UNFPA's COVID-19 global response plan](#).

UNFPA COVID-19 regional situation reports continue to document the work of regional and country offices supporting SRH and GBV work, championing risk communications, engaging communities, particularly the youth, and providing life saving commodities and supplies. (See links below for the latest editions)

UNFPA COVID-19 Regional Situation Reports for June

[COVID-19 Situation Report No. 5 for UNFPA Arab States](#)

[COVID-19 Situation Report No. 5 for UNFPA Asia and Pacific](#)

[COVID-19 Situation Report No. 5 for UNFPA Eastern Europe and Central Asia](#)

[COVID-19 Situation Report No. 5 for UNFPA East and Southern Africa](#)

[COVID-19 Situation Report No. 5 for UNFPA Latin America and the Caribbean](#)

[COVID-19 Situation Report No. 5 for UNFPA West and Central Africa](#)



Health worker with protective gear provides services to young woman. @UNFPA Bangladesh

Global Humanitarian Response Plan: UNFPA Situation Update

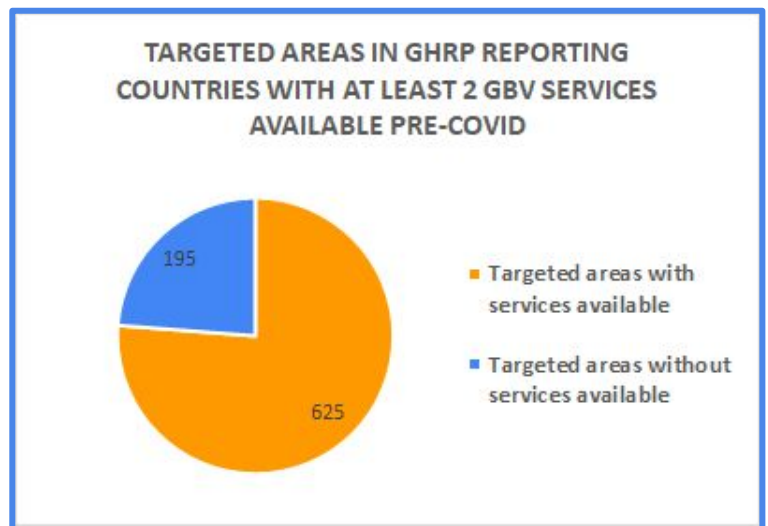
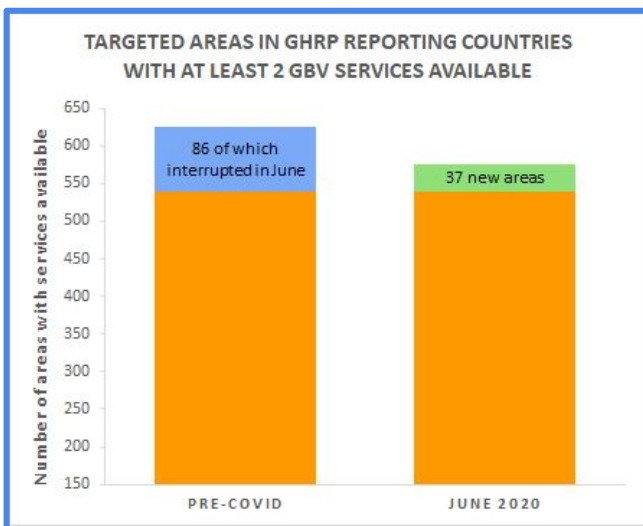
GBV Services

The COVID-19 pandemic has exacerbated GBV risks for women and girls due to isolation policies and increased exposure to abusers at home, lack of information and access to services and household stress over economic and health shocks. As a result, women and girls' need for protection services has increased, while the pandemic is putting a huge strain on already weak health and protection systems.

Simultaneously, GBV actors are experiencing a unique set of challenges in ensuring the availability and accessibility of response services through static and adapted remote modalities while ensuring the safety of the service providers.

Survivors of GBV have the right to receive quality, compassionate care by adequately trained service providers to support their healing and recovery. Continuity of care must be ensured and obstacles addressed to enable women and girls' access to life-saving GBV services. Across the GHRP reporting countries **UNFPA observed that while GBV service availability was interrupted in 86 targeted geographic areas, it was expanded to 37 new areas as of June.**

Of 820 targeted geographic areas across 40 reporting countries, minimum GBV response services were available in 625 areas pre-COVID and reduced to 576 areas in June. A total of 195 targeted areas did not have minimum GBV services available pre-COVID and continued to lack services in June. This is highly concerning as these areas have been identified as having high needs, yet programming has not been extended to these geographic areas.



Note-definitions of the types of services that should be provided at a minimum for the purpose of this reporting:

- GBV services: medical and psychosocial support services available to GBV survivors provided by any operational actor.
- Medical support services for GBV survivors: includes clinical management of rape, screening and treatment for intimate partner violence.
- Psycho-social support: must include a minimum of 2 out of the 3 following services: GBV case management, Individual psycho-social counselling and group-based psychosocial support sessions with women and girls. These services can be provided in person or remotely in adaptation to COVID-19 through helplines/hotlines, women and girls' Safe Spaces, government social workers, among others.

Global Humanitarian Response Plan: UNFPA Situation Update

Births in health facilities

Births in health facilities should follow predictable patterns in the short and medium term. If they fall more than 25 percent below pre-crisis levels, that could signal a problem.

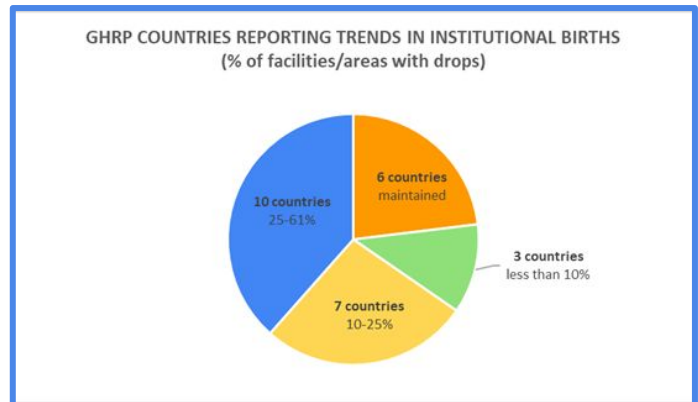
During the COVID-19 pandemic, decline in births that occur in health facilities could be due to any of these factors:

- Facilities are overwhelmed with COVID-19 cases;
- Facilities do not have the necessary staff, equipment or supplies, including PPE, to provide services;
- People are afraid to come due to infection concern; and
- People cannot access the facility due to lockdown or inability to afford care or transportation (in the absence of public transportation).

All these factors represent a loss of continuity of essential SRH services, with immediate potential implications for maternal and neonatal health.

Using primary data from 2,812 facilities across 26 Global Humanitarian Response Plan (GHRP) reporting countries, UNFPA compared the number of institutional births between March and June 2020 to a baseline in 2018 and 2019, noting varying decline in institutional births in 20 of the 26 countries, including three countries with less than 10 percent of facilities with drops in institutional births, 7 countries with 10 to 25 percent of facilities with drops, and 10 countries with between 25 and 61 percent of facilities with drops in institutional births. Although interpretation of any changes in institutional births would require an understanding of population movement, these results are concerning as service disruptions in emergency obstetric and neonatal health care services have a direct effect on the continuity of essential SRH care, with serious potential implications on maternal and newborn health.

In Sudan for example, limited antenatal care in the initial phase of COVID-19 led to limited detection of at-risk pregnancies. Based on information from maternity hospitals, there is an increasing trend of complicated pregnancies/deliveries including ruptured uterus, pregnancy-induced hypertension and eclampsia, and pregnancy induced diabetes. In Peru, family planning services that are offered for free, were all discontinued due to closure of primary health care centers in response to COVID-19, leaving women, notably vulnerable refugee women, without access to family planning services throughout the period of confinement.

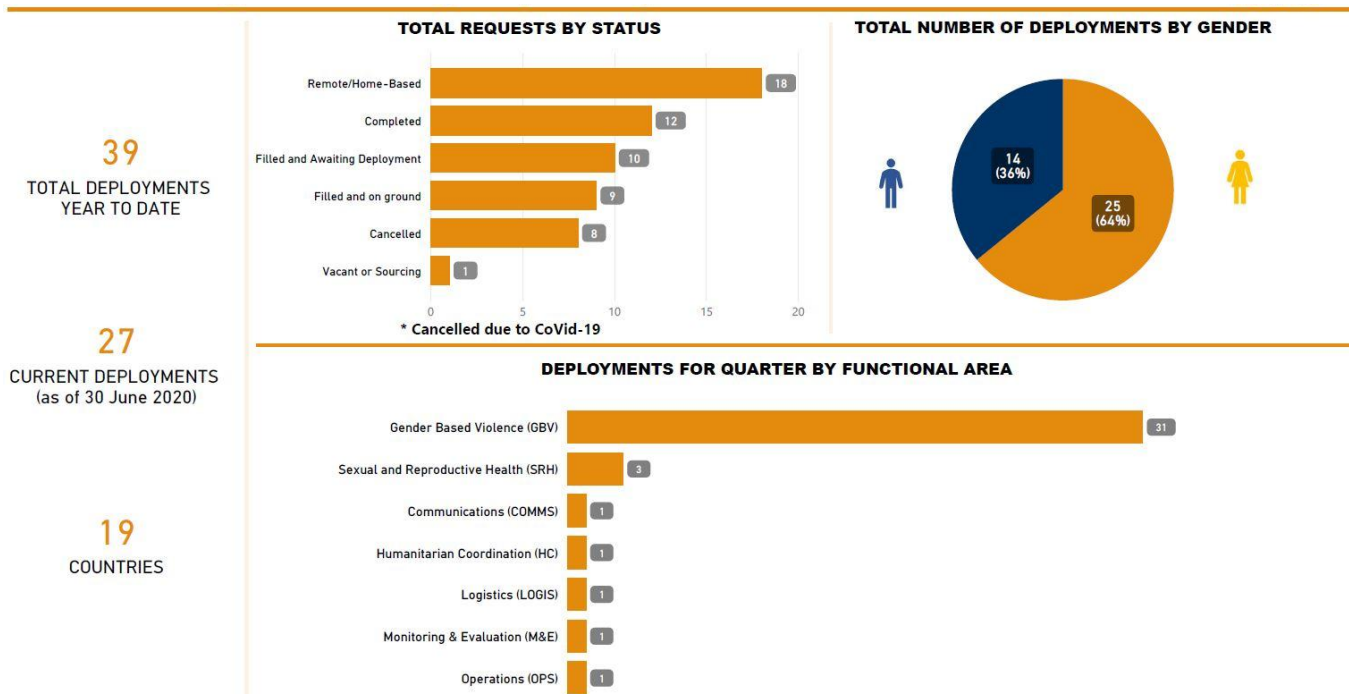


Surge Deployment Overview

To ensure business continuity, the UNFPA surge mechanism has been adapted to meet heightened humanitarian staffing needs during COVID-19.

- UNFPA **currently has 9 personnel deployed** in Bangladesh, Burkina Faso, Cameroon, Colombia, Latin America and the Caribbean, Mozambique, and Syria. The majority of these assignments require telecommuting. However, a few countries are slowly initiating phases of return to the office.
- UNFPA was **able to respond to ongoing requests** for support with the help of standby partners, CANADEM, NORCAP, the Danish Refugee Council and RedR Australia, that extended contracts for colleagues not able to leave their duty stations and filled other urgent needs through remote-based support.
- **In-kind support has continued from all standby partners** as well as from DFID's Standby arrangements, which provide vital financial support to country offices in need.
- **From April to June, there were a total of 27 new surge requests.** Of these, 18 were remote-based assignments working for UNFPA offices in Bangladesh, Honduras, Kenya, Mozambique, Myanmar, Namibia, Nepal, Pakistan, Sudan, Syria, Turkey, Venezuela and Yemen. The personnel supported GBV coordination, GBV programming, GBV information management, SRH programming, Prevention of Sexual Exploitation and Abuse (PSEA) coordination, mental health and psychosocial support, humanitarian coordination, communications, monitoring and evaluation, operations, logistics, and gender mainstreaming & disability Inclusion.
- **Over 60% of surge personnel are female**, with the highest demand for GBV Specialists, specifically in coordination and programming, followed by SRH support.

Quarterly Report: April - June 2020





With UNFPA's support, more than 250 women with disabilities in Pakistan received dignity kits through STEP © STEP Pakistan



Mobile reproductive health clinic in Marib ©UNFPA Yemen

Technical Guidance

UNFPA technical briefs to guide staff and partners in addressing COVID-19 are available through these links:

- [COVID-19 Technical Brief for Maternity Services](#)
- [Impact of COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#)
- [Implications of COVID-19 for Older Persons: Responding to the Pandemic](#)
- [Technical Brief on the Implications of COVID-19 on Census](#)
- [Adolescents and Young People & Coronavirus Disease \(COVID-19\)](#)
- [Gender Equality and Addressing Gender-based Violence \(GBV\) and Coronavirus Disease \(COVID-19\) Prevention, Protection and Response](#)
- [Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, including for COVID-19 Prevention, Protection and Response.](#)
- [Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19](#)
- [COVID-19: A Gender Lens](#)
- [Global Call to Action: Protecting Midwives to Sustain Care for Women, Newborns and their Families in the COVID-19 Pandemic](#)
- [COVID-19: Working with and for Young People](#)

External Media and Human Interest Stories

UNFPA raises awareness and support for prioritising the needs and rights of women and girls and marginalized groups, and continuing sexual and reproductive health and rights and prevention and response to gender-based violence during COVID-19. Here is the [UNFPA COVID-19 page](#) and below are highlights of media outreach and human interest stories.

PRESS RELEASES

- [Confronting the silent and endemic crisis of harmful practices](#)
- [UNFPA calls for urgent funding to protect health and safety of women and girls affected by Syria crisis](#)

STATEMENTS

- [Statement on the United States Decision to Again Withhold Critical Funding for UNFPA, amid Global Pandemic](#)
- [Sexual Violence in Conflict: A Blight on Humanity's Conscience](#)
- [Statement at the High-level Pledging Event for the Humanitarian Crisis of Yemen](#)
- [On the Black Lives Matter Protests and other Mass Demonstrations against Systemic Racism and Police Brutality](#)
- [Bending the Arc of History Towards Justice](#)

WEB STORIES

- [Five things you didn't know about practices that harm girls](#)
- [Safety elusive for women in South Sudan's protection sites amid pandemic](#)
- [Health workers in West Africa "in daily danger" while providing reproductive...](#)
- [Youth mobilize to support Egypt's front-line health workers](#)
- [Meeting family planning needs in Nepal's quarantine centres](#)
- [Teachers and mothers join forces to keep girls in school in Malawi](#)
- [Sahel project helps women raise themselves, their communities from poverty](#)
- [After tragedy, refugee family finds safety and community in Turkey](#)
- [Pregnant indigenous women in Panama face COVID-19 fears, lack of transport](#)
- [Demand for counselling services spikes in Palestine amid COVID-19 lockdown](#)
- [Dignity kits bring hygiene supplies to vulnerable communities in pandemic-affected area of the Gambia](#)

External Media and Human Interest Stories

OPINION EDITORIALS

[Al Arabiya](#): على مؤتمر المانحين حول اليمن التحرك لإنقاذ الأرواح

[El País](#) (Spain): Protejamos a las mujeres en la pandemia

[El País](#) (Spain): *Se debe ganar la guerra contra las muertes maternas e infantiles*

[Turkish Policy](#): Assessing COVID-19 through a gender lens

[The Exchange](#) (Kenya): Responding to elderly people needs not be philanthropic

[HBL](#) (Finland): Jemens kvinnor ännu mer utsatta än tidigare

UNFPA IN THE NEWS*

June 1 2020 - [NBC News](#): Quibi Report: The rise in domestic violence during lockdown

June 1 2020 - [Voice of America](#): Press Conference USA Podcast: Challenges of managing menstrual health during pandemics

June 1 2020 - [New Zealand Herald](#): COVID-19: Birth rates expected to plummet after pandemic

June 1 2020 - [Guardian](#): COVID-19 has gifted us a chance to end gender-based violence. We must take it.

June 1 2020 - [Global Citizen](#): Health workers around the world are calling for period products to be considered essential PPE

June 1 2020 - [Foreign Policy](#): Spain's right wing sees coronavirus crisis as opportunity

June 1 2020 - [CBC](#) (Canada): COVID-19 and gender inequality: Why Manitoba needs a feminist pandemic response

June 1 2020 - [British Medical Journal](#): COVID-19: Millions of women and children at risk as visits to essential services plummet

June 1 2020 - [Dagens Nyheter](#) (Sweden): Fler flickor könsstympas när samhället stänger

June 1 2020 - [Arab News](#): Lebanon issues fines to enforce wearing of face masks

June 1 2020 - [Al Arabiya](#) (UAE): إغلاق 80% من مرافق الصحة الإنجابية باليمن بسبب نقص التمويل

June 1 2020 - [HBL](#) (Finland): Control disappears - more and more Somali girls are sexually mutilated when society is closed

June 2 2020 - [Voice of America](#): Girls rush to marriage, childbirth for fear of COVID-19

June 3 2020 - [Hindustan Times](#) (India): COVID-19: Reshaping the future of seniors living in the post pandemic world

June 3 2020 - [Voice of America](#): As COVID shuts schools, girls marry out of poverty

June 4 2020 - [Reuters](#): Yemeni women will die, aid workers warn, as U.N. cuts maternity services

June 4 2020 - [TV5 Monde](#) (France): Containment and post-COVID: risk of FGM on the rise, NGOs raise the alarm

June 8 2020 - [The Atlantic](#): The sexual health supply chain is broken

June 9 2020 - [Arab News](#): Women face rise in domestic violence due to coronavirus lockdown in Yemen, report says

June 10 2020 - [Radio France Internationale](#): Madagascar: domestic violence on the rise during confinement

June 10 2020 - [France 24](#): En Honduras, una mujer es víctima de agresión física cada hora

June 12 2020 - [NPR](#): Risks of home birth loom for women in rural Africa amid the lockdowns

June 12 2020 - [VICE Indonesia](#): Penyuluh KB Keliling Pakai Megafon demi Cegah Ledakan Kehamilan selama Pandemi

June 12 2020 - [Devex](#): Maternal health and COVID-19: The race to avert a long-term crisis

June 12 2020 - [INSIDER](#): A UN report predicts millions of unintended pregnancies due to healthcare restrictions during lockdown

June 12 2020 - [Publico](#) (Portugal): COVID-19: Seven million unwanted pregnancies in six months

June 13 2020 - [Voice of America](#): WHO: Pandemic's drain on health systems leaves women's health at risk

June 14 2020 - [New York Times](#): Coronavirus created an obstacle course for safe abortions

June 15 2020 - [VICE](#): Fearing a post-COVID baby boom, Indonesia is making a lot of noise about contraception. Literally.

June 15 2020 - [Arab News](#): UN agency to discuss increased risk of violence against women during COVID-19 in Arab states

June 16 2020 - [Guardian](#): Why coronavirus has placed millions more girls at risk of FGM

June 16 2020 - [Voice of America](#): Cameroon doctors begin home consultations for COVID-wary patients

June 17 2020 - [Sputnik World](#) (Russia): Cuidar a la mujer migrante, otro desafío para México durante la pandemia

June 17 2020 - [NK News](#): UNFPA wins North Korea sanction exemptions to tackle reproductive emergencies

June 17 2020 - [The Swaddle](#) (India): 2 million girls worldwide are at risk of undergoing FGM during pandemic: UNFPA

June 18 2020 - [The Print](#) (India): How COVID is making it tougher to tackle TB, AIDS, malaria and child health

June 23 2020 - [Europa Press](#) (Spain): Las ONG llaman a actuar para evitar el matrimonio infantil y la mutilación genital

June 23 2020 - [The Diplomat](#): How COVID-19 worsens gender inequality in Nepal

June 24 2020 - [NPR](#): Where the women aren't: on coronavirus task forces

June 24 2020 - [ABS-CBN](#) (Philippines): Nearly 2 million babies expected next year: POPCOM

June 25 2020 - [Xinhua](#) (China): Nearly 2 mln women in Philippines to get pregnant this year amid COVID-19 epidemic

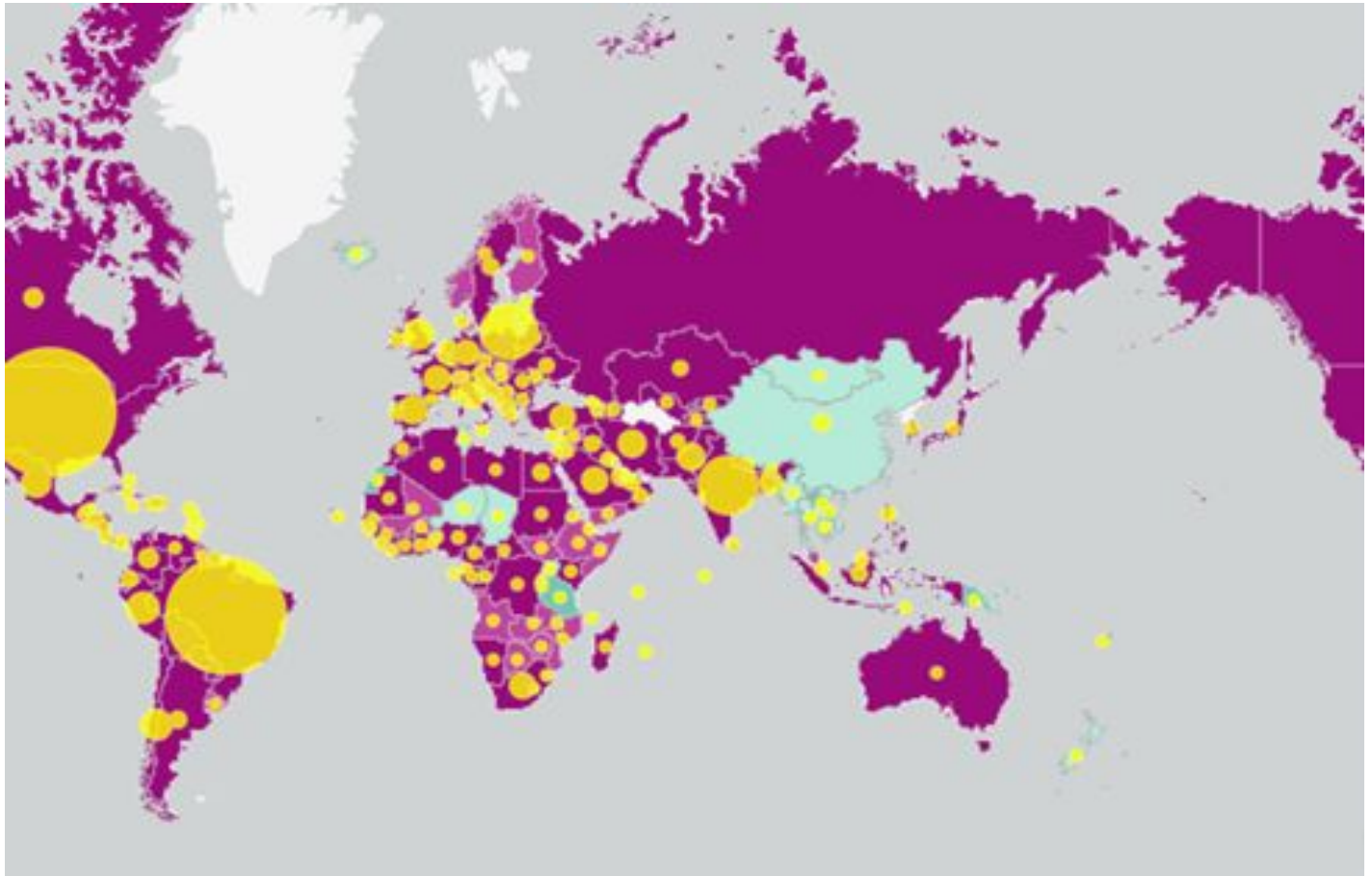
June 26 2020 - [UN Radio](#): Podcast: Rural girls bear brunt of COVID-19 pandemic

June 28 2020 - [Guardian](#): Coronavirus lockdown could lead to 214,000 extra babies in the Philippines

June 28 2020 - [Buzzfeed](#): Parents are using "social distancing contracts" to emotionally control their ex-partners

*The inclusion of articles does not imply endorsement by UNFPA. UNFPA cannot vouch for the accuracy of any of the reports.

Global COVID-19 cases and deaths



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