As of December 2021, the situation in Syria predicts a challenging year ahead, further complicated by a deteriorating economy, increasing hostilities, and an unrelenting pandemic.

The crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, continues to face a multitude of challenges, particularly in light of the recurrent waves of COVID-19 infections that continue to exacerbate existing challenges. A decade into this protracted crisis, people in need continue to endure the cumulative effects of years of instability, the risks of which are even higher due to the impacts of a far-reaching economic crisis.

The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA’s operations within the context of the Syria crisis. The report is prepared by the UNFPA Regional Humanitarian Hub for Syria and the Arab States in Amman, Jordan, and spans operations conducted by UNFPA offices in Turkey, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria and managed from cross-border Turkey. In addition to providing aggregated quantitative results for each country involved in UNFPA’s regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, in addition to underscoring the positive impact of the response services provided by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth, and others. The report also covers UNFPA’s efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.
IN THIS REPORT

OVERVIEW OF ISSUE # 112
DECEMBER 1-31 2021

A MESSAGE TO READERS 4
SITUATION OVERVIEW 6
RESPONSE FROM ALL OPERATIONS 8
WHOLE OF SYRIA 12
SYRIA COUNTRY OFFICE 14
TURKEY CROSS-BORDER 18
TURKEY 20
LEBANON 24
JORDAN 26
IRAQ 28
EGYPT 30
COORDINATION 31
DONORS & PARTNERS 32

UNFPA’S MISSION

OVERVIEW OF ISSUE # 112
DECEMBER 1-31 2021

A MESSAGE TO READERS

THE UNITED NATIONS SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS AGENCY

The core mission of the United Nations Population Fund (UNFPA) is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person’s potential is fulfilled. UNFPA calls for the realisation of sexual and reproductive rights for all, and supports access to a wide range of services, including voluntary family planning, maternal healthcare, and comprehensive education on sexuality.

Since the crisis in Syria erupted in 2011, UNFPA has worked consistently to ensure that every woman and girl in need has the right to access to affordable sexual and reproductive healthcare (SRH) and be effectively protected from gender-based violence (GBV). UNFPA and its partners are scaling up efforts to empower and improve the lives of Syrian women, youth, and impacted communities inside Syria and in host countries by advocating for human rights and gender equality to better equip individuals and communities to cope with the far-reaching ramifications of this protracted crisis.

These efforts continued in 2021 as communities withstood the impact of the COVID-19 pandemic, which presented an array of unprecedented challenges, including consistently changing priorities and severe restrictions on movement. UNFPA continues to mobilise its resources and expertise to maintain the availability of quality SRH and GBV services to people in need in the region.

All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The Hub). Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. Real names of survivors have been changed for confidentiality.

PANDEMICS THRIVE ON THE FAULT LINES OF INEQUALITIES. ENDING INEQUALITY MUST THEREFORE BE A KEYSTONE OF OUR PUBLIC HEALTH RESPONSE TO ENDING AIDS AND AVERTING FUTURE PANDEMICS. HIV PREVENTION INITIATIVES MUST ENCOMPASS ENDING GENDER-BASED VIOLENCE, BALANCING UNEQUAL POWER DYNAMICS, AND COUNTERING HARMFUL GENDER NORMS.

— DR. NATALIA KANEM, UNFPA Executive Director, on World AIDS Day 2021
A YEAR FILLED WITH DAUNTING CHALLENGES AND OUTSTANDING ACHIEVEMENTS.

**2021**

| 1.1+ MILLION PEOPLE REACHED WITH SEXUAL & REPRODUCTIVE HEALTH SERVICES |
| 200K+ ADOLESCENT GIRLS SUPPORTED |
| 600K+ PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES |
| 18K+ PEOPLE WITH DISABILITIES REACHED |
| 75K+ YOUNG PEOPLE ENGAGED |
| 150K+ WOMEN PROVIDED WITH CASH & VOUCHER SERVICES |
| 5K+ LGBTQI+ INDIVIDUALS SUPPORTED |

As the Syria crisis approaches its 11th year, the entire region is bracing for a difficult year ahead. Protracted and emerging humanitarian crises, armed conflicts, forced internal and external displacement, food insecurity and water scarcity, adverse weather events such as droughts and floods, and lack of accessible social services (including basic health services), and many other challenges continue to pose a threat to people’s lives and dignity. Meanwhile, the continuing impact of the COVID-19 pandemic further exacerbates many of these challenges, all the while impeding the delivery of humanitarian assistance and economic development.

Over the course of 2021, the pages of this report have attempted to communicate not just the scale and severity of the needs emanating from this crisis but the reach and progress of UNFPA’s regional response to it. In addition to providing the data, we also made sure to underscore the human cost of this crisis by amplifying the voices of the people we serve. This year, as in years previous, the women and girls caught in the midst of this crisis have had one resounding message: the years of unending violence and instability have effectively eroded their resilience, placing their lives and dignity at risk on a daily basis.

Since the onset of the crisis, UNFPA’s position has been clear; we believe that every woman and girl has the right to be protected from gender-based violence and to have access to quality sexual and reproductive health service. In 2021, even as the aftermath of COVID-19 continued to impede the delivery of services, UNFPA continued to show up. Throughout the Syria crisis region, we reached more than 1.1 million people with sexual and reproductive health services, in addition to delivering gender-based violence services to more than 600,000 people. Nearly 75,000 young people were engaged through our youth facilities and programmes, and we continued to pilot cash and voucher programmes, reaching more than 150,000 women in need.

More importantly, our response left no one behind. Nearly 18,000 people with disabilities benefitted from our services, in addition to more than 200,000 adolescent girls and close to 5,000 members of the LGBTQI+ community.

In 2022, we will continue to work to empower women and girls as they weather the worst impacts of this crisis. We will continue to work with local communities to transcend harmful social norms, and we will help those in need throughout the region to find their way towards a better, more resilient future.

Sincerely,

Luay Shabaneh
UNFPA Regional Director — Arab States
SITUATION OVERVIEW

The protracted crisis in Syria has created one of the most dire humanitarian situations in recent history.

**General Overview**

At the end of 2021, the situation remained critical and predicted a challenging year ahead. Years of geopolitical unrest, protracted instability, disruptions in community networks, a worsening economic crisis, water crisis and other impacts of climate change, and the COVID-19 pandemic — all converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of Syrians at risk.

Over the course of 2021, the macro-economic context continued to deteriorate sharply, both inside Syria and in refugee and host communities throughout the region. The combined effects of currency depreciation, acute inflation, reduced fiscal spending, and widespread unemployment have plunged swathes of the population into humanitarian need, even in areas that have been less impacted by hostilities and displacement so far. As a result, people’s ability to meet basic needs and access basic services has decreased sharply, forcing families to resort to harmful coping mechanisms like child labour, child marriage, sexual exploitation and abuse, among others.

Food insecurity has also grown, with an estimated 12.8 million people considered food insecure. The pandemic in particular has exacerbated many of these challenges, directly and disproportionately jeopardising women’s socio-economic prospects, as in other parts around the globe. The limited testing capacity throughout Syria creates a challenge when it comes to gauging the state of the pandemic inside Syria, with actual cases likely far higher than reported.

The year 2021 also showed us that gender-based violence continues to pervade the lives of women and girls caught in this crisis and has now become normalised as a result of years of instability. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology- facilitated gender-based violence, have also been observed in recent years.

Among women and girls, adolescent girls face a wide range of unique challenges that usually accompany them throughout their lives. This often begins with restrictions on movement and family violence, and progresses as the girl grows to include child and sexual marriage, early pregnancy, sexual violence, and sexual exploitation, among others. Adolescent girls are also being denied their education and growth opportunities, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

In northwestern governorates of Syria, the situation continues to be severe, with ongoing hostilities causing mass displacements and disruptions in community networks and services. Access to protection services remains extremely limited, particularly in more remote areas. People take refuge in informal settlements. The ongoing deterioration in the value of the Turkish Lira poses a serious risk to people’s ability to meet basic needs and access humanitarian aid. Communities have become more dependent on humanitarian aid, with 3.4 million people in need of food and livelihoods assistance and 3.1 million people are food insecure. Operations implemented cross-border via Turkey remain vital to delivering the scale of aid required to assist those in need.

In 2021, UNFPA continued to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. UNFPA continued to pilot cash and voucher assistance where possible to ensure that no one is left behind, particularly among women and girls.

**COVID-19 Updates**

As of December 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 13,802,640 cases of COVID-19, as outlined by the table below.

Meanwhile, the pandemic continues to exacerbate an ongoing economic crisis that has substantially increased humanitarian needs. An inter-agency socio-economic impact assessment of COVID-19 noted a major economic downturn and significant social impacts, amplified by the ongoing financial crisis in Lebanon. Throughout the region, unpredictable curfews, lockdowns, and movement restrictions may still present challenges to response operations, while most countries appear to be moving toward resuming life as normal, the emergence of more contagious variants of the virus may trigger additional restrictions as more countries report surges in cases.

According to UN OCHA, the scale and complexity of humanitarian needs in Syria ‘remain extensive’. This is due to continuing hostilities in various areas, new and protracted displacement of communities, and the unequal erosion of the country’s resilience. UNFPA continues to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. In 2021, UNFPA continued to pilot cash and voucher assistance where possible to ensure that no one is left behind, particularly among women and girls.

**UNFPA operations in Syria are run from the Syria Country Office as well as from the UNFPA hub in Gaziantep, Turkey, for cross-border operations.**

**After losing years of my life and everything that was precious to me, finding this safe space allowed me to find hope again.**

— RIMA, a Syrian refugee who accessed gender-based violence programming at a UNFPA-supported Safe Space
UNFPA plans to continue broadening and enhancing its regional response throughout 2022 to address these challenges. This includes expanding cash and voucher assistance programmes to ensure that no one is left behind. UNFPA will continue to partner with authorities, UN agencies, non-governmental organisations, and local organisations (particularly women-led organisations) to implement its response, ensuring that it is accessible to a wider range of population groups, including adolescent girls, people with disabilities, and the LGBTQI+ community.

Women and girls continue to suffer the worst impacts of the crisis, requiring access to quality sexual and reproductive health (SRH) services. Gender-based violence (GBV) continues to be a daily reality, with harassment, family violence, child and forced marriage, and sexual exploitation remaining consistent trends, while new trends, such as digital violence (harassment and sexual exploitation committed online) has also been reported more frequently.

Alarming, in Syria, women and girls have stated that the long-term humanitarian crisis combined with the rapidly worsening economic circumstances, alongside GBV, is gradually eroding their resilience, making the provision of timely, safe, and dignified humanitarian support more urgent than ever.

Maintaining the delivery of quality services will require the concerted effort of the international community, which must reinforce and expand its support for Syria and the region in 2022, particularly in light of the current economic crisis, greater protection needs, continuing COVID-19 infections, climate change, and reduced resilience.

The map below outlines the estimated funding needs by each country involved in the regional response. For more information on funding needs for 2022, please refer to the contact information at the end of the report.

Unprecedented humanitarian needs, the COVID-19 pandemic, a worsening economic crisis, and funding shortfalls converge to create life-threatening challenges for people in need throughout the region.
**REPRODUCTIVE HEALTH**

- People reached with sexual and reproductive health services: 1,158,214 (95%)
- Family planning consultations: 415,133 (99%)
- Normal and assisted vaginal deliveries: 64,192 (100%)
- C-Sections: 44,250 (100%)
- Ante-natal care consultations: 593,007 (100%)
- Post-natal care consultations: 125,364 (100%)
- People trained on SRH-related topics: 10,812 (88%)

**GENDER-BASED VIOLENCE**

- People reached with GBV programming: 636,894 (89%)
- People reached with dignity kits: 240,922 (94%)
- People provided with GBV case management: 35,608 (98%)
- People reached with GBV awareness messages: 759,288 (90%)
- People trained on GBV-related topics: 8,298 (76%)

**YOUTH SERVICES**

- People reached with youth engagement activities: 74,912 (64%)
- People trained on youth-related topics: 2,123 (81%)

**CASH AND VOUCHER ASSISTANCE**

- People reached with cash and voucher assistance: 156,134 (99%)

**SOCIAL INCLUSION**

- People with disabilities reached: 17,991 (81%)
- Adolescent girls reached: 205,723 (100%)
- LGBTQI+ individuals reached: 4,924 (33%)

---

As the challenges worsen, women and girls continue to pay the price.

The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world today. Millions have been displaced both inside the country and outside as refugees, especially in Turkey, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in the country, with far-reaching ramifications for its future resilience.

Assessments and interviews conducted by UNFPA since 2016 have also been able to illustrate the profound effect that years of instability have had on women and girls, particularly adolescent girls, who face a variety of unique risks. Lack of individual autonomy, movement restrictions, forced and early marriage, denial of resources and opportunities, and sexual and physical violence continue to be part of their daily reality, creating a web of violence that can transcend generations. Despite testing their limits, however, the crisis has also revealed their remarkable resilience, with many rising above their challenges to become artists, activists, innovators, and other influential voices in their communities.

---

After almost two years of this pandemic and seeing the entire world descend into darkness, I think it is even harder now for people to realise that we Syrians have been living in a similar state of chaos for more than ten years.

— Lubna, a Syrian refugee who accessed gender-based violence programming at a UNFPA-supported Safe Space
In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, authorised initially by UN Security Council Resolution (UNSCR) 2165 in 2014. This allowed cross-border humanitarian assistance from Iraq, Jordan, and Turkey. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Turkey exclusively. On July 11, 2021, the resolution was extended for an additional six months, with the proposed extension of a further six months subject to the Secretary General’s report. The continuation of this large, UN-led humanitarian operation is vital to reach those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RP) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey.

Naya, a displaced woman from Aleppo, writes:

“Due to the decision of my family, I was forced to marry my husband in order to stop being a financial burden on my parents. Now, at 25, I have three children with him. My communication and interaction with him has always been very poor; he is deaf, has violent tendencies, and is unable to provide well for our children.

“Throughout the years, his physical and psychological violence towards me only got worse. One day he beat me so bad that I ended up in hospital. There, I was introduced to Samah who explained what GBV case management services they could offer me, and that it was private and confidential. Together we developed my safety plan, which also included ways I could communicate with my husband in light of his hearing disability and violent ways. This new way of communication, which I also taught our children, helped reduce the violence.

“Throughout Samah and her colleagues, I learned how to prioritise household needs, which improved the use of the limited income secured by my husband. My feelings have also been lifted through understanding the importance of spending time with friends and family. Thanks to the staff at the hospital, I now see my husband as the father of my children rather than a man I was forced to marry because of poverty and war.”
In Homs, UNFPA supported two days of training on comprehensive sexual education, which garnered the participation of 25 youth. Accessing services are UNFPA-supported facilities. The course aimed to improve the participants’ knowledge and information about the comprehensive sexuality education and its components, and to develop their skills as peer educators, in addition to building their capacities to deal with the needs of young people.

In Hama, UNFPA partnered with the team from European Civil Protection and Humanitarian Aid to conduct a monitoring field visit to UNFPA-supported facilities in the highly impacted city of Maardis, located in the northern rural outskirts of Hama. The visit was designed to evaluate quality and impact of the being provided by UNFPA partners in the area. UNFPA also supported a series of trainings for the nurses in the area, targeting nurses in distant and hard-to-reach area in order to provide communities with contingencies should midwives become unavailable.

In Lattakia, a UNFPA-supported mobile clinic targeted the Community Care Centre for Juvenile Girls in the city, where most of the adolescent girls supported arrive on charges of theft and prostitution. UNFPA partner staff provided RH and GBV services in the care centre, and female dignity kits were distributed during the visit. A similar initiative was organised at the juvenile prison for boys in Al Shir village in rural Lattakia, where 85 percent of those detained are accused of theft, and the rest are accused for quarrels, attempted murder, and rape. UNFPA partner staff provided awareness sessions on COVID-19 and GBV, in addition to distributing dignity kits to those in need.

Meanwhile, a UNFPA partner organised a TEDx event in Al-Manara University in the area, with seven speakers sharing inspiring experiences on various topics of interest to young people in general. The event was also attended by representatives of government agencies, UN Agencies, NGOs, and an audience of over a hundred people.

### Reproductive Health

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with sexual and reproductive health services</td>
<td>803,509</td>
<td>99%</td>
</tr>
<tr>
<td>Family planning consultations</td>
<td>316,275</td>
<td>99%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>39,837</td>
<td>100%</td>
</tr>
<tr>
<td>C-Sections</td>
<td>37,853</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>417,965</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>70,372</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>2,110</td>
<td>91%</td>
</tr>
</tbody>
</table>

### Gender-Based Violence

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with GBV programming</td>
<td>211,908</td>
<td>95%</td>
</tr>
<tr>
<td>People reached with dignity kits</td>
<td>10,411</td>
<td>88%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>23,432</td>
<td>98%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>535,994</td>
<td>96%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>701</td>
<td>99%</td>
</tr>
</tbody>
</table>

### Youth Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with youth engagement activities</td>
<td>49,834</td>
<td>60%</td>
</tr>
<tr>
<td>People trained on youth-related topics</td>
<td>55</td>
<td>64%</td>
</tr>
</tbody>
</table>

### Cash and Voucher Assistance

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with cash and voucher assistance</td>
<td>150,403</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Social Inclusion

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disabilities reached</td>
<td>4,922</td>
<td>79%</td>
</tr>
<tr>
<td>Adolescent girls reached</td>
<td>123,574</td>
<td>100%</td>
</tr>
</tbody>
</table>
As a result of the crisis, 50 percent of Syrian hospitals were completely or partially destroyed and over 40 percent of healthcare personnel have left the country. Midwives continue to bridge the gap and saving lives.

“Midwives have continued to play a crucial role in the health and wellbeing of mothers and newborns, particularly since the onset of the crisis.”

The protracted crisis and deteriorating economic situation has significantly impacted access to services, particularly to reproductive health services, family planning, and ante-natal care to safe childbirth services and postpartum care. In rural Aleppo, there are no specialised maternity centres as health facilities have gone out of service. Pregnant and lactating women are confronted daily with widespread destruction and limited access to health services.

In 2021, UNFPA invested in the capacity of the local community by establishing and supporting a network of midwives in rural Aleppo and equipping them with the necessary tools to conduct their work and extend assistance to women in delivery. Midwives play a crucial role in the provision of reproductive health services in rural communities and remain instrumental health professionals not only for the current time but for the future generation.

The UNFPA Midwife network in eastern Aleppo is currently composed of 7 certified midwives, who originate from the sub-district of Deir Hafer, 65 km from Aleppo. All midwives have received specialised training on reproductive health by UNFPA and have been equipped with reproductive health kits that ensure

safe and clean normal deliveries, even in the absence of specialised doctors and advanced health facilities. All kits contain the essentials for safe and clean delivery such as a plastic sheet, a blanket, sterile gloves, soap, a razor blade, and an umbilical cord clamp.

“By year end more than 1,000 women benefited from the UNFPA-supported midwives network in eastern rural Aleppo by receiving professional and timely support, and being able to benefit from clean deliveries.”

The network later expanded to reach Maskane in the far southeast of Aleppo, almost 50 km away from Deir Hafer, where women struggle to find support during pregnancy and delivery. The quality of the service provided has attracted women from other districts to seek the support of the midwives.

Midwife Maisoun expressed how much the kits have been life-saving not only for women, but also for newborns as she witnessed babies suffering from omphalitis and other infections due to unclean delivery conditions. Maisoun also praised the support she received from other midwives who are part of the network: “The network has allowed me to meet the midwives in other areas so that we exchange experiences and coordinate amongst each other, including referring cases from one to another.”

By year end more than 1,000 women benefited from the UNFPA-supported midwives network in eastern rural Aleppo by receiving professional and timely support, and being able to benefit from clean deliveries, thanks to the kits that were distributed to midwives and delivering women.

UNFPA, together with over 40 global partners and over 300 national partners, works to scale up quality midwifery education, policies, and services around the world. Midwives save lives. UNFPA Syria calls on all the stakeholders including donors, developmental and humanitarian actors to continue supporting midwives’ services in Syria. During the 10-years of the crisis in Syria, along with the COVID-19 pandemic, mothers continue to give birth and new life begins. Thanks to our donors, people in remote areas have been able to benefit from life-saving services.

Monte Carlo, 6 April 2022
Situation Update

The Turkish Era, which is widely used in the northwest Syria, suffered chronic depreciation throughout 2021, losing more than 40 percent of its value against the US dollar. Loss of value has been especially high in November and December. The depreciation, combined with the fact that most commodities in the northwest are imported from Turkey, resulted in further increases in prices. Communities have become more dependent on humanitarian aid and forced to resort to negative coping mechanisms. Across northwest Syria, 3.4 million people are in need of food and livelihood assistance and 3.1 million people are food insecure. The need for food assistance is even higher for displaced people living in camp settings, who are dependent on external food aid.

While there was a significant reduction in airstrikes in December, artillery shelling was reported most days. The frequency of airstrikes increased at the end of December. The Office of the High Commissioner for Human Rights (OHCHR) reported that in December aircar and shelling killed three civilians, including two children, and injured 16 civilians, including four civilian women and six children.

Other Updates

As part of UNFPA’s second Individual Protection Assistance (IPA) project, 1,343 persons have received IPA in December. UNFPA joined forces with Johns Hopkins University (JHU) in January 2021 to collaborate on an evaluation study, which aimed to assess the impact of IPA (one-off, unconditional cash payment around USD 120) on broader protection outcomes among vulnerable women in northwest Syria.

Key findings revealed that cash transfers have greater benefits in terms of mental health and safety as compared to dignity kits, which were used as a control/comparison group. Cash was associated with increased feelings of safety in the household and better household relationships. As highlighted by JHU, one plausible explanation for the improved household relationships and mental health benefit is that cash partially relieves financial stress, notably debt, and conflict caused by the multiple unmet household needs. As concluded by JHU, “acknowledging the immense unmet needs in northwest Syria, humanitarian organisations should continue cash assistance and endeavor to expand programming, both by increasing the number of recipients and extending the time period that cash transfers are received.”

UNFPA IPs provided 25 GBV survivors with cash with in support of individual GBV case management during December. Also, UNFPA IPs have continued to roll out Income Generating Assistance (IGA) and small grants with a focus on vulnerable individuals – including survivors of GBV and those with disabilities. The objective of the activity is for beneficiaries to achieve a level of economic independence, which will contribute to GBV prevention and mitigation. IGA projects are also in line with early recovery interventions as called for in United Nations Security Council Resolution 2585 (2021). In December, 28 new women were identified to receive IGA.

Responding to the complex situation on the ground, UNFPA IPs successfully distributed 15,324 Dignity Kits to women and girls throughout northwest Syria. All kit distributing partners were active members of the Gender-Based Violence Sub-Cluster, which in turn enabled them to provide an effective entry point to other lifesaving services and referrals during distributions. Gender-based violence partners also provided verbal awareness raising on COVID-19; protection from sexual exploitation and abuse (PSEA), and complaint mechanisms to beneficiaries during distributions. Information-Education-Communication (IEC) materials provided by the PSEA network have recently been embedded in each Dignity Kit with information on the Interagency network hotline, in addition to messaging on the free nature of all humanitarian assistance.

All distributing partners adhered to established guidance developed jointly by UNFPA and its main distributing partner to ensure that the partners adhered to the relevant procedures regarding beneficiary selection and distribution.

<table>
<thead>
<tr>
<th>People reached with cash and voucher assistance</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with GBV programming</td>
<td>298,734</td>
<td>89%</td>
</tr>
<tr>
<td>People reached with dignity kits</td>
<td>144,572</td>
<td>100%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>2,238</td>
<td>99%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>97,298</td>
<td>71%</td>
</tr>
<tr>
<td>People provided on GBV-related topics</td>
<td>2,501</td>
<td>79%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People reached with GBV awareness messages</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People trained on SRH-related topics</td>
<td>147</td>
<td>82%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People with disabilities reached</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent girls reached</td>
<td>50,937</td>
<td>100%</td>
</tr>
</tbody>
</table>

**REPRODUCTIVE HEALTH**

<table>
<thead>
<tr>
<th>People reached with sexual and reproductive health services</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>163,147</td>
<td>88%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>47,098</td>
<td>100%</td>
</tr>
<tr>
<td>C-Sections</td>
<td>21,959</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>6,324</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>118,916</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>55,361</td>
<td>100%</td>
</tr>
</tbody>
</table>

**GENDER-BASED VIOLENCE**

<table>
<thead>
<tr>
<th>People reached with GBV programming</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with dignity kits</td>
<td>298,734</td>
<td>89%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>144,572</td>
<td>100%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>97,298</td>
<td>71%</td>
</tr>
<tr>
<td>People provided on GBV-related topics</td>
<td>2,501</td>
<td>79%</td>
</tr>
</tbody>
</table>

**CASH AND VOUCHER ASSISTANCE**

<table>
<thead>
<tr>
<th>People reached with cash and voucher assistance</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with cash and voucher assistance</td>
<td>4,458</td>
<td>82%</td>
</tr>
</tbody>
</table>

**SOCIAL INCLUSION**

<table>
<thead>
<tr>
<th>People with disabilities reached</th>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent girls reached</td>
<td>50,937</td>
<td>100%</td>
</tr>
</tbody>
</table>
Turkey continues to provide much needed assistance to displaced Syrians throughout the country.

COVID-19 Update

As of December, around 9.5 million cases of COVID-19 were registered in Turkey. According to the WHO, the number of average daily cases for the last week of the month was 30,862 cases, which represents an increase of 26.4% compared to the last week of November. This situation was caused by the rapid spread of the Omicron variant that became dominant in the country.

Meanwhile, official government data shows that Turkey has administered more than 131 million COVID-19 vaccine doses since it launched a mass vaccination campaign in January. Almost 57 million (91%) people have received at least one dose, over 5.1 million (93%) were fully vaccinated (received their second dose of vaccination) and almost 1.7 million received their third dose.

UNFPA continues to provide its support to the vaccination campaign. As of December 31, through 10 mobile health units supported by UNFPA, 11,257 people were vaccinated against COVID-19. The UNFPA COVID-19 service units continue to conduct home visits to pregnant women, to encourage vaccine uptake among pregnant and lactating women. Since the beginning of the project, 21,716 beneficiaries were provided with 65,868 services, namely COVID-19 filtration and vaccination services as well as SRH services (including family planning, prenatal, post-natal care, breastfeeding, and safe motherhood) and GBV counseling services, thus tripling the project target.

Programme Update

UNFPA has been implementing 22 static service delivery points (SDPs) targeting the most vulnerable groups of women, girls, young people, key groups, men and boys who are survivors or at risk of sexual violence, refugees with disabilities and 10 COVID-19 mobile teams, that continued to provide uninterrupted SRH services and protection services, including prevention and response to GBV services.

In December 2021, UNFPA expanded the provision of SRH services in the SDPs targeting key refugee groups, refugees with disabilities, women, and youth to 54 static service delivery points. In addition to providing essential gender-based violence services, these facilities now provide SRH services and contraceptive materials, thus delivering an integrated response under one roof.

UNFPA also continued to provide capacity building services to various stakeholders and to facilitate the sharing of knowledge and experiences. In December, UNFPA organised a meeting to strengthen institutional capacities of the municipalities in the area of reproductive health and social protection services. The meeting was attended by 50 participants representing UNFPA supported service delivery points, Turkish Ministry of Health, Turkish Prime Ministry, UNFPA, and the municipalities from 8 provinces in Turkey. During the meeting, participants shared their experiences and best practices on SRH counseling, protection, social cohesion, and empowerment services, in addition to discussing the way forward to improve these services.

Meanwhile, UNFPA conducted two provincial advocacy workshops in Izmir and Ankara provinces to discuss the integration of the refugees with disabilities topic in the SRH services. The objectives of these workshops were to create awareness and sensitisation about the needs and barriers of refugees with disabilities and their support persons in access to information and services and facilitate coordination between our service units and provincial authorities.

UNFPA supported facilities. Newly recruited staff benefitted from orientation training on standard operating procedures and gender-based violence. The training on Family Planning Counseling was provided face-to-face for 63 health professionals from Migrant Health Centres (MHC) operated by the Ministry of Health in Izmir and Adana provinces.

Meanwhile, UNFPA provided in-service SRH training for nurses and midwives from all UNFPA supported facilities. Newly recruited staff benefitted from orientation training on standard operating procedures and gender-based violence. The training on Family Planning Counseling was provided face-to-face for 63 health professionals from Migrant Health Centres (MHC) operated by the Ministry of Health in Izmir and Adana provinces.

UNFPA has been implementing 22 static service delivery points (SDPs) targeting the most vulnerable groups of women, girls, young people, key groups, men and boys who are survivors or at risk of sexual violence, refugees with disabilities and 10 COVID-19 mobile teams, that continued to provide uninterrupted SRH services and protection services, including prevention and response to GBV services.

In December 2021, UNFPA expanded the provision of SRH services in the SDPs targeting key refugee groups, refugees with disabilities, women, and youth to 54 static service delivery points. In addition to providing essential gender-based violence services, these facilities now provide SRH services and contraceptive materials, thus delivering an integrated response under one roof.

UNFPA also continued to provide capacity building services to various stakeholders and to facilitate the sharing of knowledge and experiences. In December, UNFPA organised a meeting to strengthen institutional capacities of the municipalities in the area of reproductive health and social protection services. The meeting was attended by 50 participants representing UNFPA supported service delivery points in Ankara, British Embassy, academic institutions, and 15 municipalities from 8 provinces in Turkey. During the meeting, participants shared good practices on SRH counseling, protection, social cohesion, and empowerment services, in addition to discussing the way forward to improve these services.

Meanwhile, UNFPA conducted two provincial advocacy workshops in Izmir and Ankara provinces to discuss the integration of the refugees with disabilities topic in the SRH services. The objectives of these workshops were to create awareness and sensitisation about the needs and barriers of refugees with disabilities and their support persons in access to information and services and facilitate coordination between our service units and provincial authorities.

UNFPA supported facilities. Newly recruited staff benefitted from orientation training on standard operating procedures and gender-based violence. The training on Family Planning Counseling was provided face-to-face for 63 health professionals from Migrant Health Centres (MHC) operated by the Ministry of Health in Izmir and Adana provinces.

Meanwhile, UNFPA provided in-service SRH training for nurses and midwives from all UNFPA supported facilities. Newly recruited staff benefitted from orientation training on standard operating procedures and gender-based violence. The training on Family Planning Counseling was provided face-to-face for 63 health professionals from Migrant Health Centres (MHC) operated by the Ministry of Health in Izmir and Adana provinces.

**Reproductive Health**

- People reached with sexual and reproductive health services: 22,718 (75%)
- Family planning consultations: 3,802 (87%)
- Ante-natal care consultations: 1,815 (100%)
- Post-natal care consultations: 323 (100%)
- People trained on SRH-related topics: 794 (66%)

**Gender-Based Violence**

- People reached with GBV programming: 41,799 (60%)
- People reached with dignity kits: 32,983 (57%)
- People provided with GBV case management: 185 (93%)
- People reached with GBV awareness messages: 17,126 (68%)
- People trained on GBV-related topics: 2,999 (66%)

**Youth Services**

- People reached with youth engagement activities: 9,810 (86%)
- People trained on youth-related topics: 1,437 (86%)

**Social Inclusion**

- People with disabilities reached: 3,633 (59%)
- Adolescent girls reached: 6,667 (100%)
- LGBTQI+ individuals reached: 3,502 (46%)

---

*The WGSS in Turkey are providing an integrated response to refugees in need, including both GBV and sexual and reproductive health services. The services are provided in order to align the Turkey humanitarian response to the reporting requirements of the UNFPA Regional Syrian Response.

**Primary Healthcare Facilities**

- 4

**Women and Girls’ Safe Spaces**

- 4

**Youth Centres**

- 4

**Adolescent Girls Reached**

- 6,667

**Mobile Clinics**

- 10

**Other Service Delivery Points**

- 12
Almira is a 30-year-old woman from Kobani, Syria. When Almira was fourteen, her family decided to have her married to a man twelve years older than she is, forcing her to leave school. Eight years later, after the onset of the crisis, she sought refuge in Turkey with her husband and four children. Today, she cares for seven children and lives with her family in Diyarbakır.

"When Almira was fourteen, her family decided to have her married to a man twelve years older than she is, forcing her to leave school."

Almira first arrived at the UNFPA-supported Safe Space in Diyarbakır while she was pregnant with her seventh baby. She received pre-natal care counselling and participated in group activities on sexual and reproductive health and other topics, including gender, gender-based violence, and child and forced marriage.

After giving birth to her baby, Almira also benefitted from post-natal care counseling provided at the Safe Space and continued to attend the awareness-raising sessions. She also wanted to make use of a suitable contraceptive method after giving birth to ensure that her next pregnancy is planned and wanted. A UNFPA partner was consulted and she was provided with an intrauterine device following an examination.

Almira expressed her gratitude for all the services she benefited from the UNFPA-supported facility, highlighting how the awareness activities she attended shifted her understanding on the topic of gender-based violence. "For years, I was afraid of my husband. I was afraid of him even when he was just standing near me, and I didn’t know why I was afraid. The sessions I’ve attended have allowed me to understand that some of his behaviours towards me are simply unacceptable."

"Until now, my husband refused contraception, preventing me from using any birth control methods. This was affecting my mental and physical health."

The sessions have also enabled Almira to take control of her reproductive health and rights. "Until now, my husband refused contraception, preventing me from using any birth control methods. This was affecting my mental and physical health. But now I’m much stronger. I know how to prevent pregnancy and how to fight violence. I always direct the women around me to this centre."
LEBANON COUNTRY OFFICE

Despite the escalating political and economic instabilities in Lebanon, UNFPA continues to provide life-saving services to people in need.

**REPRODUCTIVE HEALTH**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with sexual and reproductive health services</td>
<td>30,022</td>
<td>79%</td>
</tr>
<tr>
<td>Family planning consultations</td>
<td>4,796</td>
<td>98%</td>
</tr>
<tr>
<td>Anti-natal care consultations</td>
<td>1,859</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>487</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>7,527</td>
<td>90%</td>
</tr>
</tbody>
</table>

**GENDER-BASED VIOLENCE**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with GBV programming</td>
<td>9,999</td>
<td>87%</td>
</tr>
<tr>
<td>People reached with dignity kits</td>
<td>52,248</td>
<td>100%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>3,537</td>
<td>100%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>40,024</td>
<td>82%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>1,269</td>
<td>84%</td>
</tr>
</tbody>
</table>

**YOUTH SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with youth engagement activities</td>
<td>1,945</td>
<td>79%</td>
</tr>
<tr>
<td>People trained on youth-related topics</td>
<td>458</td>
<td>82%</td>
</tr>
</tbody>
</table>

**CASH AND VOUCHER ASSISTANCE**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with cash and voucher assistance</td>
<td>822</td>
<td>96%</td>
</tr>
</tbody>
</table>

**SOCIAL INCLUSION**

<table>
<thead>
<tr>
<th>Service</th>
<th>Since January</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disabilities reached</td>
<td>906</td>
<td>99%</td>
</tr>
<tr>
<td>Adolescent girls reached</td>
<td>1,781</td>
<td>100%</td>
</tr>
<tr>
<td>LGBTQI+ individuals reached</td>
<td>1,401</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Situation Update**

In light of Lebanon’s increasing financial challenges, the purchasing power of Lebanese citizens has shrunk by 95 percent with the Lebanese pound hitting record lows in December, trading at almost LBP29,000 to the US dollar. The exacerbation of the economic crisis in Lebanon has led to a recent increase in pilfering, vehicle thefts, and even home burglaries. As a response, checkpoints have been set up on the dark streets as power has been cut.

UNFPA programme data shows that gender-based violence has become a greater risk as a result of this ongoing economic deterioration, particularly as families resort to harmful coping mechanisms like child marriage and sexual exploitation. These conclusions have also been echoed by UNICEF, who reported a near doubling in the number of cases of child abuse and exploitation it has handled in Lebanon over the past year. It is worth noting that Lebanon has launched support programmes for the vulnerable while its Central Bank has set new rates for withdrawals from dollar deposits. On the international level, UN Secretary-General António Guterres called on Lebanon’s leaders to join their efforts to stop corruption and promote accountability and transparency.

UNFPA Lebanon’s work teams are constantly striving to continue and enhance communications with the served communities, considering the challenges posed by the lack of electricity and internet. Also, high cost of transportation and roadblocks remain primary barriers for many to attend training programmes across Lebanon. Moreover, survivors of violence are not able to adapt and secure their needs due to the increased reliance on the US dollar for people to cover rent and other basic living costs. Beneficiaries are not capable of redeeming their cash assistance since financial service providers have reduced their working hours due to power shortages.

**CHALLENGING NORMS IN WADI KHALED**

“I am very proud to have been part of UNFPA’s project that aimed to enhance access to SRH for our community in Wadi Khaled,” said Mazen, 23, who is one of 25 peer educators working to raise awareness on sexual and reproductive health and rights in Wadi Khaled, Lebanon. In fact, Mazen has always participated in humanitarian and social activities that not only helped the people in his community, but also enabled him to broaden his horizons and learn new skills.

“The training about family planning, personal hygiene, and early marriage that we received at the beginning of the project was fruitful and insightful indeed,” explains Mazen. “As a first step, I was able to disseminate the information that we acquired throughout the trainings to my family, relatives, and close friends, and I believed that they would support me. After that, I started to widen my scope of coverage and went to several camps around Wadi Khaled.”

“After nearly two months of hard work, some people began accepting these ideas. In fact, I was able to introduce new topics that our people did not know about before.”

Mazen acknowledges that the journey was full of obstacles and barriers. “The two main problems that we faced were the documentation of our work through photography and the sensitivity of topics that were discussed. This was due to the fact that we dealt with tribal communities that have strict beliefs and traditions.”

However, Mazen noted that he was determined to deliver all the information that he learned and to demonstrate his community that it is based on science. “After nearly two months of hard work, some people began to accept these ideas. In fact, I was able to introduce new topics that our people did not know about before. These included the significance of obstetrician-gynecologist consultations or midwifery care, ultrasound examinations, blood tests, and many other routine check-ups that enhance the women’s reproductive and sexual health.”

Mazen believes that, while the programme has reached a considerable number of people in his community, sustainability over the long-term is key.

“There are still a lot of people in other areas who have not received awareness raising sessions,” he added. “We have 28 villages in Wadi Khaled and the Syria crisis has worsened the vulnerability in the area. We still have a lot of work to do in the future.”

Mazen concluded by highlighting the impact the work is having on those most in need, particularly in rural areas that often lack the necessary access to quality health services.

“It feels great to take part in these efforts and to know that we’re among the few making a change in Wadi Khaled — a rural area that is scarcely supported,” he concluded.
UNFPA Jordan has been supporting sexual and reproductive health services to women in Azraq since 2017. As a midwife, Lara speaks about adapting sexual and reproductive health services to cope with the challenges faced by women in the camp.

“I am passionate about my work and proud to be able to help people here at the camp,” says Lara. She works at a UNFPA-supported health clinic in Azraq camp, located some 90 kilometers from the Syrian border and currently home to more than 43,000 Syrian refugees. During her nearly five years as a midwife in Azraq, Lara noticed that women in the camp often lack the necessary support, especially during the post-natal period.

“When women get pregnant in the camp, they have to seek healthcare, deliver the baby, and take care of their children all at once,” says Lara.

In 2021, UNFPA’s support provided ante-natal, post-natal, and family planning services to over 50,000 women and girls. Among other things, sexual and reproductive health care providers conducted extensive counseling with their patients concerning family planning, ante-natal care, post-natal care, danger signs during pregnancy, and sexually transmitted infections.

“Due to the weather conditions in the camp as well as the difficulties mothers face in carrying their children to and from the clinic, the IRC health team in Azraq noticed a decrease in the number of people requesting post-natal care services. In response, I proposed that we conduct post-natal care consultations in new mothers’ homes,” recalled Lara. “I began taking the necessary equipment with me to visit the women in their caravans and provide post-natal care and family planning services in one village as a trial.”

Amani, 32, whose family had fled Dara’a six years ago and who is raising her seven children in the Azraq camp in Jordan, said: “While pregnant, I regularly visited the clinic for regular checkups. However, I was unable to visit the clinic for post-natal care when I gave birth. I was having a hard time going to the clinic and leaving my children at home. Lara has visited me three times since I gave birth five weeks ago.”

Today, the UNFPA-supported health team in the camp conducts home visits in all camp villages. “We started the initiative two months ago. In the first month, we made 114 home visits,” Lara added. “I saw the importance of these home visits during the winter and felt proud to spare moms walking in these harsh weather conditions.”
I VOLUNTEER BECAUSE I UNDERSTAND WHAT EVERY WOMAN AND GIRL IN THIS SAFE SPACE GOES THROUGH. I KNOW WHAT IT IS LIKE TO FEAR FOR YOUR LIFE, EVEN FROM YOUR OWN FAMILY.

— ZINA, A SYRIAN REFUGEE FROM ALEPPO, SYRIA

REPRODUCTIVE HEALTH

<table>
<thead>
<tr>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with sexual reproductive health services</td>
<td>6,652</td>
</tr>
<tr>
<td>Family planning consultations</td>
<td>19,493</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>1,016</td>
</tr>
<tr>
<td>C-Sections</td>
<td>73</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>14,918</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>3,880</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>25</td>
</tr>
</tbody>
</table>

GENDER-BASED VIOLENCE

<table>
<thead>
<tr>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with GBV programming</td>
<td>2,348</td>
</tr>
<tr>
<td>People reached with dignity kits</td>
<td>708</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>233</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>32,817</td>
</tr>
<tr>
<td>People reached with GBV-related topics</td>
<td>700</td>
</tr>
</tbody>
</table>

YOUTH SERVICES

<table>
<thead>
<tr>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with youth-engagement activities</td>
<td>2,116</td>
</tr>
<tr>
<td>People trained on youth-related topics</td>
<td>47</td>
</tr>
</tbody>
</table>

SOCIAL INCLUSION

<table>
<thead>
<tr>
<th>SINCE JANUARY</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with disabilities reached</td>
<td>2,597</td>
</tr>
<tr>
<td>Adolescent girls reached</td>
<td>1,754</td>
</tr>
</tbody>
</table>

A MESSAGE OF HOPE FROM MAYA, WHO RECENTLY RECEIVED SERVICES AT A UNFPA-SUPPORTED FACILITY

My name is Maya. I am a Syrian refugee from Al Hasakah. I have been living in Dersiz 3 refugee camp in the Kurdish Region of Iraq for about 8 years. I did not complete my education — only primary school — and I am currently jobless.

I am married and I live with my husband, his other wife, and our five children, three of whom are mine. He works as a day labourer and earns our living.

I had heard about the [UNFPA-supported Safe Space] and managed to get the location from my neighbour.

I met the case manager, who recommended that I participate in the Women's Committee, sports training, and hairdressing to widen my social circle and feel empowered.

"The staff at the Safe Space were nice to me, and they explained to me the services they provide. This encouraged me to make an appointment with the social worker.

At first, I was too afraid to ask for help and tell my story to people I don't know. The staff at the Safe Space were nice to me, and they explained to me the services they provide. This encouraged me to make an appointment with the social worker. In my interview with her, after greeting and acquaintance, I began to explain to her that I needed help. She suggested that I refer me to the case manager whom I saw when I was first received.

I agreed and made an appointment. This time, I was more comfortable, because I had made several visits to the space, but there was still tension over how to narrate the subject. We entered a listening room where there was a table with two cups of water and a box of tissues, in addition to two chairs facing each other. She asked if I was comfortable, then asked what drew my attention in the room. As simple as it was, this small interaction helped relieve my tension.

I told her about my relationship with my husband and his neglect of me. My story began with my marriage, in which I never truly felt like I had a life partner. Even though he was the provider, he never gave me enough money to cover my personal needs. I was constantly neglected. This worsened when I was pregnant with my youngest daughter, which is when he started hitting me and insulting me. I still deeply remember the details of each stage of this transition. I was dying inside, at every moment of every day but I had no choice but to stay for the sake of my children. I told the case manager that, of all his damaging behaviour, the insults were the most hurtful, and they came at every opportunity. I could not stand his looks, especially as he neglected the intimacy between us, which made it all worse. I found out later that he wanted to marry another woman. That was hard for me.

After several sessions with the case manager, I began to feel better, as if a weight was slowly falling off my shoulders. I learned breathing exercises and relaxation techniques and applied them myself. These helped me, especially that there was not much I could do at that point and I did not want to pursue any legal measures, despite the abuse. More importantly, he had stopped hitting me after he got married again.

"I felt empowered. I was able to ask my husband about my needs, in addition to becoming more social and have friends, and I had information about service providers in the camp if I needed them.”

My participation began with a training with a women's committee. It was a wonderful programme that lasted several sessions, through which I learned to make decisions, and to dare to claim my rights. I also chose gymnastics and hairdressing, which really worked for me, as I got to know other women and learn a variety of skills and techniques that boosted my self-confidence.

I felt empowered. I was able to ask my husband about my needs, in addition to becoming more social and have friends, and I had information about service providers in the camp if I needed them. Now I want to develop myself in the field of make-up artistry and, if I get the chance, I will open my own salon. This is my plan for the future. This was an opportunity to tell my story, as I wanted to be a role model for women. Seek help if you are experiencing any kind of harm. Don't succumb to the circumstances that destroy you.
UNITED NATIONS POPULATION FUND
Regional Situation Report for the Syria Crisis  I  December 2021

EGYPT COUNTRY OFFICE
UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO young people while continuing to offer case and its implementing partners opted for digital activities for community members, UNFPA of safe spaces to offer physical meetings, complications have affected the ability beyond the programmatic cycle. make sure that safe spaces continue to operate mechanisms with its partners on the ground to in discussing and developing sustainability services for GBV survivors, with a focus to 273 Syrian women and girls in different communities. In the refugee response in Turkey, UNFPA co-leads with the Government and International Medical Corps (IMC), respectively. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

Through its Damascus-based operation, UNFPA is the main lead, while in its Turkey Cross-Border operation UNFPA co-leads with Global Communities. In the refugee response in Turkey and Iraq, UNFPA co-leads with the Government of Turkey and International Medical Corps (IMC), respectively. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

In the framework of the Humanitarian Programme Cycle, the Whole of Syria GBV AoR produced the final draft of the Voices from Syria 2022 report in both English and Arabic. As in previous years, the document is still published as a ‘draft’ as Voices is usually officially published together with the WHO. An EasyRead versions is also being finalised.

The Whole of Syria GBV AoR also reviewed its estimate of people in need (PIN) and severity based on the feedback received from GBV experts in each of the hubs. The final GBV PIN has been set at 7.3 million people, while more information on GBV PIN and severity has been provided in a dedicated dashboard. The GBV AoR also finalised its 2022 GBV Framework and contributed to the finalisation of the protection and AoR HRP chapter, in addition to supporting the review of the HNO draft. The GBV dashboard has also been updated with the 4Ws data covering the period Jan-Nov.

The 16 Days of Activism against GBV continued in December with the engagement of UNFPA in the roundtable organised by OHCHR on Human Rights Day and focusing on the right to health, UNFPA contributed by leading the discussion related to Sexual and Reproductive Health in particular. The Regional Humanitarian Hub for Syria and the Arab States was asked to present the findings of Tracing noms in a UNFPA webinar organised by HQ on examples of gender-transformative work, including in humanitarian settings.

Meanwhile, the training and coaching part of the replication of the Adolescent Mothers Against All Odds (AMAA) curriculum in Jordan and Lebanon continued this month with the final two coaching sessions that aimed to support the roll-out process, including by addressing practical and technical issues. The two organisations that participated in the training and coaching will now fully implement the curriculum, with the support of UNFPA country offices.

Moreover, the replication of the GBV M&E Toolkit developed by the Turkey Cross-Border GBV Sub Cluster in Jordan and Lebanon concluded this month with the finalisation of the two adapted toolkits. Next steps will include the translation of the Jordan M&E Toolkit to Arabic and of the Iraq M&E Toolkit to Arabic and Kurdish, after which the rollout with the GBV organisations in each of the two countries will be organised.

In Syria, UNFPA participated in the protection working group meeting for Hama, which tackled the latest updates of the Rukban Human Rights Day and focusing on the right to health, UNFPA contributed by leading the discussion related to Sexual and Reproductive Health in particular. The Regional Humanitarian Hub for Syria and the Arab States was asked to present the findings of Tracing noms in a UNFPA webinar organised by HQ on examples of gender-transformative work, including in humanitarian settings.

Meanwhile, the training and coaching part of the replication of the Adolescent Mothers Against All Odds (AMAA) curriculum in Jordan and Lebanon continued this month with the final two coaching sessions that aimed to support the roll-out process, including by addressing practical and technical issues. The two organisations that participated in the training and coaching will now fully implement the curriculum, with the support of UNFPA country offices.

Moreover, the replication of the GBV M&E Toolkit developed by the Turkey Cross-Border GBV Sub Cluster in Jordan and Lebanon concluded this month with the finalisation of the two adapted toolkits. Next steps will include the translation of the Jordan M&E Toolkit to Arabic and of the Iraq M&E Toolkit to Arabic and Kurdish, after which the rollout with the GBV organisations in each of the two countries will be organised.

In Syria, UNFPA participated in the protection working group meeting for Hama, which tackled the latest updates of the Rukban Human Rights Day and focusing on the right to health, UNFPA contributed by leading the discussion related to Sexual and Reproductive Health in particular. The Regional Humanitarian Hub for Syria and the Arab States was asked to present the findings of Tracing noms in a UNFPA webinar organised by HQ on examples of gender-transformative work, including in humanitarian settings.

Meanwhile, the training and coaching part of the replication of the Adolescent Mothers Against All Odds (AMAA) curriculum in Jordan and Lebanon continued this month with the final two coaching sessions that aimed to support the roll-out process, including by addressing practical and technical issues. The two organisations that participated in the training and coaching will now fully implement the curriculum, with the support of UNFPA country offices.

Moreover, the replication of the GBV M&E Toolkit developed by the Turkey Cross-Border GBV Sub Cluster in Jordan and Lebanon concluded this month with the finalisation of the two adapted toolkits. Next steps will include the translation of the Jordan M&E Toolkit to Arabic and of the Iraq M&E Toolkit to Arabic and Kurdish, after which the rollout with the GBV organisations in each of the two countries will be organised.

In Syria, UNFPA participated in the protection working group meeting for Hama, which tackled the latest updates of the Rukban Human Rights Day and focusing on the right to health, UNFPA contributed by leading the discussion related to Sexual and Reproductive Health in particular. The Regional Humanitarian Hub for Syria and the Arab States was asked to present the findings of Tracing noms in a UNFPA webinar organised by HQ on examples of gender-transformative work, including in humanitarian settings.

Meanwhile, the training and coaching part of the replication of the Adolescent Mothers Against All Odds (AMAA) curriculum in Jordan and Lebanon continued this month with the final two coaching sessions that aimed to support the roll-out process, including by addressing practical and technical issues. The two organisations that participated in the training and coaching will now fully implement the curriculum, with the support of UNFPA country offices.
CURRENT DONORS

Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, the United Kingdom, USAID’s Bureau for Humanitarian Assistance (BHA), and the US Department of State Bureau of Population, Refugees, and Migration (BPRM).

United Nations: OCHA/CERF, UNDP, SCHF, and UNFPA Emergency Funds.

IMPLEMENTING PARTNERS

In Syria: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Mayaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatouli Charity for Humanitarian Services, Islamic Charity Association – Aoun for Relief and Development (AOUN), Monastery of St. James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Commission for Family Affairs and Population, SCs, SEBC, OCHA / SHF: UNICEF, WFP, UNHCR, ILO, UNDP, UNHCR.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Akkarouna, ABAAD.

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women’s Union (JWU), the National Council for Family Affairs (NCFA), National Women’s Health Care Centre (NW/HCC), Questscope, Higher Population Council (HPC), Generations for Peace (GFP), Health Care Accreditation Counsel (HCAC), International Rescue Committee (IRC), Royal Health Awareness Society (RHAS), the Jordanian National Commission for Women (JNCW), and Save the Children Jordan.

In Iraq: AL Massela, Harika, Zhan and Civil Development Organisation.

In Egypt: UNHCR, Ministry of Health and Population (MOHP), Ministry of Youth and Sports (MoYS), Etijah, and Care International.

In Turkey: ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women’s Centre Foundation); Eskisehir Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); Red Umbrella Sexual Health and Human Rights Association. For the service units that are under direct implementation, UNFPA is collaborating with Ankara Municipality, Sanliurfa Municipality and RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

Turkey Cross-Border: Syria Relief and Development (SRD), Syrian American Medical Society (SAMS), Shafak, Relief International (RI), Ihsan for Relief and Development (IhsanRD), and their sub-implementing partners Masrat (Ihsan), Women’s Support Association (Ihsan), and Hope Revival Organisation (Ihsan).

DONORS & PARTNERS

THE ESSENTIAL SERVICES BEING DELIVERED TO SYRIANS REGION-WIDE WOULD NOT BE POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS.

CONTACT INFORMATION

Jennifer Miquel
Regional Humanitarian Hub for Syria & the Arab States
miquel@unfpa.org
(962) 79 575 6755

RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
www.unhcr.org
http://syria.humanitarianresponse.info