



UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 112

DECEMBER 1-31 2021

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

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.

UNFPA'S MISSION

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.

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

2021

A YEAR FILLED WITH DAUNTING CHALLENGES
AND OUTSTANDING ACHIEVEMENTS.

1.1+ MILLION PEOPLE
REACHED WITH SEXUAL &
REPRODUCTIVE HEALTH
SERVICES

600K+ PEOPLE REACHED
WITH GENDER-BASED
VIOLENCE SERVICES

75K+ YOUNG PEOPLE
ENGAGED

150K+ WOMEN PROVIDED
WITH CASH & VOUCHER
SERVICES

200K+ ADOLESCENT GIRLS
SUPPORTED

18K+ PEOPLE WITH
DISABILITIES REACHED

5K+ LGBTQI+ INDIVIDUALS
SUPPORTED

DEAR READERS,

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.



According to UN OCHA, the scale, severity and complexity of humanitarian needs in Syria "remain extensive." This is due to continuing hostilities in various areas, new and protracted displacements, spontaneous returns, and the unrelenting erosion of the country's resilience. UNFPA is continuing 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 help ensure that no one is left behind, particularly among women and girls.



13.4 MILLION
ESTIMATED IN NEED IN SYRIA



3.6 MILLION
WOMEN AND GIRLS OF
REPRODUCTIVE AGE IN
NEED IN SYRIA



11.7 MILLION
INTERNALLY DISPLACED OR
LIVING AS REFUGEES
IN THE REGION



500,000
ESTIMATED PREGNANT WOMEN
AND GIRLS IN THE REGION

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 refugee-hosting 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 instabilities. 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 serial marriage, domestic violence, 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 as more 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 help ensure that no one is left behind, particularly among women and girls, and is working with local partners and authorities including women's networks, health clinics, health workers, and GBV case managers.

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. While the COVID-19 pandemic has significantly impacted UNFPA's operations in the field, efforts are ongoing to ensure that critical services are being delivered to people in need throughout the region.

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.

It is worth noting that the capacity for testing throughout Syria remains extremely limited, meaning that actual infection numbers are likely much higher. Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in the country is consistently evolving and remains extremely volatile, particularly in areas with high numbers of internally displaced people and limited access to health services. Humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient personal protective equipment (PPE).

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.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
As of December 31, 2021	50,287	9,482,550	727,930
	JORDAN	IRAQ	EGYPT
	1,063,405	2,093,740	384,728

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

FUNDING NEEDS IN 2022

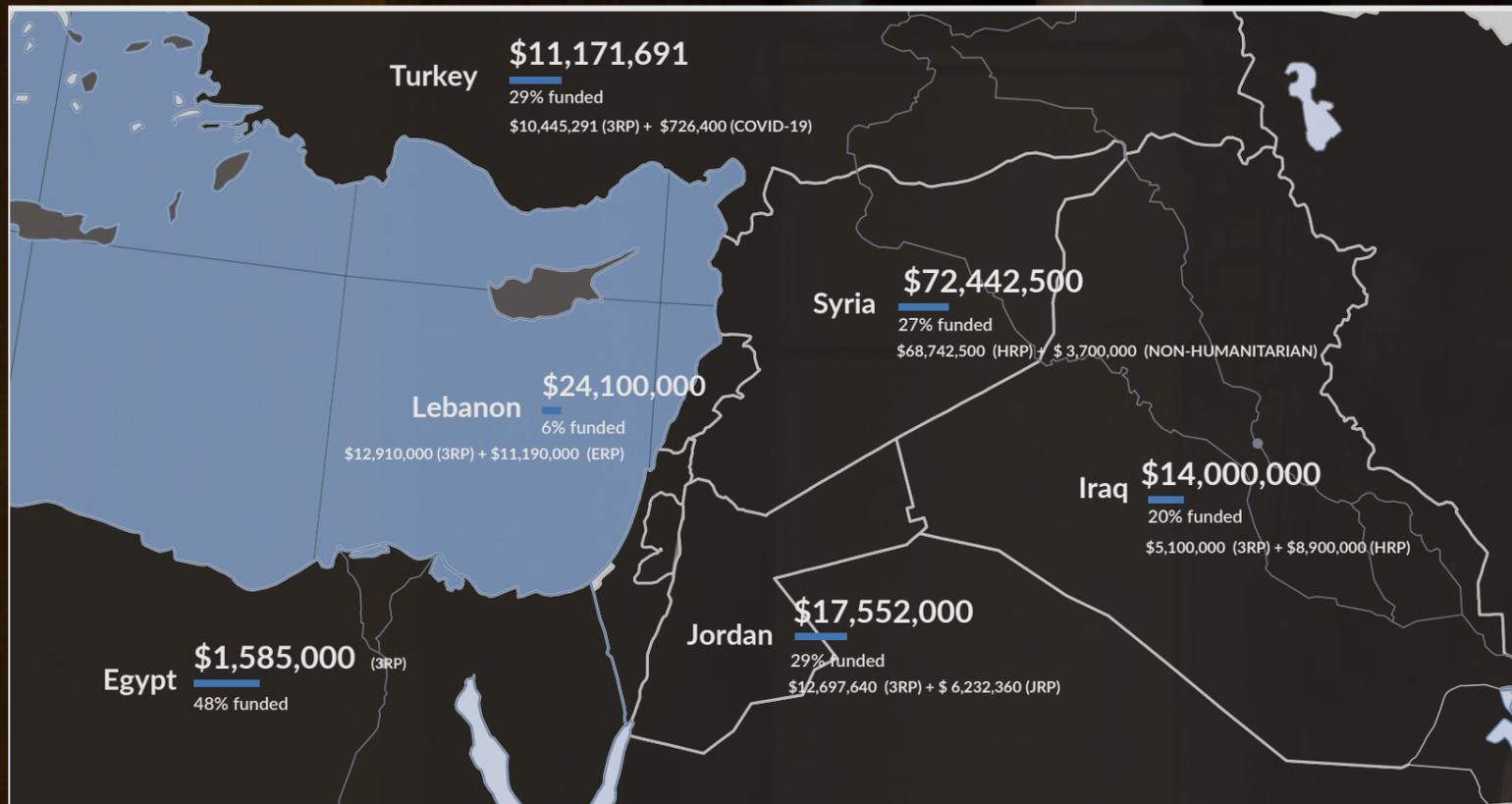
UNFPA plans to continue broadening and enhancing its regional response throughout 2022 to address these challenges. This includes expanding cash and voucher assistance programmes to ensure that no one is left behind. UNFPA will continue to partner with authorities, UN agencies, non-governmental organisations, 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.



SYRIA CRISIS-SPECIFIC APPEALS Includes Whole of Syria Humanitarian Response Plan (HRP) and Regional Refugee Response Plan (3RP)	\$117,712,791 26% funded
OVERALL HUMANITARIAN APPEALS Includes Syria crisis appeal, Iraq HRP, Lebanon Emergency Response Plan, and Turkey COVID-19 respons	\$142,229,191 24% funded



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.

FROM ALL OPERATIONS

OPERATIONS IMPLEMENTED THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TURKEY, JORDAN, IRAQ, AND EGYPT.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
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

	SINCE JANUARY	% FEMALE
People reached with GBV programmeming	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

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	74,912	64%
People trained on youth-related topics	2,123	81%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	156,134	99%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
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.

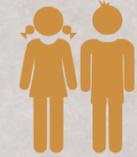
SINCE JANUARY % FEMALE



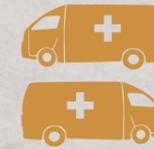
369
PRIMARY HEALTHCARE FACILITIES*



105
WOMEN AND GIRLS SAFE SPACES



20
YOUTH CENTRES



108
MOBILE CLINICS



33
EMERGENCY OBSTETRIC CARE FACILITIES



205,723
ADOLESCENT GIRLS REACHED



17,991
PEOPLE WITH DISABILITIES REACHED



4,924
LGBTQI+ INDIVIDUALS REACHED



156,134
PEOPLE REACHED WITH CASH & VOUCHER ASSISTANCE

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

UNFPA's operations in Syria are run from the Syria Country Office, as well as from the UNFPA hub in Gaziantep, Turkey for cross-border operations. While the COVID-19 pandemic has significantly impacted UNFPA's operations in the field, efforts are ongoing to ensure that critical services are being delivered to people in need throughout the region.

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 programmeming at a UNFPA-supported Safe Space

ACROSS THE WHOLE OF SYRIA

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO LIFE-SAVING ASSISTANCE AND QUALITY SERVICES.

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 (3RPs) 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.

"Through 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."

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	966,656	97%
Family planning consultations	363,373	99%
Normal and assisted vaginal deliveries	61,796	100%
C-Sections	44,177	100%
Ante-natal care consultations	536,881	100%
Post-natal care consultations	115,730	100%
People trained on SRH-related topics	2,257	91%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	510,642	91%
People reached with dignity kits	154,983	99%
People provided with GBV case management	25,670	98%
People reached with GBV awareness messages	633,292	92%
People trained on GBV-related topics	3,202	84%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	49,834	60%
People trained on youth-related topics	55	64%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	154,861	100%

SOCIAL INCLUSION

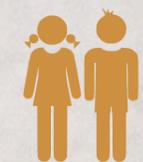
	SINCE JANUARY	% FEMALE
People with disabilities reached	9,510	83%
Adolescent girls reached	174,511	100%



95
PRIMARY HEALTHCARE FACILITIES*



53
WOMEN AND GIRLS SAFE SPACES



13
YOUTH CENTRES



91
MOBILE CLINICS



29
EMERGENCY OBSTETRIC CARE FACILITIES



174,511
ADOLESCENT GIRLS REACHED

SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES IN NEED THROUGHOUT THE COUNTRY.



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 for 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 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

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	803,509	99%
Family planning consultations	316,275	99%
Normal and assisted vaginal deliveries	39,837	100%
C-Sections	37,853	100%
Ante-natal care consultations	417,965	100%
Post-natal care consultations	70,372	100%
People trained on SRH-related topics	2,110	91%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	211,908	95%
People reached with dignity kits	10,411	88%
People provided with GBV case management	23,432	98%
People reached with GBV awareness messages	535,994	96%
People trained on GBV-related topics	701	99%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	49,834	60%
People trained on youth-related topics	55	64%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	150,403	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	4,922	79%
Adolescent girls reached	123,574	100%



85

PRIMARY HEALTHCARE FACILITIES*



39

WOMEN AND GIRLS SAFE SPACES



13

YOUTH CENTRES



84

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



123,574

ADOLESCENT GIRLS REACHED

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 SAVE LIVES

THE UNSUNG HEROES HELPING TO DELIVER BABIES AND CARE FOR PREGNANT AND LACTATING WOMEN THROUGHOUT SYRIA.

“This is the first time I saw my baby wrapped up in a clean sheet,” says Sawsan, a 32 year-old mother of two children, speaking with delight to UNFPA staff after giving birth. Her delivery, which took place in Deir Hafer in rural Aleppo, was made possible with the assistance of Maisoun — a UNFPA-supported midwife.

Sawsan had come to Deir Hafer from Southern Ar-Raqqa — one of the locations most impacted by the crisis, where countless women like Sawsan have no access to healthcare services that can support them during their pregnancy. She had travelled nearly 50 kilometres to deliver her baby as soon as she'd heard about the midwives programme.

Midwives have continued to play a crucial role in the health and wellbeing of mothers and newborns, particularly since the onset of the crisis. 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. Poor and very expensive transportation systems in remote areas make it even harder for women to seek support in the nearest cities.

“I've known midwife Maisoun for many years. She delivered my two babies. Now that I am pregnant after returning home, Maisoun has been following up on my pregnancy. I feel safe and relieved around here,” recalls Hala, 36 years-old, six months into her pregnancy in Jaabat village, Maskaneh.

Maisoun has been a dedicated certified midwife for over twenty years. In 2021, she joined the UNFPA Midwife network. Every day, she gets up early, gathers her tools, and provides regular or urgent checkups to pregnant women and lactating mothers. She is well-known for her service in the community of Deir Hafer, rural Aleppo, and has earned the trust of locals and neighboring villages East of rural Aleppo.

“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.

TURKEY CROSS-BORDER

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO QUALITY SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES.



Situation Update

The Turkish lira, 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 livelihoods 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 airstrikes 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 John 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 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.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	163,147	88%
Family planning consultations	47,098	100%
Normal and assisted vaginal deliveries	21,959	100%
C-Sections	6,324	100%
Ante-natal care consultations	118,916	100%
Post-natal care consultations	55,361	100%
People trained on SRH-related topics	147	82%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	298,734	89%
People reached with dignity kits	144,572	100%
People provided with GBV case management	2,238	99%
People reached with GBV awareness messages	97,298	71%
People trained on GBV-related topics	2,501	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	4,458	83%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	4,588	88%
Adolescent girls reached	50,937	100%



10

PRIMARY HEALTHCARE FACILITIES



14

WOMEN AND GIRLS' SAFE SPACES



10

EMERGENCY OBSTETRIC CARE FACILITIES



7

MOBILE CLINICS



50,937

ADOLESCENT GIRLS REACHED



4,458

PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

TURKEY COUNTRY OFFICE

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 51 million (83%) were fully vaccinated (received their second dose of vaccination) and almost 17 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, 31,716 beneficiaries were provided with 65,808 services, namely COVID-19 filiation 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.

Programmeme Update

UNFPA has been implementing 22 static service delivery points (SDPs) targeting the most vulnerable refugees (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 14 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 arena 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 in the context of the refugees with disabilities project. The objective of these workshops was 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 actors.

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 83 health professionals from Migrant Health Centres (MHC) operated by the Ministry of Health in Izmir and Adana provinces.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
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

	SINCE JANUARY	% FEMALE
People reached with GBV programmeming	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

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	9,810	86%
People trained on youth-related topics	1,437	86%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	3,633	59%
Adolescent girls reached	6,667	100%
LGBTQI+ individuals reached	3,502	46%



4

PRIMARY HEALTHCARE FACILITIES*



4

WOMEN AND GIRLS' SAFE SPACES



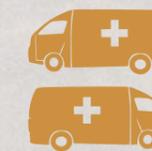
4

YOUTH CENTRES



6,667

ADOLESCENT GIRLS REACHED



10

MOBILE CLINICS



12

OTHER SERVICE DELIVERY POINTS

* The WGSSs in Turkey are providing an integrated response to refugees in need, including both GBV and sexual and reproductive health services in the same facility. In order to align the Turkey humanitarian response to the reporting requirements of the UNFPA Regional Syrian Response Sitrep, the SRH services provided in the context of WGSS are reported under the Health facilities. The number of health facilities and WGSSs should not be summed up, but counted as 4 WGSS in total.



“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.”

AWARENESS MATTERS

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 Diyarbakir.

“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 Diyarbakir 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.

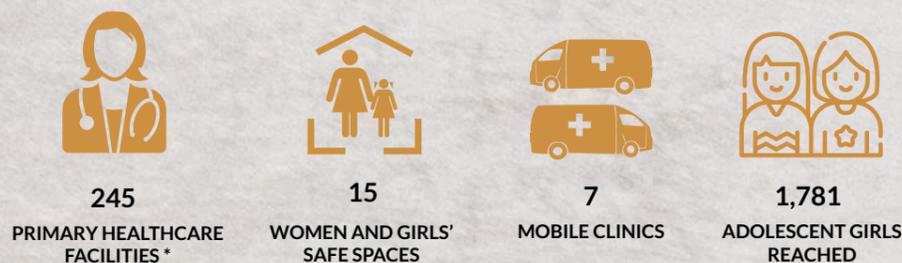
REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	30,022	79%
Family planning consultations	4,796	98%
Ante-natal care consultations	1,859	100%
Post-natal care consultations	487	100%
People trained on SRH-related topics	7,527	90%

GENDER -BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	9,999	87%
People reached with dignity kits	52,248	100%
People provided with GBV case management	3,537	100%
People reached with GBV awareness messages	40,024	82%
People trained on GBV-related topics	1,269	84%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	1,945	79%
People trained on youth-related topics	458	82%

CASH AND VOUCHER ASSISTANCE	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	822	96%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	906	99%
Adolescent girls reached	1,781	100%
LGBTQI+ individuals reached	1,401	N/A



* Partially supported in partnership with the Ministry of Health

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 pickpocketing, 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 relaunched 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 Antonio 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 acknowledged 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 to his community that it is based on science. "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. 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.



JORDAN COUNTRY OFFICE

WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES AND HOST COMMUNITIES NATIONWIDE.



REACHING THOSE IN NEED AT ALL COSTS

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 116 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.”

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	112,538	100%
Family planning consultations	23,669	100%
Normal and assisted vaginal deliveries	1,380	100%
Ante-natal care consultations	37,534	100%
Post-natal care consultations	4,944	100%
People trained on SRH-related topics	209	92%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	60,399	85%
People provided with GBV case management	2,719	91%
People reached with GBV awareness messages	31,930	81%
People trained on GBV-related topics	98	90%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	10,925	62%
People trained on youth-related topics	126	53%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	451	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,328	98%
Adolescent girls reached	15,109	100%



16
PRIMARY HEALTHCARE FACILITIES*



19
WOMEN AND GIRLS SAFE SPACES



1
YOUTH CENTRES



1,328
PEOPLE WITH DISABILITIES REACHED



1
EMERGENCY OBSTETRIC CARE FACILITIES



15,109
ADOLESCENT GIRLS REACHED

IRAQ COUNTRY OFFICE

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIAN REFUGEES.

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	SINCE JANUARY	% FEMALE
People reached with sexual reproductive health services	6,652	100%
Family planning consultations	19,493	100%
Normal and assisted vaginal deliveries	1,016	100%
C-Sections	73	100%
Ante-natal care consultations	14,918	100%
Post-natal care consultations	3,880	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programmeming	2,148	90%
People reached with dignity kits	708	100%
People provided with GBV case management	233	100%
People reached with GBV awareness messages	32,817	84%
People trained on GBV-related topics	700	65%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	2,116	57%
People trained on youth-related topics	47	23%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	2,597	91%
Adolescent girls reached	1,754	100%



A MESSAGE OF HOPE

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

My name is Maya. I'm a Syrian refugee from Al-Hasakah. I have been living in Domiz 1 refugee camp in the Kurdistan 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 she 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.



EGYPT COUNTRY OFFICE

UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY.

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	2,018	96%
GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	11,907	98%
People provided with GBV case management	3,264	98%
People reached with GBV awareness messages	4,099	92%
People trained on GBV-related topics	24	100%
SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	17	100%
Adolescent girls reached	5,901	100%
LGBTQI+ individuals reached	21	100%



In December, UNFPA continued to deliver MHPSS services, with sessions delivered to 273 Syrian women and girls in different locations throughout the country. This was accompanied by awareness activities on gender-based violence, which reached around 1,250 individuals nationwide. More than 240 women attended awareness sessions on reproductive health throughout the month.

Over the course of 2021, UNFPA continued to offer awareness-raising and case management services for GBV survivors, with a focus on women and girls. UNFPA also invested in discussing and developing sustainability mechanisms with its partners on the ground to make sure that safe spaces continue to operate beyond the programmatic cycle.

While COVID-19 and its associated complications have affected the ability of safe spaces to offer physical meetings, training programmes, and interactive social activities for community members, UNFPA and its implementing partners opted for digital learning tools, developing online activities for young people while continuing to offer case

management services in person. Moreover, UNFPA Egypt continued to invest in activities designed to safeguard and promote mental health and wellbeing, including group therapy, art therapy, Yoga, and one-on-one counselling.

UNFPA Egypt also maintained its support to for primary, secondary, and tertiary healthcare, including reproductive health and family planning services, for Syrian refugees and the Egyptian host community through equal and non-discriminatory access.

UNFPA also worked closely with the National Council for Women to study ways to ensure that refugee and migrant GBV survivors have quality access to state-led services through the "Safe Women" clinics supported by UNFPA. This served to ensure that both Egyptians and non-Egyptians have equal access to a comprehensive package of legal, medical, and social services in cases of GBV. To that end, UNFPA supported capacity building for medical service providers on assistance for survivors.

COORDINATION UPDATES

UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY, ENSURING THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

To ensure effective coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian organisations, both UN and non-UN, in each of the main sectors of humanitarian action such as water, health, and logistics. In contexts where the IASC Cluster Approach has been activated, UNFPA is mandated to co-lead the GBV Area of Responsibility (GBV AoR), a part of the Global Protection Cluster, which is led by UNHCR.

As lead, UNFPA is accountable for working closely with national authorities, partners, and communities to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA is co-leading 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 HNO. An EasyRead version 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 Transcending norms 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 (AMAL) curriculum in Jordan and Lebanon concluded 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 Iraq proceeded 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 Homs, which tackled the latest updates of the Rukban response, needs, and the interactive map of the mobile teams and their coverage areas. UNFPA also participated in the Health Working Group in the governorate, which included updates of 2021 achievements and 2022 planned health activities by the implementing partners. WHO shared updates on COVID-19 and the status of vaccination campaigns. Meanwhile, UNFPA participated in the protection working group for Hama, with a focus on the results of the last inter-sector mission to the northern rural of Hama, the needs, and the response plan of each organisation. UNFPA also continued to invest in capacity building with a workshop on gender-based violence held in Tishreen Hospital in Lattakia for 15 postgraduate students specialising in gynaecology and nursing.

In Turkey, the National GBV Working Group discussed the key findings of the review of GBV in Turkey conducted by UNFPA, which looked at (1) the current situation of the refugee communities in Turkey, (2) GBV and its effects on refugee communities in Turkey, (3) the impact of COVID-19 on GBV in Turkey. The recommendations, which were provided separately for different stakeholders, will serve as an advocacy paper in the upcoming months.

The National Protection Working Group also finalised the protection sector advocacy paper on refugees with disabilities (RwD) from an access and inclusion perspective. In order to increase the RwD access to services and to strengthen the sector capacity the advocacy paper made a wide range of recommendations, including the adoption of an inter-sectoral approach to addressing multiple vulnerabilities, including caregivers of refugee children with disabilities and individuals with caregiving responsibilities in all programmes targeting refugees with disabilities, among others.

UNFPA also delivered a webinar on PSEA corrective measures/investigations on behalf of PSEA Network. Moreover, the PSEA Network finalised the draft of the Standard Operating Procedures and Victim's Assistance Protocol in line with global practices suggested by IASC with the support of the PSEA Consultant. The SOP aimed to provide clarity to network members on the general module of complaint, referral and follow up mechanism with a special consideration on child survivors.

DONORS & PARTNERS

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

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, Masyaf 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, Albatoul Charity for Humanitarian Services, Islamic Charity Association – Aoun for Relief and Developments (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 (NWHCC), 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, Zhian 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); PLA (Positive Living 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 Masrart (Ihsan), Women's Support Association (Ihsan), and Hope Revival Organisation (Ihsan).



DEVELOPED BY THE
UNFPA REGIONAL
HUMANITARIAN HUB FOR
SYRIA & THE ARAB STATES

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>