

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

— ANTONIO GUTERRES
Secretary General of the United Nations



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REGIONAL SITUATION REPORT

FOR THE SYRIA 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 Syria Response Hub in Amman, Jordan, and spans operations conducted by UNFPA offices in Syria, Jordan, Lebanon, Turkey, 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, the 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. As of February 2020, the report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.



THE MISSION OF UNFPA

The United Nations sexual and reproductive health and rights agency.

UNFPA's core mission 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 realization 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 Syrian woman and girl 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, including 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 continue in 2020 as communities withstand the impact of the COVID-19 pandemic, which has 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 throughout the region.





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The crisis in Syria has been globally recognised as one of the worst humanitarian crises of our time. More than 11.7 million people inside Syria are in need, while close to 5.6 million have taken refuge in neighbouring countries throughout the region. They continue to suffer the effects of nearly a decade of conflict, including disruption of community networks, safety nets and rule of law. This is particularly true in the case of women and girls due to the deep-rooted complexity of the issues they continue to face on a daily basis. Moreover, as the COVID-19 pandemic continues to impact communities throughout the region, women and girls face ever-growing risks in terms of access to quality sexual and reproductive health services and protection from various forms of gender-based violence.

All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Arab States Regional Response 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.

SITUATION OVERVIEW

Within the Syria crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq and Egypt, there have been a total of 456,065 confirmed cases of COVID-19 as of July 31, 2020. The highest number of confirmed cases came from Turkey (230,873), followed by Iraq (124,609), Egypt (94,078), and Jordan (1,193). Only 757 cases were reported in Syria, although it is worth noting that the capacity for testing throughout the country remains extremely limited, averaging around 350 tests per day, with around 16,000 tests conducted in total.

UNFPA country offices throughout the region are continually adjusting their programmes and work plans as the situations and national responses evolve within each country. UNFPA also remains concerned about the rising numbers of COVID-19 cases across Syria, with precautions against a potential spread of the virus having been scaled up in the past months. In Damascus, this includes the capacity building in 125 hospitals to provide active surveillance, as well as 18 isolation centres and 111 rapid response teams. The level of testing remains extremely limited throughout Syria.

The pandemic has also created an ongoing economic crisis that has substantially exacerbated humanitarian needs. The poverty rate is over 90 percent and, the collapse of Syria's currency has compounded the crisis and continues to plunge more people into poverty. Millions of displaced people have lost their livelihoods, are taking on debt and are increasingly unable to meet their basic needs due to the regional economic crisis and the impact of COVID-19. Moreover, reports indicate an increased risk of child labour, gender-based violence, child marriage, and other forms of exploitation. Restrictions on movement and limitations on commercial activities in some areas of North-West Syria (NWS) and North-East Syria (NES), including on markets which had been introduced as a public safety measure to counter the spread of COVID-19, have contributed to the intensification of humanitarian needs, as well as the overall impact of the pandemic on the local economy.

While both reproductive health services and essential gender-based violence services are now more accessible than in previous months due to lifted restrictions, the pandemic is still severely disrupting access. People affected by humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, are faced with challenges accessing health services that were otherwise available before the COVID-19 outbreak. Those who are most at risk and in need of immediate humanitarian assistance include pregnant and lactating women, widows, children, people with disabilities and people with chronic diseases.

Throughout the region, curfews, lockdowns and movement restrictions continue to present challenges. Turkey, for instance, has been under social distancing and movement restriction requirements from 17 March 2020, which have resulted in business closures and challenges in accessing essential services. Despite these challenges, UNFPA Turkey has continued to support populations in need, such as vulnerable women and girls and Syrian refugees, throughout the outbreak.

In Lebanon, following the announcement of the COVID-19 health emergency on March 13, public mobilisation and lockdowns were implemented

nationwide. The COVID-19 emergency has been compounded by the rapidly deteriorating economic crisis that led to the devaluation of the Lebanese pound by more than 50%, decrease in purchasing power, inflation in prices, withholding depositors' money in banks, and other consequences.

Jordan saw similar shifts take place over the past months, with international borders remaining closed despite the easing of restrictions on movement. As a result of the unpredictability of the country's epidemiological status, UNFPA Jordan operations continue to be limited to time-critical, essential, life-saving components that must be continued regardless of programme and operational disruptions. UNFPA Jordan has maintained its focus on ensuring continuity of essential SRH and GBV services, particularly within the Zaatari and Azraq refugee camps.

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

The COVID-19 global pandemic continues to have a serious impact on the people of Egypt, who have faced similar disruptions after the government announced the decision to suspend schools, universities, and government offices, forcing a substantial number of UNFPA-supported WGSS to close. These facilities, however, continue to offer services remotely, meeting survivors only in emergency cases. SRH services are still operational as part of the key partnership with the Ministry of Health and Population. UNFPA has supported the development of COVID-19 standard operating procedures for service providers for antenatal, delivery and postnatal services at primary healthcare centers and hospitals, including isolation hospitals.

Despite the challenges faced by beneficiaries, service providers, and staff, UNFPA remains committed to providing essential services in sexual and reproductive health (SRH) and gender-based violence (GBV), and to reaching the Three Zeros of zero preventable maternal deaths, zero unmet need for contraception, and zero GBV and harmful practices.

The UNFPA Regional Syria Response Hub has been closely coordinating with country offices in the region to ensure that response plans and priorities are clearly established. The primary objective is to ensure that the delivery of life-saving services continues despite the many restrictions on movement that this situation has introduced. Continuity plans are being regularly updated as the situation evolves and regular situation reports are being disseminated to all stakeholders.



TOTAL CONFIRMED CASES

As at July 31, 2020

SYRIA	TURKEY	LEBANON
757	230,873	4,555
JORDAN	IRAQ	EGYPT
1,193	124,609	94,078

RESPONSE FROM ALL OPERATIONS

Delivering life-saving sexual and reproductive health and gender-based violence services to communities in need inside Syria and throughout the region.

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 Egypt, Iraq, Jordan, Lebanon and Turkey. The crisis has permanently altered the fabric of society in the nation, with far-reaching ramifications for its future resilience.

Even in these circumstances, UNFPA believes that every Syrian woman, adolescent girl and child has the right to sexual and reproductive health and protection from gender-based violence.

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.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,350,570
Family planning consultations	476,332
Normal / assisted vaginal deliveries	43,798
C-Sections	29,399
Ante-natal care consultations	448,479
Post-natal care consultations	62,771
People trained on SRH-related topics	1,745

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	589,409
People reached with Dignity Kits	216,623
People provided with GBV case management	12,480
People reached with GBV awareness messages	451,669
People trained on GBV-related topics	2,532

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	15,064
People trained on youth-related topics	198



* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 954 primary healthcare facilities are being partially supported through the Ministry of Health.



SYRIA COUNTRY OFFICE

Delivering emergency and long-term assistance to Syrian communities in need throughout the country.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,057,434
Family planning consultations	435,548
Normal / assisted vaginal deliveries	30,363
C-Sections	26,066
Ante-natal care consultations	351,239
Post-natal care consultations	38,646
People trained on SRH-related topics	372

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	347,953
People reached with Dignity Kits	57,452
People provided with GBV case management	7,194
People reached with GBV awareness messages	368,256
People trained on GBV-related topics	127

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	7,696



* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 954 primary healthcare facilities are being partially supported through the Ministry of Health.

UNFPA is ensuring that implementing partners' (IPs) staff members adhere to precautionary and preventive measures against COVID-19, by using personal protection equipment, including hand gloves and masks, and that the environments where services are delivered are properly sanitized. UNFPA continues coordination with the Ministry of Health (MoH), other key line ministries, and actively advocates for efforts to provide SRH services during COVID-19 pandemic. UNFPA Syria's response includes provision of maternal and reproductive health services for pregnant and lactating women, operation of women and girls safe spaces, distribution of RH and dignity kits (both male and female), community awareness raising and referrals to both RH and GBV services. UNFPA also continues to engage young people as partners and key agents of change and has been working hand in hand with IPs to support young people aiming to empower them to play vital roles in their communities during COVID-19 pandemic.

Certain challenges continue to impede service delivery nationwide. These include unreliable internet connectivity, which impedes programmes that have shifted to remote modalities, in addition to border closures and the volatility of the currency exchange rate (compounded by worsening banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response.



In the absence of choice.

"I gave birth to my first child at the age of fifteen. Four years later, I wanted a divorce and, upon trying to return to my parents' home, I was not welcome by my father. He simply wanted nothing to do with my daughter. I was forced to return to live with my husband's family, where I was subjected to frequent physical violence by one of the family members. After struggling with repeated trauma, it eventually led to my drug addiction."

— HALA, a survivor of child marriage, who was forced out of childhood and into an unwanted marriage at the age of 12.

CROSS-BORDER TURKEY

Ensuring that all communities inside Syria have access to quality sexual and reproductive health and gender-based violence services.

The humanitarian situation for the 4.1 million people living in northwest Syria has remained dire. The impacts of displacement, military operations, security hazards and nine years of conflict have been increasingly exacerbated by the rapid devaluation of the Syrian Pound and the COVID-19 pandemic. In an area where some 2.8 million people already rely on humanitarian assistance to meet their basic needs such as food, water, shelter, healthcare and education, the impact of these recent developments has entrenched existing humanitarian needs and created new ones. Levels of hostility have increased with more frequent instances of shelling along the frontlines in southern Idleb, northern Hama, western Aleppo and Latakia governorates continue to be reported. Tensions and clashes between NSAGs both in the Idleb area and northern Aleppo governorate have continued. The safety of civilians in northwest Syria has been further undermined by the prevalence of explosive hazards. In particular, improvised explosive device attacks have continued to threaten the lives of both civilians and humanitarian workers with 22 civilians killed during the month of July (OCHA sitrep no. 18 - July, 2020).

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	16
Health facilities that provide Emergency Obstetric Care (EmOC)	15
Functional mobile clinics	10
People reached with sexual/reproductive health services	148,352
Family planning consultations	25,716
Normal / assisted vaginal deliveries	11,952
C-Sections	3,094
Ante-natal care consultations	72,410
Post-natal care consultations	19,258
People trained on SRH-related topics	284

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	15
People reached with GBV programming / services	113,841
People reached with Dignity Kits	134,001
People provided with GBV case management	603
People reached with GBV awareness messages	52,155
People trained on GBV-related topics	1,256

Significant increases of different types of GBV have been reported, particularly incidences of domestic violence such as physical and emotional violence, marital rape and denial of resources. Pregnant women and women and girls with disabilities have been especially vulnerable. As poverty has increasingly impeded the ability of households to meet their basic needs, financially motivated negative coping mechanisms have been increasingly adopted, including forced prostitution, forced abortions and early and forced marriages. The GBV Sub Cluster has received reports of an increase of women frequenting health facilities to ask for abortions and an increased request for virginity testing. GBV partners have warned against severe consequences already observed, such as suicide attempts, especially among girls who have been forcibly married off by their families. Increased abuse of narcotic pills among women and adolescent boys has been reported, which has further exposed the risk of sexual exploitation and abuse - 'When I take these pills I become numb and don't feel the pain of my husband's battering. I feel like a 15-year-old full of energy' - an adult female beneficiary from Idleb.

In response to the reported trend of forcing girls to take hormone medications to speed up puberty, GBV partners have increased efforts to raise awareness on this trend and its consequences on girls. In that regard, GBV partners have continued to share information using all communication means on available GBV services, including case management. Coordination with the RH Working Group has also taken place to explore response actions that could be taken by health partners. In response to reported increased requests for virginity testing, the GBV Sub Cluster has re-disseminated the Virginity Testing guidance note developed by the GBV Sub Cluster and SRH Working Group.

Responding to the complex situation on the ground, UNFPA transhipped 67,210 Dignity Kits to northwest Syria in July for further distribution by implementing partners, all of which who are GBV sub-cluster members. This enabled UNFPA's partners to provide life-saving items to women and girls, which has helped enhance basic protection needs among the most vulnerable and served as an entry point to providing other life-saving GBV services.



The many faces of exploitation.

'I got married when I was twelve years old. At the age of 23, I now have six children. Through so many pregnancies my body and mind started to shut down. I was not in a position to give my children the care they needed and deserved. I pleaded with my husband that we should use family planning methods — even my mother and father got involved — but he simply refused. During one of my visits to aUNFPA-supported health clinic for women, I was referred to their case management office where I started to receive counselling sessions. With the help of their team, they were also able to reach out to my husband and explain that my body needed to rest in order to avoid a miscarriage. The importance of taking care and giving priority to our present children was also communicated and discussed with my husband. Through the help of the outreach team, my husband became responsive to the needs of myself and our children.'

— Fatima, Idleb, northwestern Syria

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

UNFPA Egypt continues to provide assistance to syrian refugees in the country, focusing on issues related to gender-based violence.

Egypt remains one of the countries most impacted by COVID-19 in the region, with over 94,000 cases reported by end of July. The restrictions on movement placed in March have since eased, however the epidemiological status of the country remains unpredictable. These measures had forced eight of the WGSS operated by the Ministry of Youth and Sports (MOYS) and three operated by UNFPA's implementing partner, CARE, to close.

However, these facilities continue to offer the life-saving package of care and case management services remotely and by meeting survivors in emergencies. A total of 13 UNFPA-supported WGSS are still open at a limited capacity that offer only the essential GBV case management service. SRH services are still operational as part of the key partnership with the Ministry of Health and Population.

The Government of Egypt has launched an adaptation plan that includes re-opening of youth centers and facilities to the communities, taking into consideration COVID-19 preventive measures of social distancing, using masks and practicing hand hygiene. UNFPA Egypt developed a re-opening plan to progress towards partial phase-based re-opening of the youth centres that are hosting UNFPA safe spaces in 5 governorates, offering integrated GBV and SRH services to women and girls from the Syrian community.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

Functional mobile clinics	2
People reached with sexual/reproductive health services	1,240
Family planning consultations	83
People trained on SRH-related topics	5

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	13
People reached with Dignity Kits	6,958
People reached with GBV programming / services	605
People provided with GBV case management	2,096
People reached with GBV awareness messages	817

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Beneficiaries reached with youth programming	98
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Carving a path towards hope.

When 21-year-old Afaf took refuge in Egypt, the Syria crisis was in its early stages, many hoping it would end quickly. Nine years have passed since then, and Afaf — who had fled her homeland with her parents and younger sister — has had to face the many risks of displacement amid conflict. She, her mother, and sister have been the survivors of consistent physical violence at the hands of their father, who also refuses to support the family financially, including giving any support to their education.

The women of the family have always yearned for a more stable future, which is why they consider education and marketable skillsets a priority. For years, they have tried their best to find opportunities that would save them from their dire financial straits and give the two sisters some semblance of security, which is always a challenge for refugees attempting to adapt to a new environment. Eventually, the three of them found their way to a UNFPA-supported Women and Girls' Safe Space, where they immediately enrolled in the training programmes on offer.

During the trainings, Afaf quickly caught the attention of the space's consultants. Aside from being dedicated and determined to her self-development, she showed clear signs of trauma; anger, frustration, and clear melancholy. They consulted her mother, who opened up about the considerable abuse to which Afaf was being subjected at home, which caused her significant distress and — according to her mother — cultivated suicidal tendencies. Upon learning this, the consultants approached Afaf and encouraged her to attend individual counselling, which not only confirmed her mother's account but also revealed the depth of the feelings she was experiencing; insecurity, self-hate, and an overwhelming sense of helplessness in terms of dealing with the abuses.

Over sustained sessions and unwavering care by the counselor, Afaf is quickly developing the ability to care for herself. While the abuse continues, she has been capable of shifting the dynamics of her relationship with her father to reduce the intensity of his aggression and to develop a more positive attitude towards herself. The sessions are still in progress and Afaf's determination continues to grow, particularly as she develops a practical set of skills through the training workshops. Her primary objective is to achieve economic independence and to pursue her education, in addition to helping her sister do the same.

IRAQ COUNTRY OFFICE

UNFPA Iraq continues to provide essential support to more than 245,000 Syrians currently taking refuge in the country.

Iraq reported its first case of COVID-19 on February 24, 2020. As of 30 July 2020, a total of 124,609 cases had been reported, with 4,741 deaths. According to the Ministry of Health and WHO data, 47 % of the cases reported are women, the largest age bracket testing positive for COVID-19 is 30-39 years and the largest number of deaths reported is for patients between 60-69 years old.

On 17 March, the Iraq Crisis Cell imposed a curfew across the country resulting in the disruption of access to life-saving sexual and reproductive health services and the worsening of existing inequalities for women and girls. The curfew, originally planned to be temporary, has been extended repeatedly given the continued rise in cases. However, UNFPA-supported reproductive health facilities and women centres continue to offer life-saving services and remote case management to women and girls in need.

UNFPA, in collaboration with WHO, continues to support the Ministry of Health in the development of national guidelines for the management COVID-19 during pregnancy and childbirth.

UNFPA also continues to support the Ministry of Health with the online training of health service providers, midwives, nurses and doctors on the mitigation measures in the delivery rooms and reproductive health clinics in response to COVID19 pandemic.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	4
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	32,711
Family planning consultations	3,686
Normal / assisted vaginal deliveries	679
C-Sections	233
Ante-natal care consultations	6,307
Post-natal care consultations	1,924
People trained on SRH-related topics	484

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	4
People reached with GBV programming / services	2,323
People reached with Dignity Kits	7,047
People provided with GBV case management	248
People reached with GBV awareness messages	2,282

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	1
Beneficiaries reached with youth programming	2,238



JORDAN COUNTRY OFFICE

With 1.3 million Syrians nationwide, UNFPA Jordan continues to provide essential services to refugee and host communities nationwide.

Jordan reported its first case of COVID-19 on March 2, 2020, followed by a 24/7 curfew and lockdowns restricting people from leaving their homes. As of early May, all lockdowns and restrictions have been lifted following the containment of community transmissions of the virus, which has allowed operations to resume as normal. While cross-governorate borders have also re-opened, international borders remain closed, with the government set to announce a plan for a gradual and limited resumption of international travel.

Jordan's epidemiological status remains unpredictable. UNFPA Jordan staff is partially working from home as part of a phased approach to return to normal procedures, while essential SRH and GBV services, particularly within the Za'atari and Azraq refugee camps, have all returned to normal, with safeguards and precautionary protocols in place to prevent potential outbreaks.

UNFPA Jordan has been working with WHO and the Ministry of Health to support the country's preparedness and response plan for COVID-19 and will provide essential supplies requested by the MoH.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	16
Health facilities that provide Emergency Obstetric Care (EmOC)	1
Functional mobile clinics	4
People reached with sexual/reproductive health services	53,224
Family planning consultations	9,903
Normal / assisted vaginal deliveries	799
Ante-natal care consultations	17,296
Post-natal care consultations	2,542
People trained on SRH-related topics	28

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	19
People reached with GBV programming / services	20,487
People reached with Dignity Kits	1,000
People provided with GBV case management	2,039
People reached with GBV awareness messages	12,156
People trained on GBV-related topics	75

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Beneficiaries reached with youth programming	4,341
Number of functional youth centres	1
People trained on youth-related topics	145

UNFPA Jordan's GBV programme has resumed activities in all 19 locations across the Kingdom with the provision of in person GBV case management, psychosocial support clinical management of rape and referral. Group activities resumed at 30% of capacity in both urban areas and refugee camps in line with Government indication on risk mitigation measures. Meanwhile, in an effort to extend the reach of its awareness messaging within national guidelines for COVID-19, UNFPA Jordan organized an online expert discussion on the rapid assessment of SRH and GBV needs among women and girls. The discussion was attended by around 100 participants. This was followed by an interactive online session aimed at youth personnel and volunteers, with a focus on GBV priorities for 2020.



In Search of Strength and Healing.

A survivor of child marriage, domestic abuse, and displacement, Raya finally found the support network she needed to start the healing process.

It was in 2015 that Raya, 31, fled the violence in Syria to take refuge in Jordan, eventually settling in Azraq camp with her husband, two daughters, and two sons.

Raya was only 16 when her father forced her to marry their neighbour, who is 11 years her senior. Since the first day of their union, her husband demonstrated markedly abusive behaviour, including general mistreatment, yelling and the consistent use of verbal insults. He deprived her of her right to see her family for two years, and his verbal abuse quickly evolved into threats of polygamy and abandonment.

“I truly thought that this is what marriage was, given how I came to be married in the first place,” recalls Raya. “It was the way my father treated my mother, and how my husband treated me.”

When they settled in Azraq in 2015, Raya faced difficulties adapting to the living conditions at the camp, particularly in the absence of family and friends and the continuing onslaught of abuse at the hands of her husband. As the years went by, her situation continued to deteriorate, causing her significant stress and anxiety, which in turn impacted the way she dealt with her children.

It was fortunate that, at some point, she came across an awareness session on gender-based violence offered by one of UNFPA’s partners in Jordan, during which she was introduced to the group and individual counselling sessions offered at a UNFPA-supported Women and Girls’ Safe Space. She quickly seized the opportunity, requesting access to the counsellor and initiating the necessary journey to reclaim her life. During the first session, it was agreed that she would work with her counsellor on an action plan that included group support to help her build the sense of community and security she’d lost during her displacement. This was accompanied by remote counselling sessions, which could not be held in person due to the growing risks of COVID-19. The sessions offered practical insights and techniques to help her battle her anxiety and rebuild her self-confidence, which she saw was a key steppingstone toward addressing her larger problems.

“The road ahead is long, and I will need time to fully address my situation,” explains Raya. “The sessions have been immensely helpful. They allowed me to overcome many of the issues I was facing, especially when it comes to protecting my children from the abuse I am experiencing. Even my husband’s behaviour has changed. He sees the strength that the sessions have given me, and I feel more empowered to deal with his behaviour.”

“ I truly thought that this is what marriage was, given how I came to be married in the first place. It was the way my father treated my mother, and how my husband treated me.

— RAYA, who recently received GBV services at a UNFPA-supported women and girls’ safe space

LEBANON COUNTRY OFFICE

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

The announcement of the COVID-19 health emergency in Lebanon on March 13 resulted in public mobilisation and lockdowns nationwide. These measures have since been eased, though some restrictions are still in place. All UNFPA projects were placed on hold from this period to be able to respond to immediate actions and needs. The COVID-19 emergency has been compounded by the rapidly deteriorating economic crisis that led to the devaluation of the Lebanese pound by more than 50%, decrease in purchasing power, inflation in prices, withholding depositors' money in banks, and other consequences. This economic and financial crisis is estimated to have increased the proportion of Lebanese living below the poverty line to around 60 percent and those living below extreme poverty to 20 percent, according to the World Bank. This situation has been compounded by the fact that Lebanon has been facing political, security, and financial instability, which has hindered the work of UNFPA.

REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Number of primary health facilities	16
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	328
Family planning consultations	151
Normal / assisted vaginal deliveries	5
Ante-natal care consultations	6
Post-natal care consultations	212
People trained on SRH-related topics	94

GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	218
People reached with Dignity Kits	3,143
People provided with GBV case management	15
People reached with GBV awareness messages	2,592
People trained on GBV-related topics	94

YOUTH SERVICES

INDICATOR	SINCE JANUARY
Number of functional youth centres	2
Beneficiaries reached with youth programming	45

As a result of the current situation, UNFPA Lebanon's programmes and operations have been affected in several ways. While a total of 10 implementing partner agreements were signed, Lebanese Government line ministries have not been operational to provide guidance or clearance on some interventions, and some health facilities have been closed or less accessible due to restrictions of movement. As such, the provision of health care services has been decreased, including RH services, during this period. Outreach and awareness raising activities at the community level were suspended. For GBV services, IPs have minimised their operations in the WGSSs, with in-person PSS and GBV case management put on hold. Dignity kit distribution has also been challenging during lockdowns, particularly those for the most vulnerable and securing the needed documentation to support procurement and distribution. Despite these challenges, there have been a number of service delivery modality changes that have enabled UNFPA Lebanon to continue to reach vulnerable women and girls throughout the country.



TURKEY COUNTRY OFFICE

With the largest number of refugees worldwide, turkey continues to provide much needed assistance to displaced syrians throughout the country.

The COVID-19 outbreak in Turkey began with the first reported case on 11 March 2020, and has increased to nearly 230,873 cases as of 30 July, 2020. The country has been under social distancing and movement restriction requirements from 17 March 2020, which have resulted in business closures and challenges in accessing essential services. Despite these challenges, UNFPA Turkey has continued to support populations in need, such as vulnerable women and girls and Syrian refugees, throughout the outbreak.

UNFPA Turkey has been supporting a total of six WGSSs in 2020 specifically targeting Syrian refugees. Due to the COVID-19 outbreak, some adjustments have been made in the modality of service provision in all six centres. While service provision has continued, three WGSSs (two in Hatay and one in Sanliurfa), which are integrated to the Migrant Health Centres of the MoH, continued providing services physically from the centres; while the other three in Istanbul, Eskisehir, and Diyarbakir have been telecommuting for two months.

Since the outbreak started in Turkey, UNFPA Turkey's service providers prioritised awareness raising activities on COVID-19 among beneficiaries through regular information sharing, primarily via phone. UNFPA has also started conducting bi-weekly online supervision and coordination meetings for personnel of the six WGSSs as well as IP managers to enable experience and information sharing between all partners and strengthen their capacities for better service provision during the outbreak.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	6
People reached with sexual/reproductive health services	57,238
Family planning consultations	1,245
Ante-natal care consultations	1,015
Post-natal care consultations	343
People trained on SRH-related topics	478

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	97,629
People reached with dignity kits	13,375
People provided with GBV case management	285
People reached with GBV awareness messages	13,411
People trained on GBV-related topics	980

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	646
People trained on youth-related topics	53

OTHER SERVICES

INDICATOR

	SINCE JANUARY
Number of social service centers (SSC)	27
Number of Key Refugee Service Units (KRG)	9
Number of functional mobile clinics	12



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 good coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian organizations, 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 body 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 July, the WOS GBV AoR prepared and shared the mid-year GBV coordination to gauge the feedback of GBV actors in different hubs on primary coordination mechanisms. The GBV AOR also continued engagement and preparation for the 2021 HNO, including the review of the MSNSA Household survey and key Informant Interviews and, more importantly, the sampling and selection of organisations for the community level protection FGDs that annually feed into the VOICES from Syria report. Lastly, the WoS GBV AoR supported and participated in the GBVIMS+ on-line training to support the rollout of the system within the Cross-Border Turkey response.

In Jordan, group activities have resumed in Zaatari, EJC and Azraq camps, as well as in the majority of women and girls' safe spaces in urban areas. All activities continue to observe social distancing and other precautionary measures to combat the spread of COVID-19. Two interagency GBV safe referral trainings have also been conducted remotely in Azraq camp to continue reaching as many individuals as possible.

In Turkey, the Protection Core Group meeting was held in Istanbul, tackling the status of COVID-19 in refugee communities and the 2020 Consolidated 3RP Appeal Report. Several issues were discussed, including the risk of miscommunication between health service providers and refugees due to the language barrier, resulting in inadequate implementation of relevant health measures/treatment. Despite this, the majority of refugees are well informed about the necessary usage of hygiene materials, disinfectants. The South-East Turkey (SET) SGBV SWG meeting was also co-chaired by UNFPA, covering GBV mainstreaming and the effects of COVID-19's on the LGBTI community. ASPIRE Guidelines and the observations from the field were also discussed. Lastly, UNFPA co-chaired the Inter-Agency KRG Thematic Coordination Platform Meeting, with a focus on COVID-19 and its effects on individuals with heightened vulnerabilities.



DONORS AND PARTNERS

The essential services being delivered to Syrians region-wide would not have been possible without the generous support of our donors and partners.

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Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland and the United Kingdom.

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 Saint 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: IFH (Institute for family health), MOH (Ministry of health), JHAS (Society Aid Health Jordanian), JWU (Jordanian Women's Union), the National Council for Family Affairs (NCFA), YPEER (Youth Peer Education Network), Questscope, IRC, RHAS.

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, Care International.

In Turkey: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey; Ministry of Foreign Affairs (MoFA); Ministry of Health (MoH); Ministry of Labour, Social Services and Family; ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's Center Foundation); Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PYD (Positive Life Association); Red Umbrella; Bilgi University.

Turkey Cross-Border: Ihsan RD, Syrian Expatriate Medical Association (SEMA), Syrian American Medical Society (SAMS), Shafak.

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RELEVANT RESOURCES

www.unfpa.org

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<http://syria.humanitarianresponse.info>

