



UNITED NATIONS POPULATION FUND

# REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

**ISSUE# 105**

**MAY 1-31 2021**

**In May 2021, the situation in Syria and the region remains dire and the needs high.**

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 Syria Response Hub 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.

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.





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MAY 1-31 2021

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All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Arab States Regional Response Hub (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 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 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 continue in 2021 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 mobilize its resources and expertise to maintain the availability of quality SRH and GBV services to people in need in the region.

IN THE END, ALL YOU CAN DO IS ENDURE AND PROTECT THOSE YOU LOVE. I HAD TO MAKE DIFFICULT DECISIONS AND CREATE RIFTS WITH FAMILY MEMBERS TO DO THAT.

– MANAR, a survivor of family violence from Damascus, Syria



# WHAT'S NEXT?

CURRENT AND UPCOMING EVENTS AND DEVELOPMENTS TO WATCH OUT FOR.



## Upcoming Knowledge Series Podcast: *Beyond Numbers*

The UNFPA Arab States Office recently launched the latest product in the UNFPA Knowledge Series, titled [Beyond Numbers: Improving the Gathering of GBV Data to Inform Humanitarian Responses](#).

The guide was designed for gender-based violence coordinators or specialists who need to gather information on gender-based violence, particularly through the use of qualitative data. The data gathered can be fed into humanitarian needs overviews (HNOs), which in turn can inform the whole humanitarian response, be it protracted or acute. Most importantly, this guide can help in the development of products that serve to amplify the voices of women and girls and ensure that these voices directly inform the programmes that are designed to serve them.

It is widely acknowledged that prevalence data is not necessary for establishing effective gender-based violence responses. As such, this guide aims to inform gender-based violence (GBV) responders, GBV coordinators, and humanitarian actors on how to collect GBV data safely to inform humanitarian responses, especially in contexts where available information on GBV is limited.

UNFPA will soon publish a podcast that provides an overview of the guide, the work and experiences that informed it, and the ways in which partners, donors, and other GBV actors can leverage the knowledge it contains. The podcast will feature essential background information on the various stages of performing qualitative GBV research in humanitarian settings, in addition to a variety of perspectives, lessons learned, and recommendations.

## Upcoming Knowledge Series Product: *Transcending Norms*

Women and girls safe spaces (safe spaces) are formal or informal places where women and girls feel physically and emotionally safe. The term 'safe' in this context refers to the absence of trauma, excessive stress, violence (or fear thereof), or abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm.

These spaces, often among a few limited lifelines available to those in need, provide women and girls with the opportunity to heal, socialise, and rebuild their community networks, in addition to receiving social support, cultivating life skills, accessing safe gender-based violence responses, among many other vital services.

Still, gaps remain with regards to ensuring that safe spaces are gender transformative to the services and activities offered, as identified in the last [Regional Impact Assessment](#) of the Syria crisis. In particular, the aspects related to the empowerment of women and girls through vocational trainings, skill-building, and livelihood activities often reiterate stereotyped gender norms, which is an area where improvements will have lasting benefits on both individual and community scales.

To that end, the UNFPA Regional Syria Response Hub (The Syria Hub) aims to develop a guide to help UNFPA programmes and organizations managing safe spaces ensure that all empowerment and vocational activities are transformational and do not perpetuate traditional (and harmful) social norms. To be published under the heading of *Transcending Norms*, the Syria Hub intends to liaise with UNFPA country offices throughout the region to ensure full ownership on the development and finalization of the product.

## *In Her Words: Stories by Adolescent Girls in the Arab States*

*In Her Words* is a pilot initiative that aims to support adolescent girls living in humanitarian settings to communicate their voices in as accurate and unadulterated manner as possible, and to gauge their worldviews on key subjects and issues that impact their daily lives. Building on the resilience-focused approach adopted in UNFPA's *Unbroken*, this initiative aims to to underscore the depth, strength, and potential of adolescent girls, even in the midst of turmoil and especially during the COVID-19 pandemic.

Adolescent girls may face a broad range of challenges when it comes to expressing their thoughts and feelings, particularly in the Arab States region. Social restrictions on freedoms of speech (particularly on that of women and girls), taboos related to gender and sexuality, gender discriminations and inequalities, and a multitude of other factors cultivate an environment that is not conducive to individual self-expression. In humanitarian settings, these challenges are exacerbated by the impact of conflict and displacement, likely creating additional risks of gender-based violence, including forced and child marriage, which further complicates the difficulties that adolescent girls face when verbalising their often deep and insightful thoughts about various topics that impact them.

*In Her Words* is an attempt to help bring the voices of adolescent girls to the fore. This will be achieved by featuring narratives written by girls themselves, in their own words, as part of an extended mentorship programme that guides them along the process. All of the participating girls have witnessed conflict, displacement, and unimaginable violence, and yet all continue to defy their challenges by demonstrating an unyielding resilience that allows them rise above their challenges to reach their potential.

In addition to amplifying the voices of adolescent girls, the objective of this initiative is to accompany girls in an empowering journey to better explore and understand their thought processes, feelings and experiences in relation to their lives as adolescent girls in a humanitarian context. The project serves as a safe and open platform for them to narrate their stories as creatively as uninhibitedly as possible, using words, drawings, journaling, photos, voice recordings, videos, and others.

Eventually, all products developed through this initiative will find their way back to the adolescent girls themselves in order to foster a dialogue and showcase the universality of the issues impacting them across the region.



## SITUATION OVERVIEW

THE PROTRACTED CRISIS IN SYRIA HAS CREATED ONE OF THE MOST DIRE HUMANITARIAN SITUATIONS IN RECENT HISTORY.

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

As of May 2021, the situation in Syria remains critical. Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is not different in the Syria crisis region. Meanwhile, the rapidly worsening economic crisis has exacerbated many of the risks faced by individuals, families, and communities.

*Years of instability, an economy on the verge of collapse, funding shortfalls, and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these challenges. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs with innovative programmes.*

The World Food Programme (WFP) reports that a record 12.4 million people — 60 percent of the Syrian population — are now food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage and sexual exploitation, as families struggle to meet their basic needs. It is estimated that — among those in need — close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Gender-based violence continues to pervade the lives of women and girls caught in this crisis. 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 online harassment and sextortion, 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. It begins with restrictions on movement and domestic 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 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. Operations implemented cross-border via Turkey remain the only available means of delivering aid to those in need.

**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 is continuing to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. In 2021, UNFPA will continue 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. In Jordan, UNFPA is piloting cash in GBV case management, and in Egypt, UNFPA is complementing UNHCR's cash assistance to refugees by expanding coverage to include women and older girls at risk and survivors of GBV. In Syria, responding to women's feedback that they needed hygiene and baby items in addition to food, particularly during the COVID-19 pandemic, UNFPA is "piggybacking" on WFP's existing voucher scheme by broadening the scope of the services.

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 May 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 8,014,823 cases of COVID-19, as outlined by the table below.**

On the relatively low number of confirmed cases in Syria, it is worth noting that the capacity for testing throughout the country remains extremely limited. Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in the country has rapidly evolved and remains extremely volatile. According to the Syrian Ministry of Health (MoH), infections among healthcare workers in Syria continue to rise and 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, curfews, lockdowns, and movement restrictions continue to present challenges to response operations. Turkey, for example, has been under fluctuating social distancing and movement restriction requirements since the onset of the pandemic, with some regions faring better than others. Jordan also saw a marked increase in the number of daily reported cases in January, triggering a resumption of certain restrictions, including Friday lockdowns and nightly curfews. Meanwhile, despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have maintained a reserved approach towards the restrictions previously imposed. The pandemic also continues to have an impact on operations in Egypt, despite the general slowdown in reported case-loads in recent months.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
	JORDAN	IRAQ	EGYPT
As at May 31, 2021	22,733	4,820,591	526,578
	711,373	1,065,099	227,552

LEARNING ABOUT MY RIGHTS CHANGED HOW I SEE MY PLACE IN THIS WORLD.

— MUNA, a Syrian refugee living in Jordan



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	517,354	97%
Family planning consultations	162,571	99%
Normal and assisted vaginal deliveries	14,492	100%
C-Sections	7,229	100%
Ante-natal care consultations	242,782	100%
Post-natal care consultations	53,702	100%
People trained on SRH-related topics	867	84%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	223,217	85%
People reached with dignity kits	41,218	77%
People provided with GBV case management	11,484	98%
People reached with GBV awareness messages	292,770	91%
People trained on GBV-related topics	1,770	71%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	14,319	69%
People trained on youth-related topics	431	77%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	99,653	99%

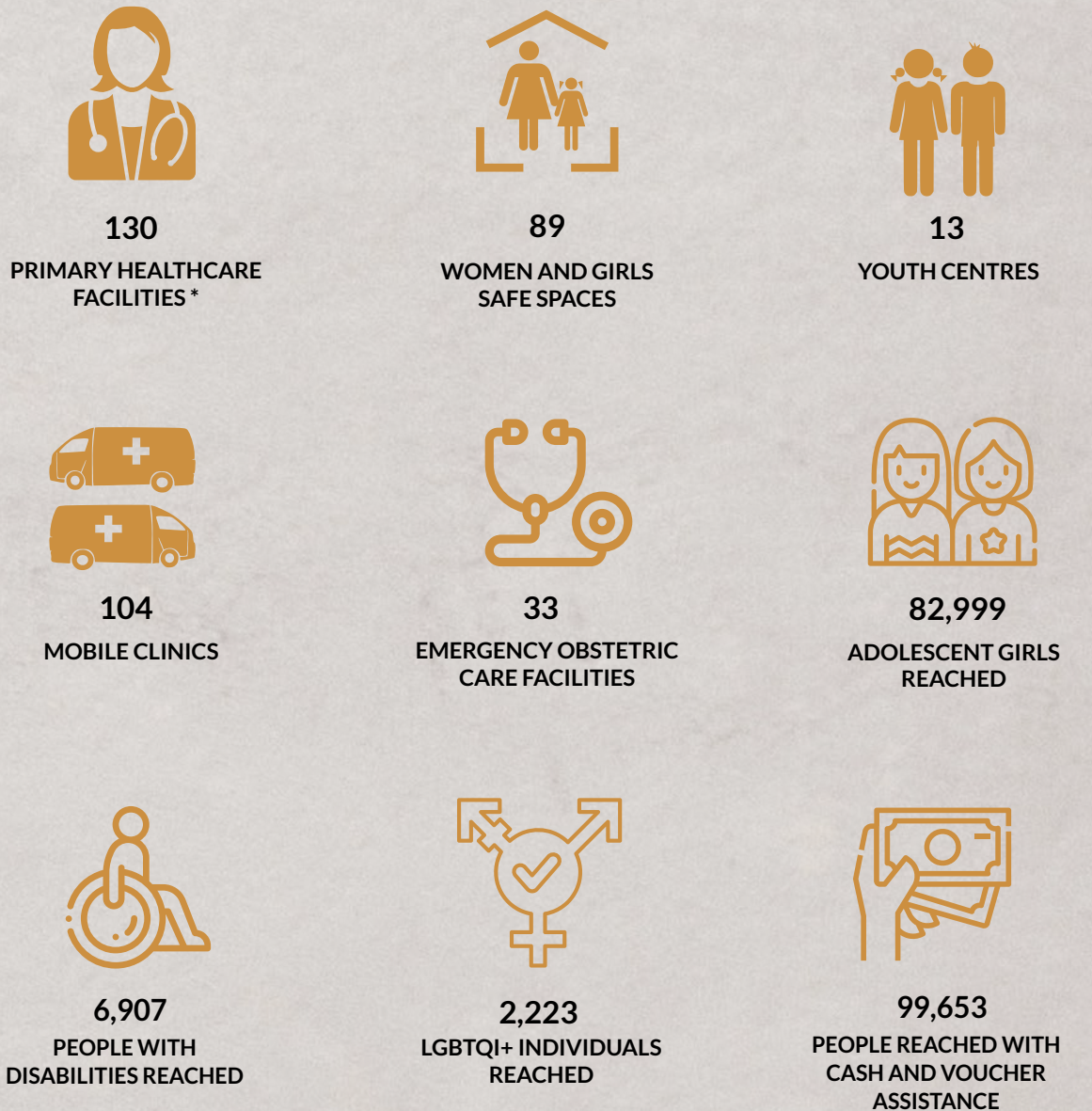
SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	6,907	57%
Adolescent girls reached	82,999	100%
LGBTQI+ individuals reached	2,223	46%

AS THE CRISIS WORSENS, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

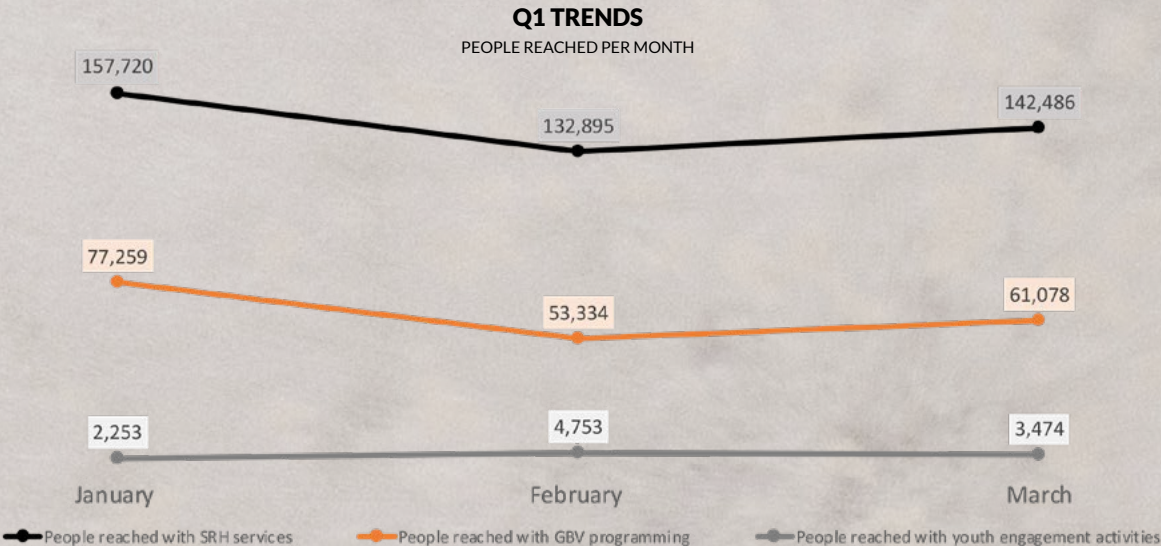
The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world today. Millions have been displaced both inside the country and outside as refugees, especially in Turkey, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society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



\* 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.

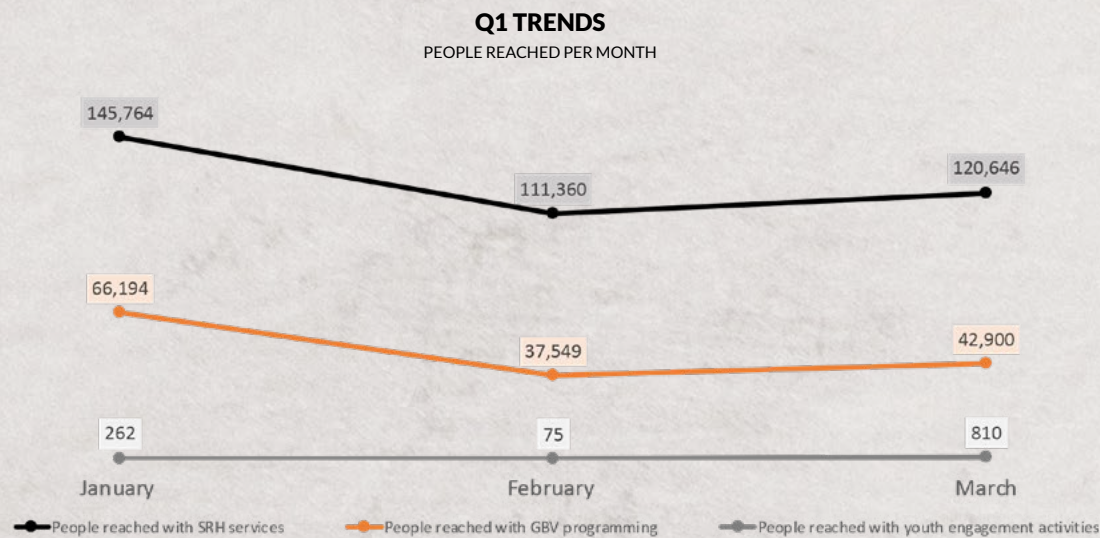




# ACROSS THE WHOLE OF SYRIA

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, authorized 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. The most recent resolution, 2533 on July 10, 2020, extends cross-border aid from Turkey for another year, but reduced to one crossing point only. 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.



### Building a conscious generation

16-year-old Samara from northwest Syria writes:

"I live in a camp for internally displaced persons. As for many of us, the war in Syria has made the living conditions for my family very difficult. I have an ageing father and a mother who suffers from many health problems. My brother used to support the whole family, but he is no longer with us. Because of these circumstances, my family told me, at the age of 16, that I had to quit my education and get married in the hope of having a better life. My sisters and I had been attending awareness raising sessions in our camp about GBV and early marriage. I felt safe to ask many questions in these groups – would early marriage give me a better life, would my suffering end? Through these talks I learnt how to improve my communication skills, which made me more confident and outspoken. As a result, I was able to discuss with my family and explain to them the risks that I would face if I were to get married at the age of 16. My family listened and supported me, and I was given the chance to return to my education!"

## REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	433,104	97%
Family planning consultations	144,935	99%
Normal and assisted vaginal deliveries	13,452	100%
C-Sections	7,086	100%
Ante-natal care consultations	221,425	100%
Post-natal care consultations	50,712	100%
People trained on SRH-related topics	594	88%

## GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	164,310	87%
People reached with dignity kits	19,008	100%
People provided with GBV case management	8,909	99%
People reached with GBV awareness messages	263,214	92%
People trained on GBV-related topics	737	85%

## YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	4,353	52%

## CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	99,570	99%

## SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	4,860	52%
Adolescent girls reached	73,485	100%



90  
PRIMARY HEALTHCARE  
FACILITIES \*



62  
WOMEN AND GIRLS  
SAFE SPACES



6  
YOUTH CENTRES



88  
MOBILE CLINICS



32  
EMERGENCY OBSTETRIC  
CARE FACILITIES



73,485  
ADOLESCENT GIRLS  
REACHED



SYRIA COUNTRY OFFICE

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

As the Syria crisis marks its 10<sup>th</sup> anniversary, the situation is more dire than it has been in years. The worsening economic situation and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these crises. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs.

Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is no different in the Syria crisis region. The rapidly worsening economic situation has exacerbated many of the risks faced by individuals, families, and communities. Women and girls pay the highest cost of this deterioration. The World Food Programme (WFP) reports that a record 12.4 million people – 60 percent of the Syrian population – are now

food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded, and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage, as families struggle to meet their basic needs. Estimates indicate that, as of early 2021, more than 13.4 million people remain in need within Syria, while more than 5.5 million continue to live as refugees in host communities throughout the region. It is estimated that over 6.1 million remain internally displaced (OCHA). Among those in need, close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Women and girls suffer the worst impacts of the crisis. 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 online harassment and sextortion, have also been observed in recent years.



The women and girls of rural Aleppo continue to fight for their future – and the future of their daughters

Every year, thousands of students traverse the long and arduous journey from rural Aleppo to the city center to sit for the national secondary education examination. With no examination centres available in their rural area, this journey represents a necessary hardship for students seeking to complete their education and find better opportunities as they enter the labor market.

In May, the Shahoud Darweesh school in Aleppo city turned into a hostel where classrooms were furnished with mattresses and essential items to accommodate students during their stay in the city. Nouran, a 20-year-old student in her eighth month of pregnancy, made the journey from Minbej – 95 kilometers north of Aleppo – to sit for her 12th grade exam.

“I am determined to take the exam to set an example for my expected baby girl,” said Nouran, her eyes hopeful and resolute. “The road was difficult and I suffered a lot to arrive here. Carrying my belongings all the way and walking for long distances under the scorching sun was very difficult.”

Ten years of instabilities, hostilities, and displacements, not to mention an economy verging on collapse and a pandemic that continues to haunt the world at large, have prevented many Syrian women and girls like Nouran from continuing their education to improve their life prospects. Nouran feels fortunate to have the support of her parents and husband to achieve her goal to enter university. Her hope is to become an engineer and she appears more than determined to achieve it.

Clutching a textbook, she further spoke about the importance of an education for girls and women, adding: “I will do my best to give my future baby girl the best education I can afford.”

UNFPA is also present on the ground in the Aleppo and has worked to provide essential support to Nouran and the other students who arrived in the city for their exams. They have been provided with personal hygiene kits to meet their basic needs, in addition to being offered use of safe and private spaces and facilities.

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	354,880	99%
Family planning consultations	123,402	99%
Normal and assisted vaginal deliveries	3,998	100%
C-Sections	4,144	100%
Ante-natal care consultations	170,056	100%
Post-natal care consultations	29,554	100%
People trained on SRH-related topics	534	88%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	95,843	95%
People reached with dignity kits	4,984	100%
People provided with GBV case management	7,846	99%
People reached with GBV awareness messages	218,289	97%
People trained on GBV-related topics	229	98%

YOUTH SERVICES

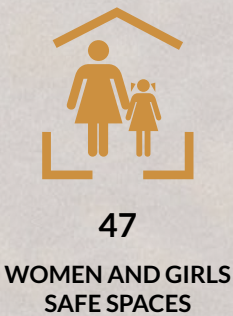
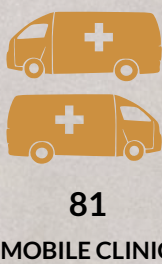
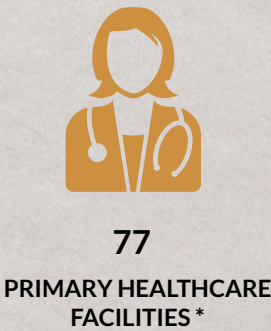
	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	4,353	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	97,050	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	2,935	79%
Adolescent girls reached	52,333	100%





TURKEY CROSS-BORDER

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

Communities have continued to suffer from the impact of hostilities across northwest Syria, especially south of the M4 highway and around the M5 highway. Overall, the UN Human Rights Office (OHCHR) verified that at least 12 civilians were killed (including five women and four children) and at least 17 civilians (including four children) were injured as a result of shelling and airstrikes in April and May. The security situation has been further undermined by the prevalence of explosive hazards and in-fighting between non-state armed groups, which has taken a toll on civilian life.

More than 2.7 million people have remained displaced in northwest Syria. According to the Camp Coordination and Management Cluster, 25,429 displacements throughout northwest Syria were tracked in May. These movements were assessed to mostly have been incentivised by access to services and livelihoods. As in preceding months, most IDP movements have been concentrated in northwest Syria; within and between Aleppo and Idlib governorates.

Programme Update

Further integration of GBV prevention and response at SRH service delivery points has continued to provide wide-ranging reach to those in most need in northwest Syria. In coordination with the GBV Sub Cluster, the SRH Technical Working Group conducted a 3-day training on the Clinical Management of Rape, which targeted 18 staff working at 12 organizations in the Afrin district. The objective of the training has been to ensure the availability of timely and quality service provision to survivors of sexual violence in northwest Syria.

UNFPA has continued to prioritize targeted work towards shifting negative social norms that underpin the normalization of GBV, especially intimate partner violence, child marriage and sexual violence. UNFPA's Implementing Partners use the GBV Sub Cluster-developed awareness raising toolkit, which provides four comprehensive programs for raising awareness around seven key GBV messages to women, adolescent girls, men and adolescent boys. Structured awareness raising sessions, in and outside of the WGSSs, have been used as a key format to implementing social and behavioural change initiatives. Men and boys have been reached in community spaces outside of the WGSS through dedicated male outreach workers. Through these GBV outreach teams a high number of vulnerable persons have been reached monthly, notably in IDP camps. During the month of May, 7,294 persons in northwest Syria (70% female and 30% male) received and participated in GBV awareness raising activities, which has included information on COVID-19 risks and mitigation.

The COVID-19 vaccination programme (COVAX) for northwest Syria, which began 1 May, has administered the first dose to 16,783 health staff (11,854 in Idlib and 4,573 in Aleppo). The vaccination programme, which has reached 759 health facilities, has faced a substantial challenge among health staff who have refused to be vaccinated. Efforts have continued to raise awareness on the safety and importance of the vaccination. Two new COVID-19 laboratories have begun operations in northern Aleppo in Afrin and Jandairis, which aim to complement the existing testing capacity. The two laboratories are part of six laboratories covering Idlib and Aleppo governorates.



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	78,224	90%
Family planning consultations	21,533	100%
Normal and assisted vaginal deliveries	9,454	100%
C-Sections	2,942	100%
Ante-natal care consultations	51,369	100%
Post-natal care consultations	25,624	100%
People trained on SRH-related topics	60	95%

GENDER -BASED VIOLENCE


	SINCE JANUARY	% FEMALE
People reached with GBV programming	68,467	74%
People reached with dignity kits	14,024	100%
People provided with GBV case management	1,063	99%
People reached with GBV awareness messages	44,925	67%
People trained on GBV-related topics	508	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,520	75%


SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,925	12%
Adolescent girls reached	21,152	100%




13

PRIMARY HEALTHCARE FACILITIES



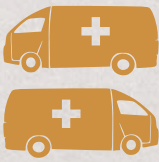
15

WOMEN AND GIRLS' SAFE SPACES




13

EMERGENCY OBSTETRIC CARE FACILITIES




7

MOBILE CLINICS



21,152

ADOLESCENT GIRLS REACHED



2,520

PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE



TURKEY

COUNTRY OFFICE

TURKEY CONTINUES TO PROVIDE MUCH NEEDED ASSISTANCE TO  
DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

General Update

During May, Turkey registered around 5.2 million cases of COVID-19, including 47k fatalities. Around 1.3 million COVID-19 cases were reported among the refugee and migrant populations. According to the Health Ministry's official statements, due to the nationwide lockdown (observed between April 29 and May 17) the number of daily new cases dropped down from 28,817 on May 1 to 6,493 on May 31. As of the end of May, 29.2 million people had been vaccinated in Turkey, and 15.3 percent of them had received both doses.

The Intersectoral Vulnerability study from April 2021, assessing the vulnerabilities of refugees living in Turkey, showed that the COVID-19 restrictions impacted refugees' livelihoods and their ability to meet the basic needs. Overall, the unemployment rate among refugees amounted to 12%, while among youth refugees at 24% and the income level was decreasing continuously especially following the November 2020 restrictions. Food, housing and utilities (namely electricity) are considered the top basic needs among refugees accounting to 74% of their total monthly expenses. To cover basic expenditures related to those 3 items, refugees have to sacrifice other expenses, including education, communication and health related costs. With the deprivation of the income level and in order to meet their basic needs, refugees report to be in need of cash assistance.

Programme Update

Due to nationwide lockdown that lasted until May 17, UNFPA and implementing partners temporarily cancelled face-to-face service provision and switched to remote work to adhere to local guidelines. Beginning May 18, the hybrid model was resumed, providing online health and protection counselling and support to all refugees in need. In urgent cases, people in need would be accompanied to service delivery areas based on requests and needs.

During the lockdown period, mobility restrictions were not applicable for those seeking healthcare services. However, certain groups lacked information about available healthcare services and could not access them. Moreover, as in previous months, patients with non-COVID related issues were hesitant to apply for healthcare services because of various personal beliefs/ reasons or because the services were delayed by the healthcare institutions. In order to respond to this need, UNFPA in cooperation with WHO and UNHCR has begun implementing a joint action aiming to provide health care services at the level of primary health facilities, as well as to enhance risk communication in the field for the most vulnerable refugees.

An orientation training was organised for the staff (nurses, translators and drivers) of mobile health units to underscore key roles and responsibilities of the team members. This included guidelines on pandemic and protection and prevention, reproductive health indicators, International Law on Refugees, data collection and entry, communication skills, gender and GBV, PSEA, team working, referrals, and employee personal rights. UNFPA also strengthened the capacity of 25 professionals working in the humanitarian sector on LGBTI terminology and ways of preventing the homophobia, biphobia, intersexism, and transphobia in the workplaces and daily lives.

Access saves lives

"I am a woman, I am pregnant," explains Rima, a 32-year-old Syrian refugee living in Turkey. "I should have the right to benefit from health services, but I'm unable to access a doctor. I cannot get any information about the health of my baby – I do not even know how many weeks into my pregnancy I am. What if I am never able to see a doctor and something happens to my baby?"

Rima would later learn that she is in her 16th week of pregnancy. Eight years ago, she escaped the violence in her hometown to take refuge in Diyarbakir, Turkey, accompanied by her husband and four children. When she was registered in Turkey, the sex on her ID was mistakenly listed as "male," – an error that rendered her ineligible for antenatal care services, including essential gynaecology and medication. Unable to receive any form of support from her husband, she felt hopeless and became more anxious, fearing for the life of her unborn child.

Rima approached a UNFPA-supported safe space in Diyarbakir to request support in accessing to antenatal care services. Due to COVID-19, Rima also reported that her family's income level had significantly decreased, and they could hardly cover their basic needs.

The staff at the safe space helped Rima to renew her ID card and scheduled an appointment for her with a gynaecologist, which allowed her to receive a full check-up and necessary medication to support a healthy pregnancy. Rima also began receiving psychosocial support to address the psychological impact of her situation and help her cope with her anxiety, which she noted has had a substantial impact on her overall sense of wellbeing.

"Your presence in Diyarbakir helped keep me going," she had told the staff at the safe space, "For the first time in a very long time, I feel that I am not alone."



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	13,337	76%
Family planning consultations	1,320	100%
Ante-natal care consultations	1,084	100%
Post-natal care consultations	189	100%
People trained on SRH-related topics	233	70%

GENDER -BASED VIOLENCE


	SINCE JANUARY	% FEMALE
People reached with GBV programming	23,530	61%
People reached with dignity kits	21,699	56%
People provided with GBV case management	32	97%
People reached with GBV awareness messages	9,208	70%
People trained on GBV-related topics	1,033	61%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	5,592	88%
People trained on youth-related topics	409	78%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,621	60%
Adolescent girls reached	3,890	100%
LGBTQI+ individuals reached	2,221	46%




4

PRIMARY HEALTHCARE FACILITIES \*



4

WOMEN AND GIRLS' SAFE SPACES




4

YOUTH CENTRES



3,890

ADOLESCENT GIRLS REACHED



6

MOBILE CLINICS



12

OTHER SERVICE DELIVERY POINTS



LEBANON COUNTRY OFFICE

DESPITE THE ESCALATING POLITICAL AND ECONOMIC  
INSTABILITIES IN LEBANON, UNFPA CONTINUES TO PROVIDE LIFE-  
SAVING SERVICES TO PEOPLE IN NEED.

WITHOUT THIS SAFE SPACE, I WOULD HAVE NOT SURVIVED. IT'S BEEN REALLY LIFE-CHANGING TO BE AROUND SO MANY OTHER WOMEN WHO UNDERSTAND MY STRUGGLES AND OFFER REAL SUPPORT.

– JIHAN, a survivor of forced marriage from Aleppo, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	342	100%
Normal and assisted vaginal deliveries	76	100%
People trained on SRH-related topics	122	74%

GENDER -BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,087	100%
People reached with dignity kits	4,622	100%
People provided with GBV case management	19	100%
People reached with GBV awareness messages	4,304	97%
People trained on GBV-related topics	422	92%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	51	92%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	6	50%
Adolescent girls reached	563	100%

**Note:** The Lebanon Country Office is in the process of restructuring existing reporting workflows with partners. As such, data for May is as yet unavailable.



2  
PRIMARY HEALTHCARE FACILITIES \*



2  
WOMEN AND GIRLS' SAFE SPACES



563  
ADOLESCENT GIRLS REACHED

Programme Update

Following the lifting of the country’s nationwide lockdown in April, the unprecedented economic crisis that Lebanon is facing remains critical. This has resulted in increasing unemployment levels to double-digit figures and youth unemployment to more than 35 percent. The poverty rate is estimated to have exceeded the threshold of 55 percent, leaving thousands of households barely surviving on the minimum wage (equivalent to around 54 US\$ in May 2021).

The economic situation and rapidly increasing poverty level continued to expose the most vulnerable to the risk of abuse and exploitation and to generate additional barriers to access services. According to GBV sector partners, women and girls are facing challenges in accessing food and basic goods, paying for their accommodation, and accessing services, including SRH and MH-PSS services.

Lebanon’s highly privatized healthcare system was already a significant barrier for the country’s most vulnerable people, who struggled to access affordable care. The country continues to face a growing shortage of medical supplies and essential medicines (such as those used to treat chronic diseases), leaving the most vulnerable people at risk, even laboratories of hospitals refrained from doing lab tests for outpatients. Also doctors were requested to refrain from requesting long list of tests as there are shortage of lab reagents and hospitals are mostly conducting lifesaving and urgent medical operations and refraining from elective surgeries

In these circumstances, UNFPA and partners, in line with Government and inter-agency guidelines, continued providing support through remote modalities of service delivery expect for life saving interventions (such as the provision of life saving medical care or for high risk and urgent GBV cases in need of immediate support).

Among the activities conducted remotely, partners continued the subsidization of SRH services as well as awareness raising on RH and referral to care, COVID-19, and facilitate individual and groups mental health and psychosocial support sessions. Activities conducted in presence included the deployment of medical mobile unit that provided medical care to persons in need.





# JORDAN COUNTRY OFFICE

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

### Programme Update

UNFPA continues to support the only dedicated Youth Centre in Zaatari Camp providing adolescents and youth (aged 12-30 years). The center was closed during May due to COVID-19 restrictions, however virtual alternatives are supported for the youth services in the camp including psychosocial support, mentorship program, and healthy lifestyles awareness including SRHR and GBV. The “Girls Shine” adolescent girls empowerment program is ongoing virtually and in face to face settings were permitted in 11 locations all over Jordan including Azraq and Zaatari refugee camps. The centers support youth led initiative in camps, and their communities.

During the month of May, a total of 8 youth-led initiatives were conducted. One of the initiatives is a rap song written and performed by a 19 years old syrian refugee girl from Zaatari camp, sharing messages against child marriage. She says “I refuse to marry early. During quarantine due to COVID-19 the number of girls at risk of early marriage increased due to the hardship facing the families in the camp”. In her song, available [here](#), she says: *A generation learned from an older generation long time ago; Oh how I wish they did not learn, and did not forget children’s rights; Her father and uncle are responsible, they forced her to get married; They forgot she is so young, and they did not teach her instead.*

### The plight of widows and divorcees in humanitarian settings

Afnan, a 38-year-old mother of five, fled to Jordan in 2015, escaping the hostilities and violence in her hometown of Homs. Her husband and his family also accompanied her on the journey to Azraq camp, about 90 kilometres (56 miles) from the Jordan–Syria border.

Two years later, Afnan’s husband passed away unexpectedly due to a heart attack. He was sitting next to her when it happened. The loss was tragic and came at a particularly difficult time, causing severe distress to Afnan and her family. She would have nightmares constantly and suffered bouts of sleeplessness that exhausted her, physically and mentally. Fortunately, she made her way to a UNFPA-supported health facility where was examined and diagnosed with post-traumatic stress disorder, or PTSD. Her diagnosis was followed by regular visits to a psychiatrist, who provided cognitive-behavioural therapy (CBT) for one and half years, at which point she finally began to heal the many traumas created by her experience.

Like other women and girls caught in the chaos of humanitarian crises, her husband’s death was far from the only challenge in her life. The members of her family-in-law were rather aggressive in the way they treated her and her children and, soon after her husband’s passing, began placing restrictions on her in accordance with the customs and traditions to which they subscribed. They believed that a widow must not go out of the house alone and must not pursue her own sources of income. Her role, they said, revolves around child-rearing and homecare. This, of course, caused further anxiety for Afnan, who was determined to secure the best life possible for herself and her children.

Upn seeing her state deteriorating, her neighbour encouraged her to meet the counselor at the IRC women’s centre in village 6. The first session had an immediate effect: She was advised by the counselor at the center to work on increasing her self-confidence and building her social networks, in addition to cultivating essential skills



such as leadership and decision making, stress release, and others. After attending several sessions with the counsellor, Afnan realized that she has been a survivor of gender-based violence for years; that it was this particular form of indirect, structural violence that can often go unnoticed or unchallenged, causing significant harm to women and girls by preventing them from accessing their basic needs or exercising any form of agency over their own fates. As she puts it, “ I used to think that physical violence was the only true form of violence against women. I never realized restricting my movements and preventing me from accessing work opportunities was also a form of violence.”

Widows and divorcees are particularly at risk of gender-based violence, particularly family violence and sexual exploitation and abuse. They are often perceived as economic liabilities or threats to the so-called “honour” of the family, placing their lives, freedoms, and dignity at serious risk. Psychosocial support interventions such as those accessed by Afnan can often go a long way toward helping survivors reclaim their self-worth and cultivate the awareness, autonomy, and networks needed to lead better lives.

### REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	37,090	100%
Family planning consultations	9,754	100%
Normal and assisted vaginal deliveries	471	100%
Ante-natal care consultations	15,373	100%
Post-natal care consultations	1,799	100%
People trained on SRH-related topics	40	95%

### GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	19,200	89%
People provided with GBV case management	1,154	89%
People reached with GBV awareness messages	9,394	89%

### YOUTH SERVICES


	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	4,209	62%
People trained on youth-related topics	22	68%

### CASH AND VOUCHER ASSISTANCE


	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	83	100%

### SOCIAL INCLUSION

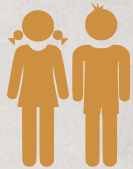
	SINCE JANUARY	% FEMALE
People with disabilities reached	257	98%
Adolescent girls reached	5,547	100%



16  
PRIMARY HEALTHCARE FACILITIES \*




19  
WOMEN AND GIRLS SAFE SPACES



1  
YOUTH CENTRES



257  
PEOPLE WITH DISABILITIES REACHED



1  
EMERGENCY OBSTETRIC CARE FACILITIES



5,547  
ADOLESCENT GIRLS REACHED



# IRAQ COUNTRY OFFICE

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIANS CURRENTLY LIVING AS REFUGEES IN THE COUNTRY.

IN THE END, ALL YOU CAN DO IS ENDURE AND PROTECT THOSE YOU LOVE. I HAD TO MAKE DIFFICULT DECISIONS AND CREATE RIFTS WITH FAMILY MEMBERS TO DO THAT.

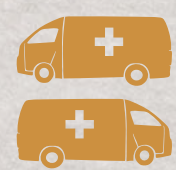
– MANAR, a survivor of family violence from Damascus, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	32,794	100%
Family planning consultations	6,562	100%
Normal / assisted vaginal deliveries	569	100%
C-Sections	143	100%
Ante-natal care consultations	4,900	100%
Post-natal care consultations	1,002	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	12,601	98%
People reached with dignity kits	511	100%
People provided with GBV case management	271	100%
People reached with GBV awareness messages	9,991	96%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	165	47%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	165	100%



5

MOBILE CLINICS



4

WOMEN AND GIRLS' SAFE SPACES



2

YOUTH CENTRES

# EGYPT COUNTRY OFFICE

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



1,029

PEOPLE REACHED WITH SRH SERVICES



3,576

PEOPLE REACHED WITH GBV PROGRAMMING



77

ADOLESCENT GIRLS REACHED

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	1,029	93%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	3,576	100%
People provided with GBV case management	1,118	99%
People reached with GBV awareness messages	963	86%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	4	100%
Adolescent girls reached	77	100%
LGBTQI+ individuals reached	2	100%

Egypt remains one of the countries most impacted by COVID-19 in the region, with close to 165,951 cases reported by end of January. The restrictions on movement placed during the early months of the pandemic have since eased, but the epidemiological status of the country remains unpredictable. These measures had forced extended though temporary disruptions in various facilities supported by UNFPA, including women and girls' safe spaces.

During March, UNFPA supported safe spaces continued to offer awareness-raising and case management services for GBV survivors, with a focus on women and girls. UNFPA has invested in discussing and developing sustainability mechanisms with its implementing partners on the ground (CARE, Etijah and the Ministry of Youth and Sports) to make sure that safe spaces continue to operate beyond the programmatic cycle. While COVID-19, social distancing, and lockdowns have affected the ability of safe spaces to offer physical meetings, training programs and interactive social activities for community members, UNFPA and its implementing partners have opted for digital learning tools, developing online activities for young people while continuing to offer case management services in person.

UNFPA Egypt will continue to support 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. In 2021, despite continuing challenges of COVID-19 and related concerns, secondary and tertiary healthcare for Syrian refugees, particularly pregnant women with complications, will be a key priority. Additionally, efforts to reduce and mitigate the impacts of gender-based violence will be made by strengthening access to legal, medical, psychosocial, and emergency shelter services. UNFPA Egypt will continue to strengthen community-based protection and community-led activities to address GBV, along with developing governmental capacities to respond and provide refugee-friendly services.



# 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 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 focus has been on the development of the Humanitarian Response Plan, including project submission and vetting by GBV actors. The GBV AoR's total HRP appeal for 2021 is USD 79.2 M (54 percent for the Syria hub, 39 percent for the Turkey Cross-Border hub, and 7 percent for northeastern Syria), with 54 projects from 54 GBV actors across the Whole of Syria. According to data collected from GBV actors, the total appeal is currently 43 percent funded. The GBV HRP ask, as well as revised HRP indicators and targets, were presented at the humanitarian leadership and were approved. The GBV AoR also led the inclusion of a GBV risk mitigation specific objective "GBV risks are mitigated through the provision of quality and integrated services" as part of the HRP inter-sectoral objectives, in collaboration with WASH, Shelter/NFI and Health sectors, and reviewed and commented the HRP narrative draft.

The Whole of Syria GBV AoR also finalised the 2021 Q1 WoS GBV dashboard, covering the period January to March 2021, based on 4Ws reporting of GBV actors at the WoS level and with a revised layout. The WoS GBV AoR also worked to finalise the WoS GBV 4Ws guidelines that will be disseminated together with the new 4Ws template, through trainings to GBV actors in each hub. Finally, the bi-annual GBV coordination survey has been revised and prepared for dissemination among WoS GBV actors.

In Jordan, the GBV Subworking Group has finalized messages on potential implications of COVID-19 vaccination efforts with regards to sexual exploitation and abuse. These will be disseminated in refugee camps, with plans to include them in nationwide COVID-19 campaigns. The messages were drafted by a taskforce established for

this purpose and validated by community members through subnational GBV working groups. Meanwhile, UNFPA Jordan continues to serve as the lead agency in SRH coordination, with duties to support the implementation of the MISP and monitor and report on progress, with strategies to include advocacy for SRH services. In May, a gap in SRH services was identified in the Zaatari camp due to the depletion of funding. UNFPA responded by mobilizing its resources to support IRC to ensure the continuation of life-saving, essential SRH services at the health facility for three months. IRC and UNFPA, in collaboration with UNHCR, will continue advocating to resume donor support to the Zaatari health facility. Lastly, UNFPA Jordan presented a nationally endorsed toolkit for healthcare providers to help educate parents on SRH topics related to adolescents. The group will be identifying a pilot to support the rollout of the toolkit.

In Turkey, a Protection Sector Paper on Emergency Preparedness was published with a focus on earthquakes. The paper was developed after the earthquakes that struck the country in 2020, which presented clear and present protection risks. This led to the mobilisation of the protection sector under the 3RP platform immediately after the earthquake, with 3RP partners assessing refugee needs, areas of improvement in response, and potential areas of contribution to preparedness, risk mitigation and response.

Moreover, as a consequence of the deterioration of the refugees' socio-economic situation due to COVID-19 pandemic and Turkey's withdrawal from the Istanbul Convention, the National GBV sub-working group was relaunched on May 5. The working group, co-chaired by UNFPA, was revived to ensure a holistic approach to end GBV in Turkey. Lastly, the PSEA Network (operational at Ankara level), co-chaired by UNFPA, discussed the ongoing recruitment process of a PSEA Coordinator and approved the inclusion and participation of several NGOs to the PSEA Network meetings. The network also conducted a number of surveys to gauge accurate feedback from members on key areas, including policy development, human resources and recruitment, awareness-raising (staff and refugees), complaints, and investigations.

# 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, 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 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 Center (NWHCC), Youth Peer Education Network (YPEER), Questscope, International Rescue Committee (IRC), Royal Health Awareness Society (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 Centre Foundation); Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PYD (Positive Life Association); Red Umbrella; Bilgi University.

**Turkey Cross-Border:** Syria Relief and Development (SRD), Syrian American Medical Society (SAMS), Syrian Expatriate Medical Association (SEMA), Ihsan for Relief and Development (IhsanRD), Shafak, and their sub-implementing partners Masrart (Ihsan), Maram (SAMS), Women's Support Association (SEMA) and Hope Revival Organization (HRO) (SEMA).



DEVELOPED BY THE  
UNFPA REGIONAL SYRIA  
RESPONSE HUB

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## RELEVANT RESOURCES

[www.unfpa.org](http://www.unfpa.org)  
[www.ocha.org](http://www.ocha.org)  
[www.unhcr.org](http://www.unhcr.org)  
<http://syria.humanitarianresponse.info>