

// 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.**

## THE SYRIA CRISIS IN 2020

# 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 252,204 confirmed cases of COVID-19 as of June 30, 2020. The highest number of confirmed cases came from Turkey (199,906), followed by Egypt (68,311), Iraq (49,109), and Jordan (1,132). Only 279 cases were reported in Syria. By June, UNFPA country offices throughout the region had already readjusted their programmes and work plans, putting short and long-term measures in place to ensure continuity of operations despite expected challenges.

In Syria, the ongoing economic crisis has exacerbated humanitarian needs of the more than 11 million people across Syria in need. The poverty rate is over 90 percent. With the official exchange rate being 1,250 SYP for each USD1.00, the collapse of Syria's currency has compounded the crisis and continues to plunge more people into poverty. Unemployment is also high and exacerbated by restrictions to contain COVID-19. There are reports of Syrians obliged to borrow money to meet basic needs, with rationing of food supplies becoming common practice in households. 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. Displaced people in camps or camp-like situations face additional risks as it may be difficult to practice regular handwashing, physical distancing and other key public health measures. 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 humanitarian actors have adapted their activities and procedures to mitigate COVID-19 related risks. Meanwhile, certain activities had to be suspended to protect the affected population, as well as humanitarian workers. UNFPA continues coordination with the Ministry of Health (MoH), other key line ministries, and actively advocates for efforts to provide SRH services in the wake of COVID-19. While reproductive health services, as well as 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 after the government announced a nationwide curfew and the imposition of Jordanian Defence Law (1992), which have since been lifted. UNFPA Jordan operations continue to be limited to time-critical, essential, life-saving components that must be continued regardless of programme and operational disruptions. International and governorate borders remain closed. 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 and curfews in place have 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 recognizes that outbreaks like the COVID-19 pandemic affect women and men differently, potentially exacerbating existing inequalities both between genders and with other vulnerable communities like persons with disabilities, youth, and the elderly. 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 June 30, 2020

<b>SYRIA</b>	<b>TURKEY</b>	<b>LEBANON</b>
279	199,906	1,778
<b>JORDAN</b>	<b>IRAQ</b>	<b>EGYPT</b>
1,132	49,109	68,311



# 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	1,195,486
Family planning consultations	406,644
Normal / assisted vaginal deliveries	38,530
C-Sections	24,500
Ante-natal care consultations	390,015
Post-natal care consultations	11,123
People trained on SRH-related topics	1,140

## GENDER-BASED VIOLENCE

### INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	514,956
People reached with Dignity Kits	209,245
People provided with GBV case management	10,204
People reached with GBV awareness messages	367,863
People trained on GBV-related topics	2,134

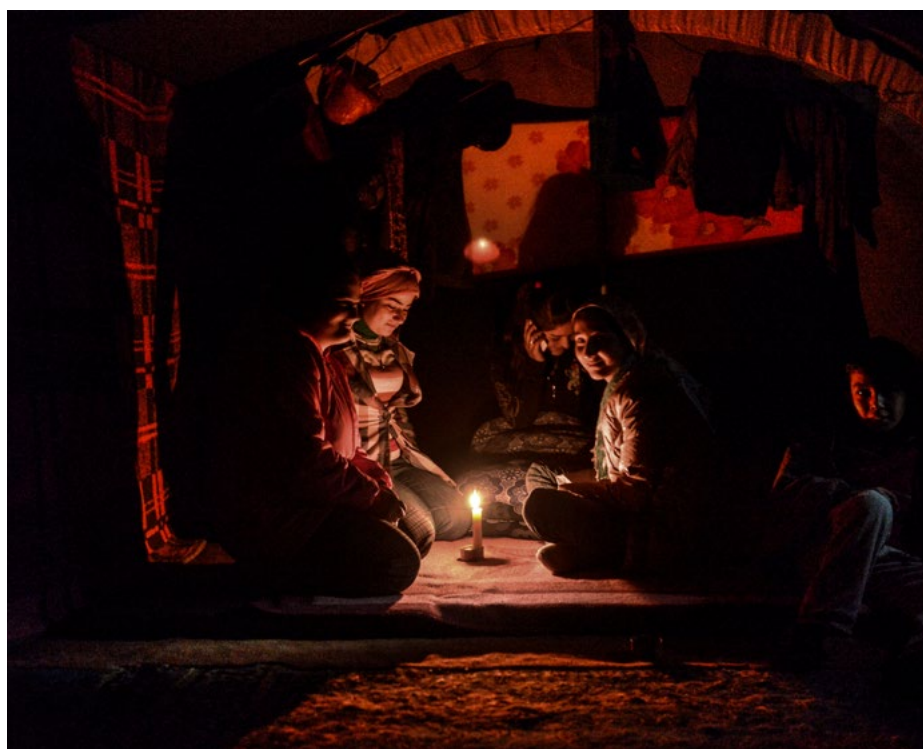
## YOUTH SERVICES

### INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	19,871
People trained on youth-related topics	176



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



## The Importance of Ethical Journalism during COVID-19

*Marking the International Day for the Elimination of Sexual Violence in Conflict, the United Nations Population Fund explored with journalists and experts the impact of lockdowns and curfews on the rights of women and girls in the region and the principles of bringing their stories to the public.*

Given the rise in the risks of violence against women and girls during the COVID-19 pandemic and the importance of ensuring accurate, ethical coverage of this critical issue, the UNFPA Regional Syria Response Hub / Arab States Regional Office organized a virtual media symposium targeting journalists and media professionals throughout the Arab States region.

Livestreamed on Facebook, the symposium reached more than 800,000 people with key insights on the underlying connections between health crises, their resultant preventative measures, gender equality, and gender-based violence. The event was moderated by renowned Jordanian media specialist, Suzanne Afanah, and included real-life experiences by journalists with extensive experience covering gender-based violence, including Joumana Haddad from Lebanon, Nadine Nimri from Jordan, and others. Practical guidelines were also provided to facilitate reporting by journalists, including those by gender-based violence specialists, service providers in crisis countries, women's rights activists, and others.

Reports by various humanitarian actors showed that many of the measures deemed necessary for controlling a viral outbreak not only exacerbate GBV-related risks by limiting the ability of survivors to escape from their abusers, but they also limit or sever survivors' access to life-saving support. For journalists who report on social justice and human rights, raising public awareness on the mounting challenges facing women and girls during this pandemic becomes increasingly crucial, especially given that a crisis of this magnitude can often reveal many of the underlying inequalities within communities.

**Journalism is among the most powerful tools for social justice, particularly in the global fight against gender-based violence. Journalists have the power to amplify the voices of women and girls, to shed light on the forms of violence that target them, and to help communities worldwide address the harmful social norms that underpin gender-inequality and gender-based violence.**

— NATALIA KANEM, UNFPA Executive Director



WHOLE OF SYRIA RESPONSE

# SYRIA COUNTRY OFFICE

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

## REPRODUCTIVE HEALTH

### INDICATOR

People reached with sexual/reproductive health services	919,803
Family planning consultations	370,063
Normal / assisted vaginal deliveries	25,925
C-Sections	22,376
Ante-natal care consultations	298,042
Post-natal care consultations	32,631
People trained on SRH-related topics	335

### SINCE JANUARY

## GENDER-BASED VIOLENCE

### INDICATOR

People reached with GBV programming / services	303,206
People reached with Dignity Kits	52,286
People provided with GBV case management	5,830
People reached with GBV awareness messages	295,846
People trained on GBV-related topics	86

### SINCE JANUARY

## YOUTH SERVICES

### INDICATOR

Beneficiaries reached with youth programming	7,696
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### SINCE JANUARY



\* 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.



## The drive to succeed at all costs.

*Students from rural and hard to reach places defy the risks of violence and COVID-19 to pursue their futures.*

"I came here to succeed despite all challenges," said Jamila, one of approximately 1,000 students who came from rural and other hard-to-reach areas to schools in Aleppo to undertake their national high school national, which will arguably determine the course of their adult lives.

In the challenging context inside Syria, where students are leaving their families to complete their exams far from home, often passing through checkpoints separating two conflicting factions, thousands are forced to live through conflict in Syria with limited access to essential services. In addition to numerous hurdles along the way, COVID-19 has come to form a new threat to an already struggling population, making the delivery of life-saving assistance even more complicated. The pandemic has increased the hardships and worsened the economic situation for millions of Syrians who have barely begun recovering from nearly 10 years of crisis.

The students often need to leave their families for several weeks and travel to nearby cities, where they stay and finalize their exams. The journey requires crossing conflict lines after extensive coordination with the proper authorities to make sure no additional complications arise at the checkpoints. This year, they must also contend with additional safeguards against infection and comply with the necessary measures in place.

"The situation is getting harder," explains Jamila. "We are required to undergo a quarantine, which will be in a school, not a hotel or a house, and the surrounding scenes of dilapidated homes are not from a film set but the tragic reality for many families who have been lost in the crisis."

In response to the situation, UNFPA is supporting students who are coming from surrounding hard-to-reach areas to Aleppo schools by providing them with the basics, such as hygiene kits that contain face masks, hand sanitizers, underwear, towels, and solar chargers, among other essentials.

"Mobility is not really a luxury we can afford, and we cannot simply go out and buy the basics, so these kits have been extremely helpful," added Jamila.

UNFPA and its partners are on the frontlines, working to protect and improve the lives of Syrian women, adolescents and young people, and contributing to national efforts to help curtail the spread of COVID-19. These combined efforts are giving young people a chance for a more hopeful future, even as the pandemic creates a crisis within a crisis, both due to the health risks involved and the economic fallout that continues to threaten countless communities throughout the country.

**"Mobility is not really a luxury we can afford, and we cannot simply go out and buy the basics, so these kits have been extremely helpful.**

**— JAMILA, who recently received support services from UNFPA's mobile teams**



# 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 people in northwest Syria has remained severe as the impact of COVID-19 preventative measures and the rapid devaluation of the Syrian Pound (SYP) have added additional strain on the population. Since early June 2020, the value of the SYP began to decline rapidly, losing half of its value within a month and reaching new historical lows. This most recent devaluation resulted in massive price increases, triggering shortages of food and other key supplies in markets. Of the 4.1 million people living in northwest Syria, 2.7 million people are estimated to be internally displaced. Some 780,000 of the nearly 1 million people displaced between December 2019 and early March 2020 are estimated to remain in displacement. Overall, more than 1.4 million IDPs are living in IDP camps and settlements in precarious conditions and 80 percent of these individuals are women and children.

The overall security situation in northern Aleppo governorate and the Idlib area has continued to periodically deteriorate as a result of armed confrontations and clashes involving non-state armed groups and civilians and improvised explosive device incidents as well as. Consequentially, this has put the lives of civilians in danger and has complicated the operational environment for humanitarian work.

## REPRODUCTIVE HEALTH

### INDICATOR

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	147,698
Family planning consultations	23,756
Normal / assisted vaginal deliveries	11,315
C-Sections	1,926
Ante-natal care consultations	71,909
Post-natal care consultations	17,781
People trained on SRH-related topics	250

## GENDER-BASED VIOLENCE

### INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	15
People reached with GBV programming / services	101,693
People reached with Dignity Kits	134,001
People provided with GBV case management	494
People reached with GBV awareness messages	45,090
People trained on GBV-related topics	1,119

Increased malnutrition rates for mothers and children have been reported by humanitarian actors working on the ground. An increase of people searching for food in rubbish containers as well as women and children searching for sellable and reusable materials in landfills to survive. Female-headed households report an average income 33 percent lower than the national average, making them exceptionally susceptible to economic shocks (source: OCHA Syrian Arab Republic sitrep no. 16). Protection needs for women, boys and girls have also increased, as reported cases of domestic violence rise throughout northwest Syria as of late May. Continued cases have emerged of families forcing their young daughters to take hormones and other medications in the belief that this would fasten puberty, enabling them to get married younger and conceive.

Responding to the complex situation on the ground, UNFPA transhipped 116,146 Dignity Kits to northwest Syria in June 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.

Out of 1,174,783 women and girls of reproductive age in northwest Syria, 579,934 are adolescent girls and 69,000 are pregnant women of which 8,500 are giving birth every month. There is a crucial need to maintain essential services for them such as emergency obstetric and newborn care, ante-natal care, post-natal care, treatment of sexually-transmitted diseases and other services. UNFPA has provided 135 clean delivery kits to reproductive health partners to serve 27,000 pregnant women in labour who are not able to reach health facilities. UNFPA also distributed 112 RH kits to serve around 300,000 people for three months. In response to the observed increase in malnutrition cases observed among pregnant and lactating women, a collaboration between the Reproductive Health Working Group, Community Health Workers and Nutrition Cluster has been established to position nutrition workers in reproductive health facilities.



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 reported its first case of COVID-19 on February 14, 2020. By end of March, cases had surpassed 1,000. On March 15, the Government of Egypt announced the decision to suspend schools, universities, and government offices for two weeks, forcing 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	910
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 GBV programming / services	5,395
People provided with GBV case management	1,735
People reached with GBV awareness messages	706

## YOUTH SERVICES

### INDICATOR

### SINCE JANUARY

Beneficiaries reached with youth programming	98
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# The power to say 'no.'

Ahad is a 28-year-old Syrian woman who moved to Egypt early on in the crisis. The first time she came to a UNFPA-supported safe space in Giza, she accompanied by her two daughters and showed signs of extreme stress and anxiety, which also impacted her interactions with her children. At the time, the cause of that anxiety remained a mystery as she was reluctant to open up and express her feelings.

Despite this resistance, she was enrolled in series of support activities, including music, dancing, and other art therapy approaches, which helped break down the walls of communication she had initially erected. What finally pushed her to communicate openly was an innocent slip by her daughter, who had mentioned to the staff at the safe space that her mother was in fact a survivor of domestic abuse and is frequently beaten by their father. This gave Ahad the opportunity to finally share her struggles.

Ahad's story mirrors that of countless women and girls who have suffered the brunt of the crisis. Not only is she frequently subjected to physical and psychological abuse by her husband, but he had also renounced the family financially, which has robbed the family of any semblance of stability. Given the restrictions on freedom that typically accompany domestic abuse, she was not allowed the opportunity to work to provide for herself and their children.

The individual and art therapy sessions offered at the safe space have continued to provide Ahad with the strength and resilience needed to stave off the abuse. She continues to work with her therapist to explore potential strategies out of her current situation. Unfortunately, after COVID-19 was declared a pandemic, she was forced to endure weeks of lockdown in the same house as her abuser — a situation shared by countless women and girls worldwide. Still, she reports that the activities she attends, some of which have continued remotely, have helped. "The sessions continue to give me strength and have taught me how to say no to the abuse while still remaining calm and collected."

# 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 June 2020, a total of 49,109 cases had been reported, with 1,943 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. 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

INDICATOR	SINCE JANUARY
Primary health facilities	4
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	27,416
Family planning consultations	3,199
Normal / assisted vaginal deliveries	594
C-Sections	198
Ante-natal care consultations	5,340
Post-natal care consultations	1,609
People trained on SRH-related topics	1,624

## GENDER-BASED VIOLENCE

### INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	4
People reached with GBV programming / services	1,917
People reached with Dignity Kits	6,574
People provided with GBV case management	202
People reached with GBV awareness messages	4,156

## YOUTH SERVICES

### INDICATOR

INDICATOR	SINCE JANUARY
Number of functional youth centres	1
Beneficiaries reached with youth programming	7,490



# 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 all community transmission 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.

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 Zaatari 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	17
Health facilities that provide Emergency Obstetric Care (EmOC)	2
People reached with sexual/reproductive health services	43,904
Family planning consultations	8,333
Normal / assisted vaginal deliveries	696
Ante-natal care consultations	13,822
Post-natal care consultations	2,215
People trained on SRH-related topics	28

## GENDER-BASED VIOLENCE

### INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	14,232
People reached with Dignity Kits	139
People provided with GBV case management	1,482
People reached with GBV awareness messages	8,533
People trained on GBV-related topics	30

## YOUTH SERVICES

### INDICATOR

	SINCE JANUARY
Beneficiaries reached with youth programming	3,920
Number of functional youth centres	1
People trained on youth-related topics	136

On the occasion of the International Day for the Elimination of Sexual Violence in Conflict, and in collaboration with the Jordan Youth Peace and Security 2250 National Coalition, UNFPA Jordan organized an interactive online session to engage young people and representatives of youth organizations and networks on how sexual violence impacts the lives of young people and their community and discuss with practitioners and experts on best practices for combating such violence. Moreover, in-person GBV activities resumed in June, along with online support and smaller group activities based on established capacity and social distancing guidelines and available space.



## Cultivating Self-Positivity

*After escaping the violence in Syria and facing a series of setbacks as a refugee, Sara found the support she needed to live in peace and stability.*

Sara, along with her husband and one-month-old daughter, were living in the countryside of Damascus. When the conflict started, life became increasingly more perilous, and the 25-year-old mother and her family had to flee Syria in 2013, seeking peace and stability in Amman, Jordan.

Shortly after their arrival, her husband began working as a freelancer, and she launched a small nursery out of her home. Their financial situation slowly began to improve. Unfortunately, in June 2019, Sara's life took a huge turnover. The family was forced to move to Azraq refugee camp following an issue that her husband had faced at work. At first, Sara faced numerous challenges in adapting to the living situation at the camp, where friendships and social networking proved increasingly difficult.

"It's really frustrating when you have to start all over again, twice," explained Sara. In addition to all of these challenges, her husband's mental state was compromised and he began abusing her emotionally.

Sara was referred to the IRC's women centre by the hospital at the camp after she attempted suicide. The IRC counsellor assessed her situation and provided her with an action plan that included working on adaptation skills, stress management and communication skills, in addition to continuous follow ups. Over time, signs of improvement were clearly showing; her perception of her surroundings evolved for the better, as did her interactions with others in the camp and her relationship with her husband. Today, she is a volunteer at the IRC's women centre in Azraq, working to improve the lives of children.

"I went back to Sara as she was in Syria before the war, and I discovered new skills. I am happy," says Sara with a resilient smile across her face.

As the COVID-19 pandemic hit, Sara found herself increasingly concerned over the safety of her family, particularly given the crowded conditions at the camp and the difficulty of maintaining adequate social distancing. To curb the stress of the situation, she attended a number of remote counselling sessions, which included precautionary measures to stave off infection, anger management, and self-positive thinking. Since attending these vital courses, the anxiety of the situation was significantly reduced, and she continually resorts to the relaxation techniques she has learned when she is faced with stressful situations.

**“ I made the choice to confront my husband and the society that allowed these tragedies to happen to me and many others.**

— MARIAM, 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	1
People reached with sexual/reproductive health services	2,519
People trained on SRH-related topics	25
Ante-natal care consultations	20
People trained on SRH-related topics	92

## GENDER-BASED VIOLENCE

### INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	923
People reached with Dignity Kits	4,070
People provided with GBV case management	194
People reached with GBV awareness messages	2,397
People trained on GBV-related topics	92

## YOUTH SERVICES

### INDICATOR

	SINCE JANUARY
Number of functional youth centres	1
Beneficiaries reached with youth programming	52

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 200,000 cases as of 30 June, 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	53,422
Family planning consultations	1,185
Ante-natal care consultations	882
Post-natal care consultations	323
People trained on SRH-related topics	430

## GENDER-BASED VIOLENCE

### INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	87,590
People reached with dignity kits	12,175
People provided with GBV case management	267
People reached with GBV awareness messages	11,135
People trained on GBV-related topics	815

## YOUTH SERVICES

### INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	615
People trained on youth-related topics	40

## 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





# The Value of Support.

Salimeh was nervous about fleeing from Afghanistan to Turkey as a refugee, but her husband insisted life would be better. They would be safer. They would rise out of poverty. He had no way of knowing she would have to create that new life for herself – without him. “First, I did not want to leave my family and country behind, but my husband convinced me,” she said.

He resettled first, in the city of Konya. He found work in construction, and a year later was able to pay for Salimeh and their three children to join him. The adjustment was challenging, but promising. The children started school, and Salimeh had a fourth child. She became pregnant again. Then her husband suddenly died in a construction accident. Soon after, she had a miscarriage. She was bereft.

“I was lost for a long time,” she told UNFPA recently, tearing up as she recalled the losses. “I wished I was dead too. I lost the baby because of that unbearable misery.”

Salimeh and her children moved in with her brother, who also lived in Turkey. He was working, but his income did not stretch enough to cover their basic needs. To make matters even more challenging, Salimeh, whose native tongue is Turkmen, had never learned to read or write in any language. This left her dependent on her brother for everything from navigating street signs to grocery shopping.

But then, five months after her husband's death, there was a knock at the door. Outreach workers from the nearby Konya Meram Social Service Centre came by to offer support, part of their regular visits to refugee communities. They told her about a project designed to improve access of the most vulnerable refugees to social services in Turkey. The project – funded by the European Union's Humanitarian Aid and implemented by UNFPA and the Ministry of Family, Labour and Social Services in Turkey – offers legal counselling, psychological support, Turkish language courses, awareness trainings and social events.

Salimeh attended an orientation session for refugees. “They gave us paper and pencil and asked us to write down how we felt and what we had gone through as a refugee in Turkey. I said that I was illiterate. They asked me to draw and, again, I said I couldn't because I had never held a pencil before,” she recalled.

“I looked around and many other women from Syria, Afghanistan, Iraq were able to write something. I was very embarrassed because I was the only one who did not know how to write. They asked me if I wanted to learn how to read and write. I replied, ‘Maybe.’ But I was very scared that I wouldn't be able to do it.”

Salimeh began seeing a case worker and a psychologist in the centre. They helped her make a plan to stand on her own two feet. They referred her to financial assistance, which helped her move into a new home. Through courses at the centre, she learned about her legal rights and her children developed new skills. They all made friends. And Salimeh learned to read and write.”

Learning how to read and write has changed my life. I have self-confidence now. I know the price of what I'm buying at the grocery store. I can go to the doctor. I used to feel blinded, scared to go out, but now I have a way different life,” she said. Today, her children are thriving in school, and Salimeh is looking for a job.

The project improves access of the most vulnerable refugees to social services in Turkey. It has reached thousands of people in need, under temporary and international protection, since it was launched in October 2017. It operates in 27 social service centres in 19 provinces.

Support from this programme continues even during the COVID-19 pandemic. Project staff continue to reach out to people in need, providing them with information not only about services and support, but also about infection prevention measures and health care. Individual consulting and psychosocial services continue to take place online and by phone.



# 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 June, the UNFPA Regional Syria Response Hub coordinated an assessment to better understand how GBV and SRH services within the Syria regional response have evolved over the past three years. The findings underline that, while the funds received for the GBV-SRH sub-sectors/sub-clusters have not increased meaningfully these past years, the response has been able to scale up to meet the growing needs. The assessment also underlines some of the best practices that need to continue and be replicated and focuses on enablers and barriers to improving GBV/SRH services.

UNFPA hub also coordinated its participation to the Brussels IV conference, ensuring that both sexual and reproductive health and gender-based violence occupy a central role in the advocacy efforts throughout the conference. Lastly, the Syria Hub continued to lead on the preparatory phase for the social norms pilot intervention in Aleppo. In this framework, the focus for the month has been on the finalization of the nested ToC and the development of a proposed research framework and M&E framework.

The GBV AoR received and addressed the feedback of the Government of Syria on the protection chapter of the HRP, in addition to participating in the monitoring of the COVID-19 plan and initiating conversations around the 2021 HNO, including the collection of qualitative data that annually feeds into the Voices from Syria report. GBV coordination also continued in north-eastern Syria, with a particular focus on the development of an information sharing protocol on how GBV service mapping is shared with various stakeholders.

In Syria, the Syria Task Force in Turkey met in Ankara to discuss updates on the 3RP's COVID-19 components, including the Needs Assessment and linkages pertaining to appeals and economic frameworks as well as the next steps to be taken at an inter-agency level. The South-East Turkey (SET) ad-hoc SGBV SWG meeting was also co-chaired by UNFPA, with a focus on safety planning. The regular SET SGBV SWG meeting was held to discuss programming updates concerning COVID-19 impacts and entailed two debriefings — one on useful tools and guidelines and another on ad-hoc safety planning. The National GBV Expert in Turkey attended the National Protection Working Group meeting in Ankara, which provided regional updates by the Child Protection Sub-Sector Co-chairs, followed by a group discussion on current practices around service provision through public institutions and sector members.

In Jordan, UNFPA has been chairing the Zaatari Youth Task Force since 2015 in partnership with the Norwegian Refugee Council (NRC). In June, the YTF conducted a mapping for youth services in the camp and worked with UNHCR and Blumont on generating an Interactive map for the services that is available [here](#). The platform is in the pilot phase for partners feedback and it will be updated every six months. YTF aims to create an Arabic mirror for both platforms for easier access to refugees.



# 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.

## 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 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](http://www.unfpa.org)

[www.ocha.org](http://www.ocha.org)

[www.unhcr.org](http://www.unhcr.org)

<http://syria.humanitarianresponse.info>

