



UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 111
NOVEMBER 1-30 2021

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

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

The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA's operations within the context of the Syria Crisis. The report is prepared by the UNFPA Regional 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. 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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NOVEMBER 1-30 2021

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

UNFPA'S MISSION

THE UNITED NATIONS SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS AGENCY

The core mission of the United Nations Population Fund (UNFPA) is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. UNFPA calls for the 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.

DIGITAL VIOLENCE IS DEVASTATINGLY RAMPANT. IT IS RELENTLESS, BORDERLESS AND OFTEN ANONYMOUS. BY ONE COUNT, 85 PERCENT OF WOMEN ONLINE HAVE EXPERIENCED IT OR WITNESSED IT. SURVIVORS MAY SUFFER FEAR, DEPRESSION AND SUICIDAL THOUGHTS, JUST AS THEY DO WITH OTHER FORMS OF VIOLENCE.

— STATEMENT BY UNFPA EXECUTIVE DIRECTOR DR. NATALIA KANEM, ON THE INTERNATIONAL DAY TO END VIOLENCE AGAINST WOMEN

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

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

General Overview

As the Syria crisis nears the end of its challenging 11th year, the situation remains critical. Years of geopolitical unrest, protracted instability, disruptions in community networks, a worsening economic crisis, water crisis and other impacts of climate change, and the COVID-19 pandemic – have all converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of Syrians at risk.

According to UN OCHA, the scale, severity, and complexity of humanitarian needs in Syria "remain extensive." This is due to continuing hostilities in various areas, new and protracted displacements, spontaneous returns, and the continuing erosion of the country's resilience.

The pandemic in particular has exacerbated many of these challenges, directly and disproportionately jeopardizing women's socio-economic prospects, as in other parts around the globe. Meanwhile, the rapidly worsening economic crisis has significantly intensified many of the risks faced by individuals, families, and communities. In November, the Government of Syria took steps to expand the availability of COVID-19 vaccinations throughout the country in an effort to encourage uptake and slow down the spread of the virus.

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

Meanwhile, food insecurity throughout the country threatens to place even more lives at risk. The World Food Programme (WFP) reported earlier this year that a record 12.4 million people – 60 percent of the Syrian population – are now food insecure. 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.

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.

UNFPA is continuing to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. In 2021, UNFPA has continued to pilot cash and voucher assistance where possible to help ensure that no one is left behind, particularly among women and girls, and is working with local partners and authorities including women's networks, health clinics, health workers, and GBV case managers. 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 offered.

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 November 30, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 12,908,107 cases of COVID-19, as outlined by the table below.

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

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

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
	48,170	8,795,588	670,656
	JORDAN	IRAQ	EGYPT
As of November 30, 2021	953,943	2,081,172	358,578

AFTER LOSING YEARS OF MY LIFE AND EVERYTHING THAT WAS PRECIOUS TO ME, FINDING THIS SAFE SPACE ALLOWED ME TO FIND HOPE AGAIN.

– RIMA, a Syrian refugee who accessed gender-based violence programming at a UNFPA-supported Safe Space

FUNDING NEEDS IN 2022

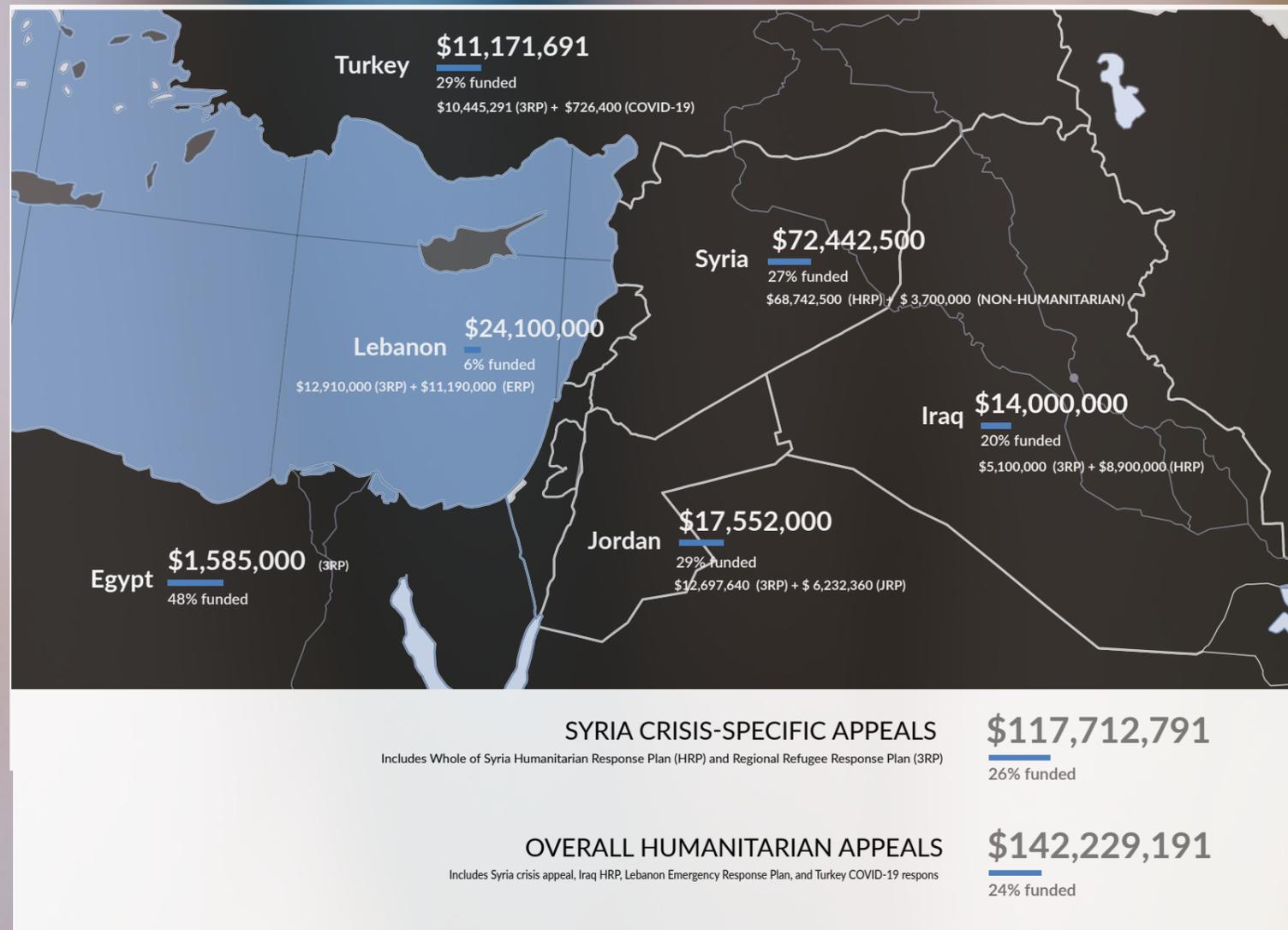
UNFPA plans to continue broadening and enhancing its regional response throughout 2022 to address these challenges. This includes expanding cash and voucher assistance programmes to ensure that no one is left behind. UNFPA will continue to partner with authorities, UN agencies, non governmental organisations,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

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

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

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

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



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

FROM ALL OPERATIONS

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

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	1,000,554	95%
Family planning consultations	376,314	99%
Normal and assisted vaginal deliveries	31,982	100%
C-Sections	15,332	100%
Ante-natal care consultations	546,801	100%
Post-natal care consultations	117,577	100%
People trained on SRH-related topics	10,729	88%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	586,677	89%
People reached with dignity kits	225,200	93%
People provided with GBV case management	32,860	98%
People reached with GBV awareness messages	660,456	90%
People trained on GBV-related topics	7,150	74%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	53,523	65%
People trained on youth-related topics	1,924	81%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	140,441	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	14,959	82%
Adolescent girls reached	182,519	100%
LGBTQI+ individuals reached	4,646	32%

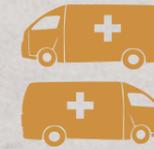
AS THE CHALLENGES WORSEN, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

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

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



127
PRIMARY HEALTHCARE
FACILITIES *



109
MOBILE CLINICS



14,959
PEOPLE WITH
DISABILITIES REACHED



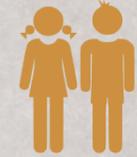
95
WOMEN AND GIRLS
SAFE SPACES



36
EMERGENCY OBSTETRIC
CARE FACILITIES



4,646
LGBTQI+ INDIVIDUALS
REACHED



20
YOUTH CENTRES



182,519
ADOLESCENT GIRLS
REACHED



140,441
PEOPLE REACHED WITH
CASH & VOUCHER
ASSISTANCE

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

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

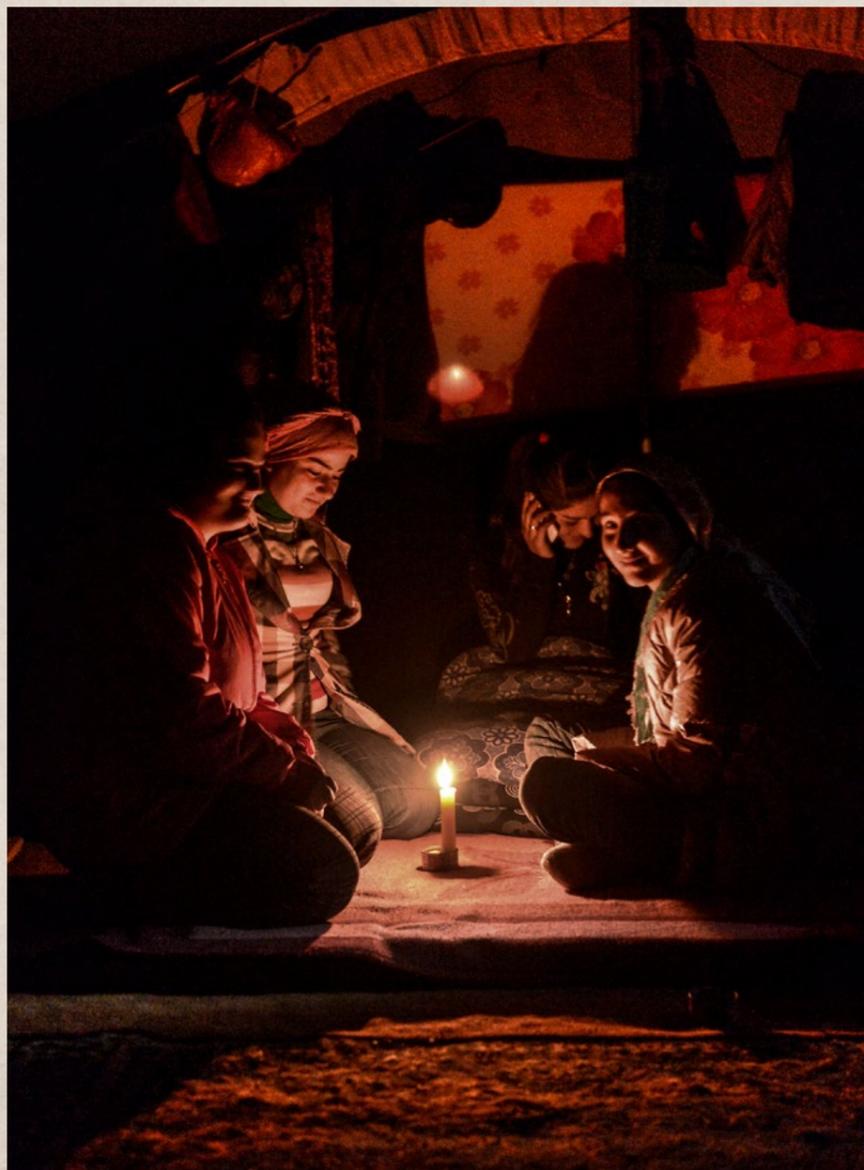
AFTER ALMOST TWO YEARS OF THIS PANDEMIC AND SEEING THE ENTIRE WORLD DESCEND INTO DARKNESS, I THINK IT IS EVEN HARDER NOW FOR PEOPLE TO REALISE THAT WE SYRIANS HAVE BEEN LIVING IN A SIMILAR STATE OF CHAOS FOR MORE THAN TEN YEARS.

– LUBNA, a Syrian refugee who accessed gender-based violence programming at a UNFPA-supported Safe Space

ACROSS THE WHOLE OF SYRIA

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

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, 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. On July 11, 2021, the resolution was extended for an additional six months, with the proposed extension of a further six months subject to the Secretary General's report. The continuation of this large, UN-led humanitarian operation is vital to reach those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey.



Safe Spaces Save Lives

"After visiting the Women and Girls Safe Space, I was able to find some support to heal the wounds that these experiences have created. I now feel I have some hope back and I feel strong enough to face the challenges of life. I am also receiving legal counsel with regards to my daughters and the best path to take to get their documents in order. I want to teach my children what I am learning at the Safe Space so that one day they can achieve the highest level of education. I am so grateful to the staff working here."

— Sham, an adolescent girl from Idleb, northwest Syria

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	836,841	97%
Family planning consultations	328,200	99%
Normal and assisted vaginal deliveries	29,753	100%
C-Sections	15,259	100%
Ante-natal care consultations	495,115	100%
Post-natal care consultations	108,719	100%
People trained on SRH-related topics	2,193	90%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	474,023	91%
People reached with dignity kits	139,536	99%
People provided with GBV case management	23,517	99%
People reached with GBV awareness messages	562,420	92%
People trained on GBV-related topics	2,584	81%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	30,007	60%
People trained on youth-related topics	55	64%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	139,417	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	7,490	86%
Adolescent girls reached	153,529	100%



98
PRIMARY HEALTHCARE FACILITIES *



53
WOMEN AND GIRLS SAFE SPACES



13
YOUTH CENTRES



92
MOBILE CLINICS



32
EMERGENCY OBSTETRIC CARE FACILITIES



153,529
ADOLESCENT GIRLS REACHED

SYRIA COUNTRY OFFICE

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

IN SEARCH OF A DIGNIFIED LIFE.

HANAA'S JOURNEY DEMONSTRATES THE TRUE MEANING OF RESILIENCE.



"I only wanted to live with dignity," said Hanaa, a 35-year-old survivor of gender-based violence who recently received support at a UNFPA-supported Safe Space.

Hanaa lost her mother at the age of three. Growing up, she was also subjected to physical and psychological violence by her stepmother, with whom she lived for over a decade. Like many girls in her community, the violence took the form of a vicious cycle that consistently worsened as she entered adolescence, with devastating consequences that continue to impact her life well into adulthood.

At age 13, Hanaa was forced to marry. By the time she was in her early twenties, she had given birth to seven children, buried two of them after they had been killed by the hostilities, and survived being raped by member of her husband's family. Of all of these, she says it was the loss of her children that was the most painful, but it was also a turning point in her journey.

"After the death of my children, I felt that I had nothing left to lose. I decided to leave my husband, face society and the constant stigma, and transform my life to regain my independence," she recalls. "It was at that point that I decided to visit the Safe Space. My main focus was to move on with my life with my children and to shelter them from the violence and abuse that I've been facing my entire life."

The psychosocial support counselor at the Safe Space worked with Hanaa for three months and encouraged her to register for two vocational training courses offered at the space – nursing and culinary training. "The programmes completely changed my life," she said.

After completing both courses, Hanaa was quickly able to launch her independent career. Today, she is a nurse by day and a seasoned chef in the evenings, making enough income to support herself and her children. She has also moved into a new home away from her abusers. For the first time since her early childhood, she feels hopeful and determined to make up for the years she had lost.

"I am genuinely impressed with the speed and determination with which Hanaa was able to reinvent her life on her own terms," remarked a psychosocial support counsellor at the Safe Space.

UNFPA-supported Safe Spaces provide a place where women and girls feel physically and emotionally safe, find the support needed to heal and grow, and learn vital skills to improve their life prospects. Impact assessments conducted by UNFPA have consistently shown that Safe Spaces make an enormous difference in the lives of women and girls, particularly in humanitarian settings where social networks and protection mechanisms are often disrupted.

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	683,049	99%
Family planning consultations	284,332	99%
Normal and assisted vaginal deliveries	9,465	100%
C-Sections	9,324	100%
Ante-natal care consultations	384,035	100%
Post-natal care consultations	66,000	100%
People trained on SRH-related topics	1,816	91%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	195,577	95%
People reached with dignity kits	10,288	87%
People provided with GBV case management	21,361	99%
People reached with GBV awareness messages	472,924	96%
People trained on GBV-related topics	230	99%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	30,007	60%
People trained on youth-related topics	55	64%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	136,457	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	3,314	85%
Adolescent girls reached	110,746	100%



85

PRIMARY HEALTHCARE FACILITIES *



39

WOMEN AND GIRLS SAFE SPACES



13

YOUTH CENTRES



85

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



110,746

ADOLESCENT GIRLS REACHED

TURKEY CROSS-BORDER

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



Situation Update

Of the 4.4 million people living in northwest Syria, 2.8 million are displaced. A significant devaluation of the Turkish Lira (TRY) has worsened the economic environment with over 40 per cent of its value lost against the US dollar in 2021, hitting its lowest level so far. As the TRY is a commonly used currency in northwest Syria, the devaluation has had harmful effects on the people and the humanitarian response.

Daily artillery shelling continued during November. The Office of the High Commissioner for Human Rights reported that airstrikes and shelling killed 12 civilians, including four women and four children, and injured 31 civilians, including one civilian woman and 12 children. Improvised explosive devices and unexploded ordnance injured at least six civilians, including one child.

COVID-19 & Other Updates

There has been a sharp decrease in new reported COVID-19 cases, hospital admissions, and occupancy of beds in intensive care units and community-based treatment centres during November. Positivity rates fell from around 45 percent in mid-November to around 15 percent at the end of the month. 3,806 new cases were confirmed in November compared to 14,968 cases confirmed in October. The Omicron COVID-19 variant has not yet been detected in northwest Syria. Despite the decrease of reported cases in November, the pandemic continues to exacerbate an already dire humanitarian situation.

Meanwhile, as part of UNFPA's second Individual Protection Assistance (IPA) project, 140 persons have received IPA in November. The one-off, unconditional cash assistance also serves, by design, as an effective entry point to provide relevant information on available services in the respective areas, including protection and GBV specialised services. Given risks posed by the rapidly fluctuating exchange rates of the Turkish Lira, UNFPA continues to provide IPA in USD, in line with guidance from the Cash Working Group.

UNFPA partners also provided 31 GBV survivors with cash assistance in support of individual GBV case management. UNFPA IPs have used cash assistance for several years now, in adherence with the guidelines on Cash Assistance in GBV Case Management as developed and endorsed by the GBV Sub-Cluster in June 2019. In line with the endorsed guidance, it is mandatory that GBV actors conduct a detailed assessment of risks associated with the use of cash in GBV case management in addition to a mitigate plan of any identified risks. The risks are monitored throughout the case management process, and at post-distribution, to ensure that the support has not created harm to the survivor.

UNFPA IPs have continued to roll out income generating assistance (IGA) and small grants with a focus on vulnerable individuals – including survivors of GBV and those with disabilities. During the reporting period, 46 new women were identified to receive IGA.

Moreover, in response to the complex situation on the ground, UNFPA partners successfully distributed 35,157 Dignity Kits to women and girls throughout northwest Syria. All distributing partners were GBV Sub-Cluster active members, which in turn enabled them to provide an effective entry point to other lifesaving GBV services and referrals during distributions. GBV partners also provided verbal awareness raising on COVID-19, preventing sexual exploitation and abuse (PSEA), and complaint mechanisms to beneficiaries during distributions. IEC materials provided by the PSEA network have recently been embedded in each Dignity Kit with information on the interagency network hotline, in addition to messaging on the free nature of all humanitarian assistance.

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

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	153,792	88%
Family planning consultations	43,868	100%
Normal and assisted vaginal deliveries	20,288	100%
C-Sections	5,935	100%
Ante-natal care consultations	111,080	100%
Post-natal care consultations	52,142	100%
People trained on SRH-related topics	377	86%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	278,446	89%
People reached with dignity kits	129,248	100%
People provided with GBV case management	2,156	99%
People reached with GBV awareness messages	89,496	71%
People trained on GBV-related topics	2,354	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,960	78%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	4,176	87%
Adolescent girls reached	42,783	100%



13

PRIMARY HEALTHCARE FACILITIES



14

WOMEN AND GIRLS' SAFE SPACES



13

EMERGENCY OBSTETRIC CARE FACILITIES



7

MOBILE CLINICS



42,783

ADOLESCENT GIRLS REACHED



2,960

PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

TURKEY COUNTRY OFFICE

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

COVID-19 Update

As of 30 November, around 8.8 million cases of COVID-19 had been registered in Turkey. According to the WHO, the number of average daily (new) cases for the last week of the month was 24,430 cases — a 5.8 percent increase compared to the last week of October. No cases of the new Omicron variant were reported.

Meanwhile, official government data shows that Turkey has administered more than 120 million COVID-19 vaccine doses since it launched its mass vaccination campaign in January. More than 56 million people (91 percent of the population) have received their first doses, and over 50 million (81 percent) received their second dose. Due to the awareness efforts of both government and non-government institutions, the number of vaccinated people is continuously increasing.

Throughout November, UNFPA helped to vaccinate more than 9,000 people through its mobile teams throughout the country. UNFPA's COVID-19 mobile service units continue to conduct home visits to encourage vaccine uptake among pregnant and nursing women throughout Ankara and Konya. Since the beginning of this initiative, 25,000 individuals have been reached with vaccinations as well as SRH and GBV services, exceeding target projections by 145 percent.

Programme Update

As of November, UNFPA is supporting a shelter for women survivors of GBV in Istanbul and a Health and Social Support Center for migrant women and youth in Sanliurfa. Both service units will provide much-needed SRH and GBV services, while the Sanliurfa service unit will have an additional outreach component. Meanwhile, service units that target key refugee groups (KRG), men and boys survivors of sexual violence, and refugees with disabilities are in process of integrating the SRH services into their range of provided services, helping deliver life-saving medical assistance to those in need. UNFPA is also covering the costs of HIV medication to diagnosed people facing protection issues.

In addition to SRH and protection services, the service units targeting refugee women, girls, and young people continued to provide socio-economic empowerment activities, including language and literacy courses, vocational workshops, career development courses, among others.

As in previous months, UNFPA continued to provide a range of training initiatives, with topics ranging from monitoring and evaluation, prevention of sexual exploitation and abuse (PSEA), privacy and bodily autonomy, family planning counseling, and others.



Safe Spaces Save Lives

"In our culture, girls can get married as children. This is very common, especially if the girl is out of education. I don't want to get married so early. Thanks to the UNFPA-supported Safe Space in Eskişehir, I will be able to continue my education in Turkey. They have gained my family's trust and convinced them that I should go to the school instead of being someone's wife at this age. They have managed to change the course of my entire life."

— Sham, an adolescent refugee living in Turkey

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	21,199	75%
Family planning consultations	3,299	90%
Ante-natal care consultations	1,741	100%
Post-natal care consultations	302	100%
People trained on SRH-related topics	779	66%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	38,448	60%
People reached with dignity kits	31,865	57%
People provided with GBV case management	162	93%
People reached with GBV awareness messages	15,244	69%
People trained on GBV-related topics	2,504	65%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	9,163	86%
People trained on youth-related topics	1,258	86%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	3,394	59%
Adolescent girls reached	6,126	100%
LGBTQI+ individuals reached	3,224	46%



4

PRIMARY HEALTHCARE FACILITIES *



4

WOMEN AND GIRLS' SAFE SPACES



4

YOUTH CENTRES



6,126

ADOLESCENT GIRLS REACHED



10

MOBILE CLINICS



12

OTHER SERVICE DELIVERY POINTS

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

LEBANON COUNTRY OFFICE

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

REPRODUCTIVE HEALTH	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	23,630	75%
Family planning consultations	4,205	98%
Ante-natal care consultations	1,677	100%
Post-natal care consultations	395	100%
People trained on SRH-related topics	7,527	90%

GENDER -BASED VIOLENCE	SINCE JANUARY	%FEMALE
People reached with GBV programming	9,925	87%
People reached with dignity kits	53,301	100%
People provided with GBV case management	3,477	100%
People reached with GBV awareness messages	23,743	75%
People trained on GBV-related topics	1,269	84%

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

CASH AND VOUCHER ASSISTANCE	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	758	95%

SOCIAL INCLUSION	SINCE JANUARY	%FEMALE
People with disabilities reached	766	99%
Adolescent girls reached	1,531	100%
LGBTQI+ individuals reached	1,401	N/A



327
PRIMARY HEALTHCARE FACILITIES *



15
WOMEN AND GIRLS' SAFE SPACES



7
MOBILE CLINICS



1,531
ADOLESCENT GIRLS REACHED

* Partially supported in partnership with the Ministry of Health

Situation Update

The complex situation in Lebanon remains dire and warns of a challenging year ahead for communities throughout the country, particularly in light of weakening protection mechanisms, economic deterioration, and mounting social tensions.

Throughout November, the ongoing energy crisis in the country continued to have deleterious effects. The national power grid continued to suffer frequent disruptions, with the country often descending into total darkness for hours at a time. This has had considerable ramifications for health facilities, particularly in the absence of alternative sources of energy. While fuel is now available, prices have become out of reach for the vast majority of people as previous subsidies were lifted.

The deterioration of the Lebanese currency hit new record low of more than 24,000 per U.S dollar, which has significantly lowered the purchasing power of the Lebanese people. The continuing energy crisis, the persistent impact of COVID-19, and mounting social tensions have also become contributing factors to the economic meltdown, creating a snowball effect that is placing the lives of

millions at risk. These converging crises are also preventing those in need from accessing basic services. For instance, high transportation costs continue to impede safe and sustainable access to service delivery sites, preventing people in need from receiving cash and voucher assistance to purchase food and other essentials, while individuals requiring sexual and reproductive health and gender-based violence services may have growing difficulties accessing these services. Capacity building efforts are also being hindered despite the needs, particularly as training programmes become prohibitively costly or otherwise inaccessible.

UNFPA Lebanon teams are consistently working to bridge gaps in communication and referral pathways in light of frequent disruptions in power and internet connectivity. Survivors of violence are consistently unable to adapt and secure their needs due to the volatility of the economic and security situation, while individuals who receive cash and voucher support are facing difficulty redeeming their funds as financial service providers are forced to reduce their working hours due to power disruptions.

HOPE AMIDST THE CHAOS

HOW SALWA FOUND HEALING AND STRENGTH AT A UNFPA-SUPPORTED FACILITY

When Salwa, 31, sought to bring joy to her daughter's life by giving her a baby sister, she had not imagined that getting pregnant was going to be this difficult. "I tried again and again, but couldn't," she recalls. "I felt that there was something wrong with my body."

Salwa couldn't afford a medical consultation with a gynecologist. After many failed attempts to conceive, her friend told her about a reproductive health campaign run by a UNFPA partner. But the moment Salwa entered the center, she felt at peace.

"I was hopeless, to be honest, but I did not have anything to lose. I went to the center with low expectations," recalls Salwa. "I couldn't really believe that despite the fact that I wasn't paying for services, everyone was incredibly supportive and ready to offer their help."

Following the outreach sessions and close check-ups and testing, Salwa learned that she suffered infections that were preventing her from getting pregnant. She was immediately placed on a treatment programme that would last several months to ensure she does not relapse. In November, after completing the sixth month of her treatment, she received the happy news that she is carrying her second child.

"I feel lucky. The work that is being done at this center is critical and is being delivered professionally in a way that is changing people's lives, especially women," added Salwa. "This campaign is not only offering me the services I need — it is also enabling me to build my awareness on subjects that have a direct impact on my community, like child marriage and gender-based violence. To be honest, I used to have completely different ideas on these issues, but attending these awareness sessions has changed my and my family's mind on when girls are ready for marriage."

Salwa plans to continue attending sessions and activities at the center and to explore other services offered to women and girls in her community. "As for my daughter, I will never allow her to marry before she is at least 18 years old because I don't want her to suffer the health and psychological risks," she added.



JORDAN COUNTRY OFFICE

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



WHILE LIFTING OTHER WOMEN UP, DALAL FORGOT HER OWN FEARS

When Dalal, 44, escaped the violence in Daraa with her husband and three children, all she sought was to regain her sense of safety. And yet, despite taking refuge in Jordan in 2012, she seldom felt true safety, particularly after her husband – who had developed alcohol and drug addictions as way of coping with the trauma of displacement – became increasingly violent towards her and the children.

"I feared for my life," recalls Dalal. "He used to beat me a lot and often threatened to strangl mee. He also sold whatever he could lay his hands on in the house to buy drugs."

In a protracted conflict, refugee women like Dalal remain at a greater risk of gender-based violence even after seeking refuge elsewhere, according to the GBV IMS report published by UNFPA and partners in 2020. For seven years, Dalal continued to endure the insults, the abuse, and sexual violence that devastated her and shattered her self-esteem. "I hated myself and I wanted to die. My confidence was shaken, and I felt very lonely," she added.

Dalal had no idea that a visit by two volunteers, going door-to-door to raise awareness about services offered at the UNFPA-supported Safe Space in the camp, would change her life forever. "They told me about the psychosocial support and awareness sessions on offer and encouraged me to go to the center," she said. The next day, a counselor invited her to attend an awareness session at the center. There, she learned more about the different types of gender-based violence which could result in physical, sexual, or emotional suffering against women. After assessing her needs and concerns, the counselor put in place an action plan that included individual counseling sessions.

"She reassured me that our sessions are confidential," recalls Dalal. "I felt safe and then I vented my heart out. I forgot all about my fears."

The psychosocial support sessions Dalal received helped her overcome the depression and anxiety. She also felt a growing sense of empowerment and, for the first time in her life, she felt like she had a choice. As she puts it, "I became a different person. I used to lose my temper quickly, but now I am calmer. I became outgoing and started interacting with people. I even started laughing again. Eventually, I felt strong enough to demand a divorce."

Recently, Dalal celebrated her newfound independence, and was even more elated when she was given full custody of her children, who are aged six and thirteen. Since then, her outlook on life has changed, and she feels increasingly hopeful about what the future holds for her and her children. She even managed to launch her own business by supplying refilled gas cylinders to people in her community. "I no longer feel constant anxiety. Indeed, I feel safe now."

Lina Batayneh, the counselor who helped Dalal heal, stresses the importance of psychosocial support sessions and the impact they can have on women like Dalal. "I saw a big change in Dalal. We started from scratch and the individual sessions helped her overcome her fears and anxiety. At the same time, she became well-equipped to handle the stresses of her everyday life. She learned to say no without the associated guilt that accompanies survivors of gender-based violence. Now she knows she can always seek the help she needs."

Despite her daily struggles to make ends meet, Dalal remains adamant about helping other women who suffer from GBV at Zaatari camp, adding: "I started giving talks to other women who complain about abuse and to help them find their way to the services available to them so that they, too, can transform their lives."

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	101,440	100%
Family planning consultations	21,470	100%
Normal and assisted vaginal deliveries	1,246	100%
Ante-natal care consultations	34,074	100%
Post-natal care consultations	4,419	100%
People trained on SRH-related topics	205	92%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	53,351	85%
People provided with GBV case management	2,519	91%
People reached with GBV awareness messages	27,514	81%
People trained on GBV-related topics	86	88%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	10,090	61%
People trained on youth-related topics	106	54%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	266	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,132	98%
Adolescent girls reached	14,052	100%



16
PRIMARY HEALTHCARE FACILITIES *



19
WOMEN AND GIRLS SAFE SPACES



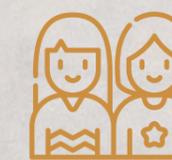
1
YOUTH CENTRES



1,132
PEOPLE WITH DISABILITIES REACHED



1
EMERGENCY OBSTETRIC CARE FACILITIES



14,052
ADOLESCENT GIRLS REACHED

IRAQ COUNTRY OFFICE

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

I VOLUNTEER BECAUSE I UNDERSTAND WHAT EVERY WOMAN AND GIRL IN THIS SAFE SPACE GOES THROUGH. I KNOW WHAT IT IS LIKE TO FEAR FOR YOUR LIFE, EVEN FROM YOUR OWN FAMILY.

— ZINA, A SYRIAN REFUGEE FROM ALEPPO, SYRIA

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual reproductive health services	3,880	100%
Family planning consultations	19,140	100%
Normal and assisted vaginal deliveries	983	100%
C-Sections	73	100%
Ante-natal care consultations	14,194	100%
Post-natal care consultations	3,742	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,723	94%
People reached with dignity kits	498	100%
People provided with GBV case management	233	100%
People reached with GBV awareness messages	28,686	85%
People trained on GBV-related topics	700	65%

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

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	2,154	92%
Adolescent girls reached	1,605	100%



EGYPT COUNTRY OFFICE

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

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	1,778	96%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	9,207	98%
People provided with GBV case management	2,952	98%
People reached with GBV awareness messages	2,849	90%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	23	100%
Adolescent girls reached	5,676	100%
LGBTQI+ individuals reached	21	100%



Operations have resumed within Safe Spaces throughout Egypt. UNFPA continues 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 partners on the ground to make sure that safe spaces continue to operate beyond the programmatic cycle.

While COVID-19 and its associated complications have affected the ability of safe spaces to offer physical meetings, training 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. Moreover, UNFPA Egypt continues to invest in activities designed to safeguard and promote mental health and wellbeing, including group therapy, art therapy, Yoga, and one-on-one counselling.

UNFPA Egypt 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 the continuing challenges of COVID-19 and related concerns, secondary and tertiary healthcare for Syrian refugees, particularly pregnant women with complications, has been a key priority. UNFPA is also working closely with the National Council for Women to study ways to ensure that refugee and migrant GBV survivors have quality access to state-led services — especially in the medical sector — through the "Safe Women" clinics supported by UNFPA. The purpose is to ensure that both Egyptians and non-Egyptians have equal access to a comprehensive package of legal, medical, and social services in cases of GBV. To that end, UNFPA is planning to support capacity building for medical service providers on assistance for survivors.

COORDINATION UPDATES

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

To ensure effective coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian 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 November, the Whole of Syria GBV AoR finalized the *Voices from Syria 2022* report in English. The Arabic and Easyread versions will launch soon. While final, the report will remain in "draft" status until it is published in harmony with the HNO.

In the framework of the Humanitarian Programme Cycle, the Whole of Syria GBV AoR also worked to calculate GBV specific people in need (PIN) and severity of needs at sub-district level. The HRP 2022 will be the first to use this calculation, which is based on four GBV and proxy indicators, and which showed that around 6.8 million people are in need.

The Whole of Syria GBV AoR also coordinated the discussion around the 16 Days of Activism campaign, with each of the three hubs putting together a plan for joint initiatives as well as suggested activities to be conducted by GBV actors during the campaign. This included supporting the development of a Joint Statement by UNFPA Regional Director and the Regional Humanitarian Coordinator and Resident/Humanitarian Coordinator for the Syria crisis on the need to eradicate GBV.

Meanwhile, the replication of the Adolescent Mothers Against All Odds (AMAL) curriculum in Jordan and Lebanon through a South-South cooperation continued, with two additional coaching sessions taking place to support the rollout process, including by addressing practical and technical issues. The Regional Humanitarian Hub for Syria and the Arab States has also continued working towards the replication of the GBV M&E Toolkit, with consultations held with GBV actors in Iraq and Jordan to collect good practices and organise a meeting to present the main findings of the consultation to the Technical Review Group.

Lastly, UNFPA was invited to give a presentation on GBV and SRHR in Syria during a regular meeting of the Syria Human Rights Reference Group. The presentation focused on linkages between GBV and SRH, challenges in access to services, and rights abuses against women and girls.

In Syria, UNFPA continued to support general protection efforts in Hama, Homs, and Idlib, with a focus on planned interventions for 2022. Meanwhile, the GBV AoR continued to coordinate plans for the 16 Days throughout Syria, with a focus on highlighting the normalisation of violence in the wake of the crisis as well as the growing trends in light of the dire economic situation throughout the country. The GBV AoR also continued to build capacities in the area of PSEA, the most recent initiative being a training programme targeting GBV Actors in Tartous. The programme focused on the basics of GBV basics, safe referrals of survivors, and safe access to services.

In Turkey, the National Protection Working Group met to discuss issues related to refugees with disabilities in Turkey. The discussion aimed to take stock of the different challenges faced by persons with disabilities – particularly women – in terms of access to rights and services, to discuss the current gaps in sector response, and to develop proposals for solutions. UNFPA delivered a presentation to share its experience with regards to the current context, barriers, and challenges faced by refugees with disabilities, as well as the types of services that are delivered to the group through service units. As a result of the meeting, the group initiated the development of a Protection Sector advocacy paper on persons with disabilities.

Meanwhile, as the co-chair of the PSEA Network, UNFPA delivered a webinar to communicate the results of recent assessments and discuss plans to strengthen partner capacities in this regard. The webinar focused on the broad concept and definitions of PSEA, its six core principles, and its causal factors, among other topics. Moreover, the Turkey PSEA Network held a meeting with the Whole of Syria PSEA Network in order to share experiences, identify future collaboration opportunities, and examine the referral mechanism between two countries, keeping in mind that the staff working in cross-border programmes for Syria are based in Turkey. UNFPA also continued to support efforts to ensure vaccine equity in Turkey, particularly among migrant communities.

DONORS & PARTNERS

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

CURRENT DONORS

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

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

IMPLEMENTING PARTNERS

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

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

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

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

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

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

Turkey Cross-Border: Syria Relief and Development (SRD), Syrian American Medical Society (SAMS), 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).



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

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RELEVANT RESOURCES

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