

// I have survived so many near-death experiences in my life. I will survive this one, too.

— YUMNA, an adolescent girl living in Iraq



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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.



IN THIS REPORT

OVERVIEW OF ISSUE # 97 / SEPTEMBER 1-30 2020.

SECTION	PAGE
SITUATION OVERVIEW	4
RESPONSES FROM ALL OPERATIONS	5
SYRIA	6
CROSS-BORDER TURKEY	8
EGYPT	10
IRAQ	12
JORDAN	13
LEBANON	15
TURKEY	16
COORDINATION	17
DONORS & PARTNERS	18

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

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

SITUATION OVERVIEW

Within the Syria crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq and Egypt, there have been a total of 867,501 confirmed cases of COVID-19 as of September 30, 2020. The highest number of confirmed cases came from Iraq (362,981), followed by Turkey (318,663), Egypt (103,198), Lebanon (39,634), Jordan (11,825), and Syria (4,200).

Despite the relatively low number of confirmed cases in Syria, it is worth noting that the capacity for testing throughout the country remains extremely limited. Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in Syria has rapidly evolved. Since July, official numbers have risen sharply, including a peak of more than 1,600 confirmed cases that was last announced in August.

According to the Syrian Ministry of Health (MoH), infections among healthcare workers in Syria continue to rise, which highlights the potential for the nation's already fragile and overstretched healthcare capacity to be further compromised. The steady increase in affected healthcare workers reported since July underscores Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel (especially in terms of gynecologist and midwives), and the potential for its overstretched healthcare capacity to be further compromised. Humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient personal protective equipment (PPE).

The pandemic also continues to exacerbate an ongoing economic crisis that has substantially increased humanitarian needs. An inter-agency socio-economic impact assessment of COVID-19 has been completed. Findings indicate a major economic downturn and significant social impacts, amplified by the ongoing financial crisis in Lebanon. As a result of the multiple crises (including but not solely COVID-19), it is estimated that 200,000- 300,000 jobs were permanently lost. The informal sector and businesses have been heavily impacted, with 15 percent of small and medium sized businesses reporting permanent closure. This is particularly relevant given that recent estimates suggest that 22.4 percent of households in Syria are headed by women, up from 4.4% in 2009. This means that over 4.5 million people are currently living in female-headed households (FHH), representing a highly vulnerable portion of the population. In addition, remittances, on which many families heavily rely, have been reduced by up to 50 percent, which will have serious consequences moving forward.

UNFPA continues to work with key line ministries and implementing partners (IPs) to ensure continuity of Reproductive Health (RH) and Gender-Based Violence (GBV) services, while ensuring that both health and social workers and beneficiaries are protected from COVID-19. UNFPA response includes provision of maternal and RH services for pregnant and lactating women, operation of women's and girls' safe spaces (WGSS), distribution of RH and dignity kits (both male and female), distribution of hygiene kits, e-voucher system for hygiene supplies, community awareness raising and referrals to both RH and GBV services.

Throughout the region, curfews, lockdowns and movement restrictions continue to present challenges to response operations. Turkey, for instance, has been under fluctuating social distancing and movement restriction requirements since the onset of the pandemic, with stricter measures introduced in several regions in September. 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, the Beirut Port Explosion that occurred on August 4 and resulted in significant city-wide destruction has added yet another layer of complexity to the array of crises facing the country. Since then, infection rates had seen a marked increase as a result of the instabilities that followed, including relapses in social distancing and other precautionary practices. Lebanon implemented partial curfew on September 16th following a spike in COVID-19 cases, which comes at a time when shortages of essential and personal protective equipment continue to place healthcare workers at risk.

Jordan, who fared much better than its neighbouring countries during the initial months of the outbreak, continues to see a marked increase in the number of daily reported cases, with the the pandemic entering a more aggressive community transmission stage in September. As a result of the unpredictability of the country's epidemiological status, UNFPA Jordan operations continue to be limited to time-critical, essential, life-saving components that must be continued regardless of programme and operational continuity. UNFPA Jordan has maintained its focus on ensuring continuity of essential sexual and reproductive health and gender-based violence services, particularly within the Zaatar and Azraq refugee camps.

Meanwhile, despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have relaxed the restrictions previously imposed. While UNFPA-supported sexual and reproductive health and gender-based violence facilities continue to offer services in most areas, gender-based violence is nonetheless believed to be increasing due to higher tensions in households as a result of confinement, posing new risks and potentially fuelling pre-existing forms of gender-based violence, 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 pandemic also continues to have a serious impact on the people of Egypt. The country has faced disruptions similar to those in neighbouring countries, which have forced a substantial number of UNFPA-supported WGSS to close. These facilities, however, continue to offer services remotely, meeting survivors only in emergency cases. Sexual and reproductive health services are still operational as part of the key partnership with the Ministry of Health and Population. UNFPA has supported the development of COVID-19 standard operating procedures for service providers for antenatal, delivery and postnatal services at primary healthcare centres and hospitals, including isolation hospitals.

Despite the challenges faced by beneficiaries, service providers, and staff, UNFPA remains committed to providing essential services in sexual and reproductive health and gender-based violence, 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 September 30, 2020

SYRIA	TURKEY	LEBANON
4,200	318,663	39,634
JORDAN	IRAQ	EGYPT
11,825	362,981	103,198

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	1,869,485
Family planning consultations	695,437
Normal / assisted vaginal deliveries	58,649
C-Sections	39,295
Ante-natal care consultations	621,785
Post-natal care consultations	88,802
People trained on SRH-related topics	4,647

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	769,742
People reached with Dignity Kits	389,624
People provided with GBV case management	17,971
People reached with GBV awareness messages	623,174
People trained on GBV-related topics	5,582

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	39,538
People trained on youth-related topics	1,110



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



SYRIA COUNTRY OFFICE

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with sexual/reproductive health services	1,484,631
Family planning consultations	626,441
Normal / assisted vaginal deliveries	39,425
C-Sections	34,001
Ante-natal care consultations	483,344
Post-natal care consultations	50,257
People trained on SRH-related topics	507

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

People reached with GBV programming / services	465,083
People reached with Dignity Kits	71,739
People provided with GBV case management	9,944
People reached with GBV awareness messages	500,248
People trained on GBV-related topics	222

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Beneficiaries reached with youth programming	26,742
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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 SRH 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.

Two key areas of concern are rising rates of COVID-19 infections among healthcare workers, which threatens to further compromise the already strained healthcare system in the country, as well as the economic ramifications of the crisis. With a poverty rate at over 90 percent and a rise in the costs of staple goods, the economic crisis is further compounding health and protection risks among people in need.



Dismantling social norms.

"I have faced many challenges in trying to live a normal life as a deaf person," explains Amal, whose name means 'hope' in Arabic. Speaking to UNFPA Syria, she recounts some of the experiences she had faced as a result of her disability. "I was even forced to leave school at the age of twelve to become a housewife."

In many communities with deeply-ingrained patriarchal norms, young people with disabilities are often rendered invisible, excluded from education and health services, and discriminated against in their own communities. The risks are compounded in the case of women and girls with disabilities, who face discrimination and protection risks on numerous fronts. UNFPA consistently advocates for their rights, working towards ending stigma and discrimination against all persons with disabilities and ensuring their full inclusion within their communities.

Amal's story is emblematic of the unfathomable struggles faced by this segment of the population. "Growing up, I was completely isolated from my community, which made addressing my challenges all the more difficult. I did not even have the opportunity to learn sign language in order to overcome the barriers to communication."

Like many women and girls in her situation, most of Amal's life prospects were decided by the men in her family — specifically her father. At 19, she persistently tried to convince him to allow her to go back to school, hoping to have more opportunities to realise her full potential and to engage with other people on a more personal level. Unfortunately, his shame of her disability stood in the way. According to Amal, being denied an education and consistently made to feel like an outcast was incredibly frustrating, adding that her challenges emanated from being both deaf and a woman, which meant that she had to work infinitely harder to exercise her basic rights and freedoms and to fit in.

"I made the choice to use my frustration to fuel my desire for a better life," she explains.

Despite being denied the right to return to school, she continued to search for other avenues for self-development. This was around the time that one of her relatives had registered for a course at UNFPA-supported safe space and, upon hearing of the opportunities offered at the space, Amal was eager to participate. Fortunately, that family member was eager to intervene on her behalf, successfully convincing her father to allow her to register. She began by enrolling in a hairdressing training programme designed to help women access better livelihood opportunities. She dedicated numerous hours to perfecting the craft, both within the course and by following the work of one of the more prominent stylists in the country. Her real chance to shine, however, came in the form of a sign language course, for which she registered with great enthusiasm.

"Even though I am deaf and often regarded as voiceless, my actions have spoken loudly," explains Amal. Today, she continues to work toward mastering sign language, and her efforts are already paying off. As her social network grows, so does her determination to secure better opportunities for herself, and even as prevailing norms and stigmas continue to stand in her way, she is committed to moving forward.

“ Even though I am deaf and often regarded as voiceless, my actions have spoken loudly.

— AMAL, who attended vocational training courses at a UNFPA-supported facility

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 placed additional strain on the population, already suffering from the effects of nine years of war. In an effort to reduce protection risks of new IDPs and strengthen and enhance protection service delivery, UNFPA successfully provided one-off, unconditional cash assistance, through its IPs, to approximately 1,007 persons with acute protection needs. The main beneficiary criteria were IDPs displaced after December 2019. Other key shared vulnerability criteria included: woman-headed households; elderly-headed households; households with persons with disabilities; newly arrived displaced persons without shelter; high-risk pregnant or lactating women without family support; severe medical conditions; extreme poverty; and, GBV survivors and women and girls at risk.

Increased levels of military hostilities have been reported in northwest Syria, particularly in the vicinity of frontlines in the Idlib area and in areas south of the M4 highway, with more frequent shelling reported since early July 2020. The prevalence of attacks using improvised explosive devices and incidents involving explosive remnants of war such as landmines have continued to endanger the lives of civilians. Reports of tensions between non-state armed groups escalating into armed confrontations and skirmishes have created increased risks for civilians as well as for the conduct of humanitarian activities. Of the 4.1 million persons in northwest Syria, 2.7 million persons have remained in displacement with a staggering 2.8 million persons in need of basic humanitarian assistance.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	17
Health facilities that provide Emergency Obstetric Care (EmOC)	16
Functional mobile clinics	10
People reached with sexual/reproductive health services	189,558
Family planning consultations	36,354
Normal / assisted vaginal deliveries	17,324
C-Sections	5,000
Ante-natal care consultations	105,172
Post-natal care consultations	32,317
People trained on SRH-related topics	412

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	140,963
People reached with Dignity Kits	269,544
People provided with GBV case management	836
People reached with GBV awareness messages	69,371
People trained on GBV-related topics	1,559

Concerns about weather conditions have remained prominent with a heatwave in early September. Several cases of sun stroke were reported in IDP settlements in the Idlib area as well as fire incidents affecting tents in northern Aleppo governorate and the Idlib area. In one such instance, a fire reportedly resulted in the death of three children in Kafnouran camp in Barisha community in Idlib governorate on 6 September. Meanwhile, preparations for the approaching winter season are expected to put further humanitarian strain on a population already struggling to cover basic needs.

GBV-specialized services have remained unavailable in many communities in northwest Syria, mostly due to limited funding. Additional resources are needed to support GBV prevention and response with a focus on vulnerable groups such as adolescent girls, widows, divorced women, persons with disabilities and men and boys who have experienced sexual violence. Currently there are 41 functional Women and Girl Safe Spaces (WGSS) across northwest Syria (16 in Aleppo and 25 in Idlib) for a population of 4.1 million individuals. GBV sub-cluster partners have been struggling to sustain the existing spaces due to lack of funding. Several GBV projects and WGSS in northwest Syria have had to close down due to limited funding.

Of the 11,000 COVID-19 tests administered by the Idlib laboratory for Aleppo and Idlib governorates, 1,072 cases have tested positive, 526 cases have been reported recovered and six associated deaths as of end of September. UNFPA IPs have developed, in consultation with the SRH Working Group, standard operating procedures on how to operate health facilities when COVID-19 cases are reported. The measures include temporary suspension of operations, evacuating patients to nearby facilities, full-scale disinfection of the facility and mandatory quarantine of staff suspected to have had close contact with a positive case. In addition, UNFPA has allowed for flexibility to re-allocate funds to recruit additional back-up service providers who would cover for quarantined staff. The facilities would resume operations once all measures have been implemented. Several COVID-19 cases have been reported at UNFPA-supported health in which the aforementioned measures have been strictly implemented.



Reaching out to those in need.

When the war forced us into displacement and extreme poverty in the countryside of Aleppo, we had to live with another family. I was sexually harassed by one of the men, which made me so stressed that I could not sleep and I hit my children for no reason. I could not tell my husband about the harassment I experienced. If I did so, he would beat me and divorce me. I am 24 years old and now pregnant with my fifth child.

At some point, I learned of a mobile clinic that gave support to women and started attending GBV awareness raising sessions there. I spoke to a case management worker called Hind about my situation. Hind helped me develop a safety plan to mitigate the risks of further harassment. She showed me ways to manage my stress and relieve my suffering. I learned good ways to communicate, which I used to tell my husband about our bad neighbour. I now feel stronger to manage my stress and can support my children in a better way.

— Laila, who recently received GBV services at a UNFPA-supported facility.

“ I could not tell my husband about the harassment I experienced. If I did so, he would beat me and divorce me.

— LAILA, who recently received GBV services at a UNFPA-supported facility.

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

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

Egypt remains one of the countries most impacted by COVID-19 in the region, with close to 103,198 cases reported by end of September. The restrictions on movement placed in March have since eased, however the epidemiological status of the country remains unpredictable. These measures had forced temporary and extended disruptions in various facilities supported by UNFPA, including women and girls' safe spaces.

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	2,375
Family planning consultations	251
People trained on SRH-related topics	5

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	13
People reached with Dignity Kits	11,014
People reached with GBV programming / services	3,650
People provided with GBV case management	2,990
People reached with GBV awareness messages	2,068
People trained on GBV-related topics	57

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Beneficiaries reached with youth programming	300
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“At the space, I feel like I belong. I have a voice, a community that appreciates me, and an open invitation to express myself. At home, I feel silenced, almost invisible. It is a constant struggle.”

— HODA, who attended vocational training courses at a UNFPA-supported facility

A space to heal and build trust.

When Hoda first joined the UNFPA-supported women and girls' safe space last year, it was almost impossible to believe that she was struggling. At first glance, the 17-year-old girl from Syria, who had moved to Egypt a few years back in search safety and stability, was vivaciously outgoing, enamored with theater and the art of performance and exhibiting a healthy attitude toward life. Those around her were almost immediately captivated by her consistently positive outlook — her seemingly unshakable happiness, her echoing laugh, and her mind that overflowed with creative ideas.

Slowly, however, other women at the safe space began noticing that something was amiss; at times, she would shut down and retreat, experiencing spells of sadness and crying during which she was almost inconsolable. When approached by others, she would refuse to speak of the things that brought her down. Fortunately, the consistent care and attention she received from others helped her break the silence.

It almost came out of the blue one day when she invited her mother to attend one of her theater performances at the safe space. The sketch on display that day was consistent with much of her previous work, tackling issues such as identity, girlhood, the plight of women in her community, and the struggle for agency and freedom of expression. The case managers immediately took notice, making an effort to further engage the mother in her activities. Over time, it became that Hoda was experiencing challenges in her domestic life, very akin to those experienced by other woman who attended the space. In Hoda's case, it was her father, whose entrenched patriarchal views created a schism in her life.

“At the space, I feel like I belong,” she explains. “I have a voice, a community that appreciates me, and an open invitation to express myself. At home, I feel silenced, almost invisible. It is a constant struggle.”

Cultivating the courage and trust to express those struggles was not easy; it required almost a year of consistent communication with Hoda and the support of numerous women and girls at the space. The process included one-one-one therapy, group support, and a series of art therapy activities that spanned dance, confidence building, theater, among others. But once she found herself able to speak, much of the onus disappeared, allowing her to form the clarity and the resolve to address her situation on her own terms. The activities also helped her build the skills and awareness necessary to push back against the social norms that infringed on her individuality, finding constructive ways to communicate with her father to find common ground.

As can be seen from UNFPA's programme data throughout the world, women and girls' safe spaces can often serve as singular lifelines for girls like Hoda, providing a secure and supportive environment, space for healing and self-development, and a wider social network that provides immeasurable support. In Hoda's case, the space continues to serve as a refuge from a complex reality that has thrown countless struggles in her path, including displacement, restrictions on movement, family violence, among others. Today, she finds herself more empowered and able to carve her own path to a better life.

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 September 2020, a total of 362,981 cases had been reported, with 9,181 deaths. According to the Ministry of Health and WHO data, 47 percent of 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.

Despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have relaxed the restrictions previously imposed. While UNFPA-supported sexual and reproductive health and gender-based violence facilities continue to offer services in most areas, gender-based violence is nonetheless believed to be increasing due to higher tensions in households due to confinement, posing new risks and potentially fuelling pre-existing forms of gender-based violence, 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.

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	40,665
Family planning consultations	4,260
Normal / assisted vaginal deliveries	859
C-Sections	294
Ante-natal care consultations	8,117
Post-natal care consultations	2,558
People trained on SRH-related topics	485

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	4
People reached with GBV programming / services	4,189
People reached with Dignity Kits	8,248
People provided with GBV case management	360
People reached with GBV awareness messages	4,319

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Number of functional youth centres	1
Beneficiaries reached with youth programming	5,177



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. While the kingdom's early response to the outbreak was hailed internationally as a success story, the situation has since relapsed significantly, with a total of 11,825 cases reported as of September 30. Authorities have officially acknowledged that the epidemic has now entered uncontrolled community transmission.

Jordan's epidemiological status remains unpredictable. UNFPA Jordan staff is partially working from home as part of a phased approach to return to normal procedures, while essential SRH and GBV services, particularly within the 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	16
Health facilities that provide Emergency Obstetric Care (EmOC)	1
Functional mobile clinics	4
People reached with sexual/reproductive health services	85,028
Family planning consultations	26,578
Normal / assisted vaginal deliveries	1,041
Ante-natal care consultations	23,802
Post-natal care consultations	3,262
People trained on SRH-related topics	28

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	19
People reached with GBV programming / services	32,639
People reached with Dignity Kits	2,754
People provided with GBV case management	3,187
People reached with GBV awareness messages	19,701
People trained on GBV-related topics	77

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Beneficiaries reached with youth programming	5,593
Number of functional youth centres	1
People trained on youth-related topics	179

UNFPA continues to support the only dedicated Youth Centre in Zaatari Camp providing adolescents and youth (aged 12-30 years) essential SRH and GBV services, including life-skills training. The center is opening for Syrian youth with 35% capacity in line with Jordanian Government safety measures in response to COVID-19, offering a life-line for socially-distanced, vulnerable youth.



The key to a better life.

Baraa and her family fled their hometown in Syria when the crisis took a turn for the worse. She arrived to Azraq camp in Jordan with her aunt, sister and stepmother.

Baraa was born with a hip dislocation and lost her mother when she was young. Given prevailing social norms, she inherited the responsibility of caring for the family, her burden becoming even heavier when her father passed away during the war. She always felt shame because of her disability; a shame reinforced by the social stigma that persons with disability typically face in their communities, which usually manifests in social isolation and a lack of viable opportunities. For women and girls, it also comes with an inevitable higher risk of exploitation and other forms of gender-based violence.

Baraa had found her way to a UNFPA-supported women and girls' safe space. She had come seeking any form of support, even if it meant someone in which to confide. After being assessed by the staff counsellor, she agreed on an action plan that included enrolling in both individual and group counselling to cultivate essential skills such as time management, self-confidence, stress management, and relaxation techniques. The group sessions were meant to help her cultivate a larger social network, which was essential to overcoming the years of ostracization she had experienced. Baraa was offered a volunteering opportunity in the women centre to keep her engaged.

Today, Baraa feels transformed, having developed the resilience to withstand stressful situations without defaulting to self-denigration. The skillset she is slowly mastering has helped her feel more in charge of her life, effectively balancing caretaking, volunteering, and self-development. More importantly, she feels part of a growing community of like-minded women and girls who not only understand her struggle but also share her desire for self-betterment. As she puts it, "in the past, I thought my disability would chain my life. Today, I feel it is the key to a better life."

“ I thought my disability would chain my life. Today, I feel it is the key to a better life.

— BARAA, who recently received support 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.

Lebanon continues to grapple with a wide array of issues, including the aftermath of the Beirut Port explosion and an economy on the verge of collapse. These have created yet another large-scale crisis in a country that is in the midst of a serious surge in COVID-19 cases. In recent months, economic contraction, increasing poverty and rising prices of staples have compounded needs among both Lebanese and non-Lebanese communities, including the approximately 1.5 million refugees being hosted in the country — the highest refugee population per capita.

UNFPA has activated its own emergency response plan to the crisis, working to ensure that the SRH and GBV needs of those impacted are met. Plans are ongoing to integrate cash and voucher assistance into the response to facilitate access to SRH services and to contribute to GBV prevention and response.

UNFPA is urgently [appealing for US\\$ 19.65 million](#) to provide lifesaving assistance and meet the emerging needs of those impacted by this crisis.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	3
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	1,502
Family planning consultations	660
Normal / assisted vaginal deliveries	5
Ante-natal care consultations	6
Post-natal care consultations	312
People trained on SRH-related topics	111

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	306
People reached with Dignity Kits	2,258
People provided with GBV case management	90
People reached with GBV awareness messages	3,208
People trained on GBV-related topics	94

YOUTH SERVICES

INDICATOR

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



COUNTRY OVERVIEW

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 318,663 cases as of 30 September, 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.

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

INDICATOR	SINCE JANUARY
Number of primary health facilities	6
People reached with sexual/reproductive health services	66,037
Family planning consultations	1,376
Ante-natal care consultations	1,137
Post-natal care consultations	1,320
People trained on SRH-related topics	661

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	110,909
People reached with dignity kits	27,950
People provided with GBV case management	293
People reached with GBV awareness messages	20,018
People trained on GBV-related topics	1,141

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	1,141
People trained on youth-related topics	53

OTHER SERVICES

INDICATOR

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



COORDINATION UPDATES

UNFPA continues to lead the GBV Area of Responsibility, ensuring that minimum standards are in place to prevent and respond to gender-based violence in emergencies.

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

As lead, UNFPA is accountable for working closely with national authorities, partners and communities, to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA is co-leading with UNHCR.

Through its Damascus-based operation, UNFPA is the main lead, while in its Turkey Cross Border operation UNFPA co-leads with Global Communities. In the refugee response in Turkey and Iraq, UNFPA co-leads with the Government of Turkey and International Medical Corps (IMC) respectively. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

In September, the Regional Syria Response Hub organized a regional call to present to UNFPA country office the adolescent girls initiative being organised for 2020 under the heading of "In Her Words," the aim of which is to capture adolescent girls' stories with as little editing as possible. The overarching objective is not only to amplify the challenges and successes the girls have experienced but to do as part of an empowering process of listening, engaging, and storytelling.

Meanwhile, the Whole of Syria GBV AOR continued working towards the 2021 HNO, conducting 80 community FGDs and 2 Expert FGDs and by completing the translation and coding of all FGDs. Coded FGDs were shared with hub and WoS protection and AoR coordinators to further contribute to the HNO drafting. The GBV AoR, together with the Whole of Syria Protection and other AoRs, also participated in the consultations organized by ECHO to inform their Humanitarian Intervention Plan (HIP).

In Jordan, the SGBV WG met regularly in September and discussed the COVID 19 national interagency contingency plan for the sector and the situation of services in the camp. A total of 1,500 posters were distributed to publicize the Amaali phone app for safe referrals, covering, six locations that include Zaatari and Azraq camps, Mafraq, Irbid, Amman, Karak. Members of the SGBV have been providing GBV response services to support survivors of violence in different locations across the Kingdom, working through different modalities that span online, phone and in-person counselling, the last of which is subject to restriction to staff off COVID-19 infections.

In Turkey, the PSEA Country Focal Point provided a PSEA training during a men and boys engagement webinar, which focused on capacity building for staff working Key Refugee Group Projects. The PSEA training provided awareness raising on individual roles and duties during both service provision and when a complaint is reported. A similar training was provided by the National GBV Expert provided a training to survivors on GBV prevention, mitigation and response. Meanwhile, a PSEA Task Team meeting was attended by the UNFPA Country Focal Point on to prioritise actions outlined in the 2019-2020 PSEA Work Plan, while the GBV coordinator attended the 3RP regional guidance and Turkey content and style guide for sector coordinators, providing inputs in line with UNFPA's and the GBV sub-sector's priorities.



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

www.ocha.org

www.unhcr.org

<http://syria.humanitarianresponse.info>

