

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

— ANTONIO GUTERRES
Secretary General of the United Nations



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REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA's operations within the context of the Syria Crisis. The report is prepared by the UNFPA Arab States Hub in Amman, Jordan, and spans operations conducted by UNFPA offices in Syria, Jordan, Lebanon, Turkey, Iraq, and Egypt, in addition to operations conducted inside Syria and managed from cross-border Turkey.

In addition to providing aggregated quantitative results for each country, the report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, in addition to underscoring the positive impact of the response services provided by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth, and others. As of February 2020, the report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.





THE MISSION OF UNFPA

The United Nations sexual and reproductive health and rights agency.

UNFPA's core mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNFPA calls for the realization of sexual and reproductive rights for all, and supports access to a wide range of services, including voluntary family planning, maternal healthcare and comprehensive education on sexuality.

Since the crisis in Syria erupted in 2011, UNFPA has worked consistently to ensure that every Syrian woman and girl has the right to access to affordable sexual and reproductive healthcare (SRH) and be effectively protected from gender-based violence (GBV). UNFPA and its partners are scaling up efforts to empower and improve the lives of Syrian women, youth, and impacted communities inside Syria and in host countries, including by advocating for human rights and gender equality to better equip individuals and communities to cope with the far-reaching ramifications of this protracted crisis. These efforts continue in 2020 as communities withstand the impact of the COVID-19 pandemic, which has presented an array of unprecedented challenges, including consistently changing priorities and severe restrictions on movement. UNFPA continues to mobilise its resources and expertise to maintain the availability of quality SRH and GBV services to people in need throughout the region.



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

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

SITUATION OVERVIEW

In light of the COVID-19 pandemic, UNFPA mobilizes its resources to ensure continuity of SRH and GBV services to Syrians in need throughout the region.

Within the Syria crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq and Egypt, there have been a total of 197,447 confirmed cases of COVID-19 as of May 31, 2020. The highest number of confirmed cases came from Turkey (163,942), followed by Egypt (24,985), Iraq (6,439), and Jordan (739). Only 122 cases were reported in Syria. By May, UNFPA country offices throughout the region had already readjusted its programmes and work plans, putting short and long-term measures in place to ensure continuity of operations despite expected challenges.

In Syria, though the situation remains fluid, the movement restrictions which were previously introduced by the Syrian government as part of the national COVID-19 response; including, the country-wide curfew were lifted on May 26, 2020. However, the Syrian government is still taking active steps towards ensuring that precautionary measures are followed in public service facilities and universities. To ensure provision of essential maternal and reproductive health and safe birth, UNFPA continues to provide maternal and neo-natal health and GBV prevention and response services. UNFPA continues coordination with the Ministry of Health (MoH), other key line ministries, and actively advocates for efforts to provide SRH services in the wake of COVID-19.

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

In Lebanon, following the announcement of the COVID-19 health emergency on March 13, public mobilisation and lockdowns were implemented nationwide. The COVID-19 emergency has been compounded by the rapidly deteriorating economic crisis that led to the devaluation of the Lebanese pound by more than 50%, decrease in purchasing power, inflation in prices, withholding depositors' money in banks, and other consequences.

Jordan saw similar shifts take place after the government announced a nationwide curfew and the imposition of Jordanian Defence Law (1992), which have since been eased. UNFPA Jordan operations continue to be limited to time-critical, essential, life-saving components that must be continued regardless of programme and operational disruptions. International and governorate borders remain closed. UNFPA Jordan has maintained its focus on ensuring continuity of essential SRH and GBV services, particularly within the Zaatari and Azraq refugee camps.

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

The COVID-19 global pandemic continues to have a serious impact on the people of Egypt, who have faced similar disruptions after the government announced the decision to suspend schools, universities, and government offices, forcing a substantial number of UNFPA-supported WGSS to close. These facilities, however, continue to offer services remotely, meeting survivors only in emergency cases. SRH services are still operational as part of the key partnership with the Ministry of Health and Population.

UNFPA recognizes that outbreaks like the COVID-19 pandemic affect women and men differently, potentially exacerbating existing inequalities both between genders and with other vulnerable communities like persons with disabilities, youth, and the elderly. Despite the challenges faced by beneficiaries, service providers, and staff, UNFPA remains committed to providing essential services in sexual and reproductive health (SRH) and gender-based violence (GBV), and to reaching the Three Zeros of zero preventable maternal deaths, zero unmet need for contraception, and zero GBV and harmful practices.

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

While fear and uncertainty are natural responses to the coronavirus, we must be guided by facts and solid information. We must stand together in solidarity, fight stigma and discrimination, and ensure that people get the information and services they need, especially pregnant and lactating women.

— NATALIA KANEM, UNFPA Executive Director



**TOTAL
CONFIRMED
CASES**

As at May 31, 2020

SYRIA	TURKEY	LEBANON
122	163,942	1,220
JORDAN	IRAQ	EGYPT
739	6,439	24,985

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	989,742
Family planning consultations	333,154
Normal / assisted vaginal deliveries	32,379
C-Sections	21,686
Ante-natal care consultations	319,725
Post-natal care consultations	10,085
People trained on SRH-related topics	2,451

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	405,883
People reached with Dignity Kits	124,407
People provided with GBV case management	7,401
People reached with GBV awareness messages	303,625
People trained on GBV-related topics	1,301

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	14,083
People trained on youth-related topics	176



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



WHOLE OF SYRIA RESPONSE

SYRIA COUNTRY OFFICE

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

Syria announced its first COVID-19 case on 22 March 2020. UNFPA Syria has been preparing and readjusting programmes throughout the country in a number of initiatives, including contributing to the national preparedness plan led by the Health Cluster; developing a series of rolling plans to be implemented by the UN Country Team (UNCT); establishing a Crisis Coordination Committee led by the Resident Coordinator; updating the business continuity plan to include specific scenarios pertaining to the COVID-19 pandemic; issuing guidance notes to all IPS to ensure compliance with infection control procedures; among others.

In addition to being fully operational, the Family Protection Unit (FPU) operated by the Syria Country Office is now in the process of offering online interventions, with a group of 195 beneficiaries slated to benefit from these services, which include interventions and training programmes. Three community wellbeing centres also continued to offer GBV and SRH services, with preventative measures in place to limit the spread of COVID-19. Women and girls who have difficulty accessing services continue to benefit from various online protocols. Meanwhile, UNFPA is in the final stages of completing online webinar modules, which will target UNFPA implementing partners' case workers on remote GBV service delivery. The webinars will be organized in a 5-week series and will cover topics such as: remote GBV case management, online GBV messaging, mobilizing women networks through online platforms and staff self-care.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	659,950
Family planning consultations	250,351
Normal / assisted vaginal deliveries	17,525
C-Sections	15,163
Ante-natal care consultations	205,484
Post-natal care consultations	22,794
People trained on SRH-related topics	278

GENDER-BASED VIOLENCE

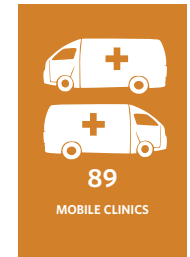
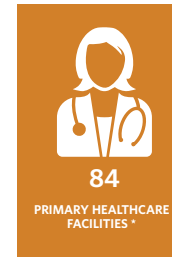
INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	236,590
People reached with Dignity Kits	39,570
People provided with GBV case management	3,753
People reached with GBV awareness messages	222,912
People trained on GBV-related topics	86

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	4,217



* No youth centres are operational as the 2020 work plans have not been endorsed. Youth activities in January took place at Women and Girls' Safe Spaces.
** 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 caseworkers, across the 14 governorates continue to provide individual psychosocial support and GBV case management at the WGSS, with staff rotation measures in place, and the use of mobile phones have been adapted for case follow-up and coordination of services. UNFPA also finalized the MoU of a joint programme with the Ministry of Social Affairs and Labour (MOSAL) to support a community volunteers' initiative that will provide information related to COVID-19 and GBV and provide psychological first aid, safe and confidential referrals for those in need of GBV services in selected governorates. UNFPA has continued to distribute sanitary napkins packs to women of reproductive age (WRA), female dignity kits, men hygiene kits and pregnant and lactation women kits. In addition, UNFPA will procure customized types of dignity kits in response to COVID-19 to meet the needs of homeless people hosted in MOSAL-managed shelters,



Through Mariam's Eyes

After surviving child marriage, rape, domestic abuse, and the death of her children, Mariam found her way to lasting stability.

"Society might disagree with some of the choices I have made, but I only wanted to live with respect, and I will never allow my children to suffer the violence that I have for such a long time," says Mariam, 41, one of the many women and girls who has received gender-based violence services at a UNFPA-supported facility in Homs.

Mariam had lost her mother at the age of three. She was exposed to physical and psychological violence by her stepmother, with whom she shared a home for a decade. At the age of 13, Mariam was forced into a child marriage that resulted in a series of unfathomable abuses, including a rape at the hands of family members. Meanwhile, her fragile body was forced to endure eight pregnancies and childbirths, with two of her children — a boy and a girl — killed in the throes of the Syria crisis.

"After losing my children, I felt like I had nothing left to lose," recalls Mariam. "I made the choice to confront my husband and the society that allowed these tragedies to happen to me and many others."

It was at that moment that she decided to visit the UNFPA-supported women and girls' safe space (WGSS), knowing full well the stigma and resistance that awaited her. Her priority, however, was to reclaim her life and shield her children from the environment of abuse that had caused them much harm. The psychosocial support counselor at the WGSS followed Mariam's case for three months and helped her register in two vocational training courses offered at the space, namely cooking and nursing, which she later described as "life-changing." While her training took time and effort, the impact on her life was unquestionable.

"My socioeconomic prospects were incomparable after graduating from these courses," explains Mariam. "I work as a nurse in the morning, continually investing in growing my skillsets, and in the afternoons I have a part time job as a cook that helps me make additional income to sustain my family."

Economic independence has been an irreplaceable steppingstone when it comes to distancing herself from her abusers as it allowed her to rent a home and provide for her family without being at the mercy of anyone else. While financial independence was crucial, Mariam was also deeply aware that the social support she has found at the WGSS fueled her ability to capitalize on these opportunities. "I am pleasantly surprised by the rapid and positive change that has occurred in the lives of Mariam and her children," the WGSS psychosocial support counsellor stated.

UNFPA's women and girls' safe spaces provide a haven where women and girls feel physically and emotionally secure, away from sources of trauma, excessive stress, violence (or fear thereof), and other forms of abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm, while also gaining skills through various types of vocational trainings. This is precisely why it is vital to continue offering these services during the COVID-19 pandemic, especially given the rising risks of GBV under lockdowns, movement restrictions, and other response measures.

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

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



CROSS-BORDER TURKEY

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

While the ceasefire has largely held since May 5th, incidents are increasingly being reported in northern Aleppo and Idlib areas. At times, these have escalated into armed clashes that have endangered civilians and impeded humanitarian work. Of the four million people situated in northwestern Syria, 2.7 million people are estimated to be internally displaced. Around 840,000 of the nearly one million people displaced in northwestern Syria between last December and early March have reportedly remained in displacement, including some 500,000 children and nearly 180,000 women. Longer-term needs have been increasing, including those for health services, nutrition and education, even as urgent needs for shelter, food, water, sanitation, hygiene and protection persist.

In an effort to reduce protection risks of new IDPs and strengthen and enhance protection service delivery, UNFPA has provided cash assistance to approximately 5,777 persons with acute protection needs. During the month of May, UNFPA transhipped 80,784 Dignity Kits to northwest Syria for further distribution by implementing partners, all of which who are GBV sub-cluster members. This enabled UNFPA's partners to provide life-saving items to women and girls, which has helped enhance basic protection needs among the most vulnerable and served as an entry point to other life-saving GBV services.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	14
Health facilities that provide Emergency Obstetric Care (EmOC)	14
Functional mobile clinics	10
People reached with sexual/reproductive health services	126,842
Family planning consultations	18,895
Normal / assisted vaginal deliveries	9,389
C-Sections	2,563
Ante-natal care consultations	58,475
Post-natal care consultations	13,998
People trained on SRH-related topics	60

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	16
People reached with GBV programming / services	85,652
People reached with Dignity Kits	67,757
People provided with GBV case management	414
People reached with GBV awareness messages	38,118
People trained on GBV-related topics	556

The devaluation of the Syrian Pound has resulted in prices of basic necessities reaching new highs each month since November 2019. This has been aggravated by restrictions in cross-border activities due to COVID-19 countermeasures, which has negatively impacted the availability of goods in markets. These developments have raised the cost of living for many people to untenable levels and have resulted in negative and emergency coping strategies to meet daily needs including, sale of assets, child labour and other forms of exploitation. Consequently, UNFPA's implementing partners also reported an increase in overall security incidents in addition to raised tensions and anxieties among the people.

Although no confirmed cases of COVID-19 had been reported to date in northwest Syria, fear of infection among the public has remained widespread. Readiness and response efforts have been ongoing in the Idlib area and in northern Aleppo governorate. Testing and isolation capabilities as well as facilities to treat more severe cases of COVID-19 within northwest Syria have been operationalized and continued to be enhanced. UNFPA has developed guidance on the impact of COVID-19 on family planning, which has set out to inform decision makers, inter alia, on how to address challenges including fewer women seeking such services due to fear of contracting the virus and closure of services due to prevention and mitigation measures. Guidance on maternal nutrition has also been developed and distributed to health care providers, which has become increasingly important in light of vulnerabilities attached to COVID-19.





Empowerment Matters.

I was nervous and felt shy the first time I entered the safe space for women and girls. Hiba, my case worker there, quickly changed that. She made me feel protected and gave me the comfort and confidence I needed to open up and share my story. I am a married woman, displaced by war, living in extreme poverty. Although my husband beats me, I cannot leave him and be separated from my two beloved children. Hiba and the other staff at the safe space help me develop positive communication skills and provide me with new ways how to think about my life. They gave me cash assistance, which I used to buy some food, clothing and medicines with. Although my husband still beats me, he is less angry and I live with less violence. When I go to the safe space and talk with Hiba and the other women I feel empowered. This gives me energy and makes me feel strong to live a better life for me and my children, especially given the many challenges we are currently facing with the new coronavirus pandemic.

— UM AHMAD, a 35-year-old woman from Aleppo, who recently received 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 reported its first case of COVID-19 on February 14, 2020. By end of March, cases had surpassed 1,000. On March 15, the Government of Egypt announced the decision to suspend schools, universities, and government offices for two weeks, forcing eight of the WGSS operated by the Ministry of Youth and Sports (MOYS) and three operated by UNFPA's implementing partner, CARE, to close.

However, these facilities continue to offer the life-saving package of care and case management services remotely and by meeting survivors in emergencies. Two 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.

In its COVID-19 emergency response plan, UNFPA Egypt focused on three main pillars; supporting the national healthcare system in responding to COVID-19; ensuring that case management and referral pathways accommodate the needs of pregnant women with COVID-19; and addressing the immediate SRH and GBV needs emanating during and as a result of the pandemic.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
Functional mobile clinics	2
People reached with sexual/reproductive health services	562
Family planning consultations	83

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	13
People reached with GBV programming / services	4,333
People provided with GBV case management	1,277
People reached with GBV awareness messages	605

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	98



In Search of a Refuge.

I fled to Egypt five years ago to escape the escalating violence that continuously took place in Syria. I lived through the crisis and saw the atrocities with my own eyes. My children and I feared for our lives, given everything that was happening at the time. After our own house was shelled, we made the difficult choice to leave the only home we'd ever known. I can recall very clearly my first few minutes in Egypt. I was afraid; new country, new people, new traditions, and new challenges. It was incredibly overwhelming.

A year later, I was introduced to by a friend to the UNFPA-supported facility in my area. This was the very place I needed; suddenly, the emptiness and estrangement I felt receded into the background, and I began to know the many wonderful people I have met in this place. I was also given a fresh start through the many workshops and classes they held, which were not only a source of emotional comfort but immensely beneficial on a practical level. I felt empowered and cared for. Today, I am a crochet instructor and truly feel like I have a part to play in this community. I am also even more committed to supporting this vital work as we all work together to respond to the COVID-19 pandemic and its many challenges.

— NOUR, a Syrian refugee who has been receiving services at a UNFPA-supported facility



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 April 2020, a total of 2,084 cases had been reported, with 93 deaths. According to the Ministry of Health and WHO data, 47 % of the cases reported are women, the largest age bracket testing positive for COVID-19 is 30-39 years and the largest number of deaths reported is for patients between 60-69 years old.

On 17 March, the Iraq Crisis Cell imposed a curfew across the country resulting in the disruption of access to life-saving sexual and reproductive health services and the worsening of existing inequalities for women and girls. However, UNFPA-supported reproductive health facilities and women centres continue to offer life-saving services and remote case management to women and girls in need.

UNFPA, in collaboration with WHO, supported the Ministry of Health with the development of the national guideline for the management COVID-19 during pregnancy and childbirth.

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

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	4
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	31,558
Family planning consultations	2,696
Normal / assisted vaginal deliveries	503
C-Sections	198
Ante-natal care consultations	4,119
Post-natal care consultations	1,320
People trained on SRH-related topics	1,624

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	2,207
People reached with Dignity Kits	1,833
People provided with GBV case management	154
People reached with GBV awareness messages	3,296

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	1
Beneficiaries reached with youth programming	1,020



COUNTRY OVERVIEW

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. As of March 21, a 24/7 curfew restricting people from leaving their homes began, with only registered diplomats and individuals carrying mobility permits (such as health care professionals) allowed to move around Amman. International and governorate borders have been closed, with military and/or police enforcing the curfew and movement restrictions. As a result of these measures, UNFPA Jordan staff is working from home and focusing on ensuring continuity of essential SRH and GBV services, particularly within the Zaatari and Azraq refugee camps.

Due to the current situation, operations are now limited to time-critical, life-saving components that must be continued regardless of programme and operational disruptions. 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. Almost all SRH services at the national level have been suspended due to the curfew and the restriction of movement. The population can only seek health services by calling emergency services. For GBV programmes, all WGSSs are currently closed, though remote GBV case management and hotlines are functioning.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	17
Health facilities that provide Emergency Obstetric Care (EmOC)	2
People reached with sexual/reproductive health services	35,798
Family planning consultations	6,655
Normal / assisted vaginal deliveries	582
Ante-natal care consultations	10,713
Post-natal care consultations	1,897
People trained on SRH-related topics	28

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	9,370
People provided with GBV case management	815
People reached with GBV awareness messages	5,993
People trained on GBV-related topics	30

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Beneficiaries reached with youth programming	3,190
Number of functional youth centres	1
People trained on youth-related topics	136



Cultivating Self-Positivity

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

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

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

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

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

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

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

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

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

LEBANON COUNTRY OFFICE

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

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

REPRODUCTIVE HEALTH

INDICATOR

People reached with sexual/reproductive health services
People trained on SRH-related topics

SINCE JANUARY

750
560

GENDER-BASED VIOLENCE

INDICATOR

People reached with Dignity Kits

SINCE JANUARY

2,312

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



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 158,762 total cases as of 26 May 2020. The country has been under social distancing and movement restriction requirements from 17 March 2020, which have resulted in business closures and challenges in accessing essential services. Despite these challenges, UNFPA Turkey has continued to support populations in need, such as vulnerable women and girls and Syrian refugees, throughout the outbreak.

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

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

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
Number of primary health facilities	6
People reached with sexual/reproductive health services	12,372
Family planning consultations	1,123
Ante-natal care consultations	706
Post-natal care consultations	300
People trained on SRH-related topics	296

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	42,621
People reached with dignity kits	7,619
People provided with GBV case management	256
People reached with GBV awareness messages	6,542
People trained on GBV-related topics	629

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	514
People trained on youth-related topics	40

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





The Value of **Support.**

I think what makes these safe spaces work is the simple idea of support, whether it's emotional or otherwise. It makes a huge difference when you come across someone who is older, wiser, but who has also experienced many of the same things you have. I never expected that any grown woman will ever understand my situation and offer guidance and support without judgement. This is exactly what I found, and it may have saved my life.

— MIRA, a Syrian adolescent girl who has been receiving services at a UNFPA-supported facility. The facility continues to offer these life-saving services during the COVID-19 pandemic despite the challenges resulting from response measures.

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 May, UNFPA Jordan chaired the Zaatari Youth Task Force since 2015 with NRC. This action-oriented field-level forum, focuses on youth-specific advocacy, planning and coordination, while addressing the cross-cutting nature of the population group, and works toward advancing the youth agenda in humanitarian settings in line with the Global Compact for Young People in Humanitarian Action. The Youth Task Force published an update on Syrian refugee youth in Zaatari camp and the challenges they face in light of COVID-19, highlighting efforts by organizations to lead the youth agenda under the movement restrictions. Additionally, the UNFPA youth team conducted a desk review on global practices working with young people with limited or no internet access, trying to reflect on countries affected by Ebola and how they worked with young people, and provide alternatives for virtual activities and online accessibility in the camps.

In the arena of GBV, UNFPA Jordan, in coordination with UNHCR and the GBV IMS taskforce, released an analysis of GBV trends that further confirmed reports of rising incidences of GBV during the COVID-19 pandemic. Prior to lockdowns and other restrictions on movement, reports indicated a 9.5 percent drop in GBV incidents reported, while data from April shows that this initial drop in is slowly reversing against the backdrop of the pandemic. More information is available [here](#). Meanwhile, the SGBV WG issued a guidance note in [English](#) and [Arabic](#) with the objective of providing GBV practitioners with a framework to ensure continuity of safe and confidential GBV services in the context of the different stages of COVID emergency.

In Turkey, the Syria Task Force meeting was held in Ankara and featured updates on the 3RP COVID-19 Response at an inter-agency level. The South-East Turkey (SET) SGBV SWG meeting was also co-chaired by UNFPA on the 13th of May in Gaziantep, with the agenda including a review of useful tools and guidelines, remote GBV case management protocols, and a brainstorming discussion by the National Protection Working Group on GBV and COVID-19. The National GBV Expert in Turkey also co-chaired a National Protection Working Group meeting in Ankara, providing regional updates by SGBV Sub-Sector Co-chairs and hosting a group discussion on current practices around service provision through public institutions and sector members. In the arena of PSEA, a meeting was held to discuss the reflections on the updated workplan to respond to the challenges of COVID-19. Lastly, the Inter-sector Working Group meeting was also held in May, during which a detailed overview was provided on hotline mapping to facilitate remote support to people in need.



DONORS AND PARTNERS

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

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

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

IMPLEMENTING PARTNERS

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

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

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

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

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

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

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

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RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

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<http://syria.humanitarianresponse.info>

