

// For us girls, this pandemic has been a terrible ordeal. For those of us who suffer abuse at home, there is literally no place that is safe at the moment.

— LUJAIN, an adolescent girl living in Jordan

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REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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

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



THE MISSION OF UNFPA

The United Nations sexual and reproductive health and rights agency.

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

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

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



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

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

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 626,113 confirmed cases of COVID-19 as of August 31, 2020. The highest number of confirmed cases came from Turkey (270,133), followed by Iraq (234,934), Egypt (98,939), Lebanon (17,308), Syria (2,765), and Jordan (2,034). It is worth noting that the capacity for testing throughout Syria remains extremely limited, averaging around 350 tests per day.

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 Syrian healthcare system is unable to absorb all suspected cases and adapt wards to accommodate increased numbers of COVID-19 patients. This also underscores the serious resilience risks posed by the crisis, which could further compound the situation for communities nationwide. For women and girls, an overstretched health system means that many will continue to face enormous challenge accessing basic sexual and reproductive health services, leading to more mothers and infants dying.

The pandemic also continues to exacerbate an ongoing economic crisis that has substantially increased humanitarian needs. The poverty rate is over 90 percent and, the collapse of Syria's currency has compounded the crisis and continues to plunge more people into poverty. Millions of displaced people have lost their livelihoods, are taking on debt and are increasingly unable to meet their basic needs due to the regional economic crisis and the impact of COVID-19. Moreover, reports indicate an increased risk of child labour, gender-based violence, child marriage, and other forms of exploitation. Restrictions on movement and limitations on commercial activities in some areas of North-West Syria (NWS) and North-East Syria (NES), including on markets which had been introduced as a public safety measure to counter the spread of COVID-19, have contributed to the intensification of humanitarian needs, as well as the overall impact of the pandemic on the local economy.

While both sexual and reproductive health services and essential gender-based violence services are now more accessible than in previous months due to lifted restrictions, the pandemic is still severely disrupting access. People affected by humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, are faced with challenges accessing health services that were otherwise available before the COVID-19 outbreak. Those who are most at risk and in need of immediate humanitarian assistance include pregnant and lactating women, widows, children, people with disabilities and people with chronic diseases.

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

In Lebanon, 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. With over 6,500 injuries, 300,000 people displaced

(a third of whom are from refugee communities), and an economy on the verge of collapse, the ability of the country to effectively respond to COVID-19 has been severely compromised. By the end of the month, infection rates had seen a marked increase as a result of the instabilities that followed, including relapses in social distancing and other precautionary practices.

Jordan saw similar shifts take place over the past months, with international borders remaining closed despite the easing of restrictions on movement. The month of August also saw a marked increase in the number of daily reported cases, foreshadowing a more pronounced resurgence. 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 Zaatari 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, particularly after the authorities warned of a possible second wave in August. 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 centers 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 August 31, 2020

| | | |
|---------------|----------------|----------------|
| SYRIA | TURKEY | LEBANON |
| 2,765 | 270,133 | 17,308 |
| JORDAN | IRAQ | EGYPT |
| 2,034 | 234,934 | 98,939 |

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 | 1,669,618 |
| Family planning consultations | 620,242 |
| Normal / assisted vaginal deliveries | 52,780 |
| C-Sections | 35,396 |
| Ante-natal care consultations | 556,214 |
| Post-natal care consultations | 79,101 |
| People trained on SRH-related topics | 1,487 |

GENDER-BASED VIOLENCE

INDICATOR

| INDICATOR | SINCE JANUARY |
|--|---------------|
| People reached with GBV programming / services | 650,835 |
| People reached with Dignity Kits | 349,071 |
| People provided with GBV case management | 14,721 |
| People reached with GBV awareness messages | 508,496 |
| People trained on GBV-related topics | 2,659 |

YOUTH SERVICES

INDICATOR

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Beneficiaries reached with youth programming | 21,445 |
| People trained on youth-related topics | 198 |



* 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 | 1,318,098 |
| Family planning consultations | 560,402 |
| Normal / assisted vaginal deliveries | 35,123 |
| C-Sections | 30,327 |
| Ante-natal care consultations | 426,711 |
| Post-natal care consultations | 44,241 |
| People trained on SRH-related topics | 402 |

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

| | |
|--|---------|
| People reached with GBV programming / services | 379,004 |
| People reached with Dignity Kits | 63,304 |
| People provided with GBV case management | 8,257 |
| People reached with GBV awareness messages | 405,482 |
| People trained on GBV-related topics | 127 |

SINCE JANUARY

YOUTH SERVICES

INDICATOR

| | |
|--|--------|
| Beneficiaries reached with youth programming | 15,109 |
|--|--------|

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.

Certain challenges continue to impede service delivery nationwide. These include unreliable internet connectivity, which impedes programmes that have shifted to remote modalities, in addition to border closures and the volatility of the currency exchange rate (compounded by worsening banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response.



Chasing dreams.

"I gave birth to my first child at the age of fifteen," explains Hala. Speaking to a UNFPA coordinator in Latakia, Syria, her story echoes the experiences of countless adolescent girls who are hoisted from adolescence and into forced marriage. "Four years later, I wanted a divorce and, upon trying to return to my parents' home, I was not welcome by my father. He simply wanted nothing to do with my daughter. I was forced to return to live with my husband's family, where I was subjected to frequent physical violence by one of the family members. After struggling with repeated trauma, it eventually led me down a dark path towards an opioid addiction."

Hala was forced into child marriage when she was twelve years old, leaving behind a childhood she barely got to experience. Not only did she inherit a host of responsibilities for which she was ill-prepared, but she also endured a life of constant violence at the hands of her husband. Escape was not an option, as divorce is not an acceptable choice in her community — at least not for women and girls.

The sense of entrapment and the abuse slowly worsened into severe anxiety and depression, which she remedied by taking tranquilizers that she felt allowed her to cope. This, unfortunately, eventually cultivated a dependency that she knew would eventually destroy her.

Fortunately, Hala was among hundreds of women who attended the awareness-raising sessions conducted by the UNFPA-supported mobile team. Spotting the opportunity, she immediately gathered her strength and sought help from the coordinators on site, explaining her situation and the difficulties she was facing. She was referred to a psychiatrist for individual counseling, beginning a slow and steady journey towards self-healing.

A born dreamer, Hala had always sought to learn, to experience life and broaden her horizons with new skills and opportunities. When the mobile teams began offering vocational training sessions in her area, she did not hesitate to partake. For practical considerations, she chose hairdressing and fully committed to the training modules on offer, and she recently celebrated her graduation from the course to embark on a new career.

At first, she began working out of her home and was quickly able to generate a reasonable income to provide for herself and her family. Her impressive skills quickly landed her a job at a beauty salon, where she works during the day and continues to provide freelance services in the evenings. Meanwhile, the counselling sessions continued, and she was eventually able to overcome many of the issues that caused her addiction. Today, she has proudly left the habit behind, but continues to attend counselling sessions, which have been crucial to maintaining a positive outlook in this volatile environment.

For Hala, a steady career is only the beginning of the road. She also has an artistic side and had always dreamed of being a musician. After generating a steady income, she was able to buy herself a guitar and has enrolled in a course to nurture that dream. Music, she explains, has always been a force for good in her life, offering solace and adding colour to a world increasingly devoid of it.

"I have come a long way since the day I was forced to marry, and I am determined to build a life of my own making," explains Hala. "Child marriage is a destructive phenomenon that is unfortunately common in our society, and I plan to fight it. I will start with my own daughter."

“ Child marriage is a destructive phenomenon that is unfortunately common in our society, and I plan to fight it. I will start with my own daughter.

— HALA, who received individual counselling services 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 fragile humanitarian situation of the 4.1 million people living in northwest Syria has continued to be exacerbated by the impacts of the ongoing COVID-19 outbreak, volatile economic situation, insecurity and explosive hazards. After nearly a decade of conflict marked by violence, military operations, multiple displacements and economic shocks, a staggering 2.8 million people rely on humanitarian assistance in northwest Syria to meet their basic needs. Of the 5,591 COVID-19 tests administered by the Idleb laboratory for Aleppo and Idleb governorates, 69 cases have tested positive, 53 cases have been reported recovered and one associated death as of 28 August.

Increased levels of military hostilities have been observed in northwest Syria, particularly in the vicinity of frontlines in the Idleb area and in areas south of the M4 highway. On 18 August, several airstrikes have been reported near Sheikh Bahr and Haranbush towns in Idleb governorate. While no civilian injuries were reported as a result of the airstrikes, several IDP settlements situated in proximity of the locations were impacted near Haranbush town. Tensions involving non-state armed groups have continued, further undermining the security situation. Concerns about the safety of civilians and humanitarian operations have continued to deepen as a result of incidents involving explosive hazards. From 7 to 21 August, local sources have reported around ten incidents in the Idleb and northern Aleppo areas, involving five improvised explosive devices, one explosive remnant of war and four landmines. Consequently, seven people including two children were reportedly killed and thirteen people including three children were reportedly injured.

REPRODUCTIVE HEALTH

INDICATOR

| | SINCE JANUARY |
|--|---------------|
| Primary health facilities | 16 |
| Health facilities that provide Emergency Obstetric Care (EmOC) | 16 |
| Functional mobile clinics | 10 |
| People reached with sexual/reproductive health services | 180,617 |
| Family planning consultations | 33,051 |
| Normal / assisted vaginal deliveries | 15,989 |
| C-Sections | 4,812 |
| Ante-natal care consultations | 100,225 |
| Post-natal care consultations | 29,361 |
| People trained on SRH-related topics | 351 |

GENDER-BASED VIOLENCE

INDICATOR

| | SINCE JANUARY |
|--|---------------|
| Number of women and girls' safe spaces (WGSS) | 18 |
| People reached with GBV programming / services | 128,727 |
| People reached with Dignity Kits | 256,673 |
| People provided with GBV case management | 719 |
| People reached with GBV awareness messages | 62,104 |
| People trained on GBV-related topics | 1,289 |

Members of the GBV sub-cluster have continued the provision of GBV services, both through static facilities and online fora, which has enhanced multiple entry points for GBV disclosures in addition to receipt of services. GBV-specialized services have continued to remain unavailable in many communities in northwest Syria, mostly due to limited funding. Additional resources are urgently 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. The GBV SC COVID-19 taskforce has developed messages in the form of pre-designed IEC materials targeting health professional in northwest Syria on GBV on the importance of quality health response to GBV survivors in times of COVID-19.

According to a survey on home deliveries in northwest Syria that the SRH Working Group has conducted with 12,741 respondents, 93% of them stated that the birth took place at a health facility while 7% said the birth took place at home. While work continues to ensure access to safe deliveries, health facilities have continued to demonstrate substantial capacity to manage a significant caseload. No maternal deaths have been reported during August by the SRH Working Group and its partners.



Reaching out to those in need.

One cold winter night I tried to light the fire with some of my worn clothing. It did not really help as the harsh wind kept blowing through our broken windows. I told my husband that we needed firewood to keep our three children warm. He shouted at me, yelling where he should find the money for firewood. We argued and he beat me. I embraced one of my little girls and cried myself to sleep. The next morning, my daughter Nour came running to me saying that her sister Sham would not wake up. My heart froze. We took her to hospital, but it was too late. The doctor said she had most likely died from the cold. The only thing worse than our poverty was the man I lived with. Every day he cursed and beat me. My family tells me to leave him – but how can I leave my children? I am 16 years old and have two daughters left.

One day I had to take my two-year old to the health centre because she was not walking properly. Waiting our turn, I was invited by a staff member there to attend a group talk. The woman made me feel very safe so afterwards I told her my story. She told me everything would be kept confidential – no one would know about our talks. She made a safety plan for me to help me cope with the violence at home. She told me about a safe space in the area where I started to go and where I am learning different skills. I want to become a hairdresser – and the safe space even gave me some money to help me achieve this! I now have friends I can talk with – and for the first time I feel positive and hopeful.

— Lama, Idlib, northwestern Syria



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 99,000 cases reported by end of August. The restrictions on movement placed in March have since eased, however the epidemiological status of the country remains unpredictable. These measures had forced eight of the WGSS operated by the Ministry of Youth and Sports (MOYS) and three operated by UNFPA's implementing partner, CARE, to close.

However, these facilities continue to offer the life-saving package of care and case management services remotely and by meeting survivors in emergencies. A total of 13 UNFPA-supported WGSS are still open at a limited capacity that offer only the essential GBV case management service. SRH services are still operational as part of the key partnership with the Ministry of Health and Population.

The Government of Egypt has launched an adaptation plan that includes re-opening of youth centers and facilities to the communities, taking into consideration COVID-19 preventive measures of social distancing, using masks and practicing hand hygiene. UNFPA Egypt developed a re-opening plan to progress towards partial phase-based re-opening of the youth centres that are hosting UNFPA safe spaces in 5 governorates, offering integrated GBV and SRH services to women and girls from the Syrian community.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

| | |
|---|-------|
| Functional mobile clinics | 2 |
| People reached with sexual/reproductive health services | 1,689 |
| Family planning consultations | 103 |
| 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 | 9,500 |
| People reached with GBV programming / services | 1,900 |
| People provided with GBV case management | 2,479 |
| People reached with GBV awareness messages | 1,171 |

YOUTH SERVICES

INDICATOR

SINCE JANUARY

| | |
|--|-----|
| Beneficiaries reached with youth programming | 127 |
|--|-----|



Dreams don't end with displacement.

My name is Rama and I am 23 years old.

I came to Egypt when I was 16. At that age, I was still trying to figure out who I was, and the first challenge I faced was being thrust into a new environment. I did not have any friends, and my new school was very different from what I'd been familiar with. Everything felt foreign at first.

About year later, as I was buying some school books for 11th grade, I met Aya. She was very sweet and we became friends, and it was that friendship that helped me see Egypt as a safe and comfortable place. Unfortunately, when we moved to grade 12, we were no longer together in class, and I had no other friends. That year was also difficult as I had quite a few critical decisions to make; what major I want study in college and what university I want to attend — both of which were going to impact my life for years to come.

I was pleasantly surprised to graduate high school with a high average, at which point I chose to pursue a degree in mass communication at Helwan University. My first two years were quite disappointing; I neither liked my major nor the University as a whole. These were extremely confusing years as I did not know what I was doing or even what I wanted to do in life. But then during my third year, I was fortunate enough to specialize in radio and television, and I began to discover that I actually love my major. I discovered my love and passion for photography and writing, and I saved money from my allowance and bought myself a professional camera. My passion and self-confidence grew.

During my fourth year, I decided to write and act in my final project. I wrote my story, and the story of many girls like me — the story of displacement, alienation and the idea of a motherland with no borders. I ranked first among all projects submitted, and that brought me an indescribable sense of joy where I saw all my hard work being rewarded and appreciated by others. I graduated in 2019 with the belief that success is far more than a university degree. The degree only puts you on the road towards realizing your dream. To keep marching forward, I took an online photography course that same year, and followed that with a decoupage workshop this year. This made me discover a new talent — the ability to illustrate and work with colors, which also boosted my confidence. I then took a montage course and I excelled at it, forming a complementary set of skills that really helped me discover my creative potential. All of these skills allowed me to freelance my work to a certain degree, and I had finally found my dream and my purpose in life. The war, Egypt, and the organizations that embraced me have all helped me reach this point, and I hope to achieve more still.



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 31 August 2020, a total of 234,934 cases had been reported, with 4,741 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 | 33,981 |
| Family planning consultations | 3,916 |
| Normal / assisted vaginal deliveries | 756 |
| C-Sections | 257 |
| Ante-natal care consultations | 7,183 |
| Post-natal care consultations | 2,213 |
| People trained on SRH-related topics | 484 |

GENDER-BASED VIOLENCE

INDICATOR

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Number of women and girls' safe spaces (WGSS) | 4 |
| People reached with GBV programming / services | 2,391 |
| People reached with Dignity Kits | 7,371 |
| People provided with GBV case management | 304 |
| People reached with GBV awareness messages | 2,876 |

YOUTH SERVICES

INDICATOR

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Number of functional youth centres | 1 |
| Beneficiaries reached with youth programming | 643 |



JORDAN COUNTRY OFFICE

With 1.3 million Syrians nationwide, UNFPA Jordan continues to provide essential services to refugee and host communities nationwide.

Jordan reported its first case of COVID-19 on March 2, 2020, followed by a 24/7 curfew and lockdowns restricting people from leaving their homes. As of early May, all lockdowns and restrictions have been lifted following the containment of community transmissions of the virus, which has allowed operations to resume as normal. While cross-governorate borders have also re-opened, international borders remain closed, with the government set to announce a plan for a gradual and limited resumption of international travel.

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 | 72,550 |
| Family planning consultations | 20,809 |
| Normal / assisted vaginal deliveries | 912 |
| Ante-natal care consultations | 20,646 |
| Post-natal care consultations | 2,817 |
| 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 | 27,310 |
| People reached with Dignity Kits | 2,754 |
| People provided with GBV case management | 2,586 |
| People reached with GBV awareness messages | 16,469 |
| People trained on GBV-related topics | 175 |

YOUTH SERVICES

INDICATOR

| | SINCE JANUARY |
|--|---------------|
| Beneficiaries reached with youth programming | 4,740 |
| Number of functional youth centres | 1 |
| People trained on youth-related topics | 145 |

During the month of August youth activities resumed in the youth centers and WGSS with all safety measures taken into consideration. UNFPA is promoting a hybrid mode working with youth combining face to face and virtual alternatives to raise awareness around SRHR, GBV, and life skills. Based on that UNFPA supported internet packages distribution among youth beneficiaries, also created a lending system for tablets in Zaatari camp via the youth center.

UNFPA has initiated a Post Distribution Monitoring (PDM) survey following the distribution of 3,000 dignity kits to women and girls in Zaatari refugee camp as part of COVID 19 response. The purpose of the survey was to verify that the right entitlements were received by the right recipients and that the distribution process is both accessible and safe to all recipients. The survey was undertaken with a random sample size of 10 percent of all beneficiaries, 98 percent of whom provided favourable feedback. A detailed report will be published in September to highlight the PDM findings reflecting on other aspects of Distribution process Security, Safety and Accountability.



“ Since arriving to Jordan, this is the first time I received such a comprehensive kit.

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

Preserving dignity amidst a pandemic.

Before 2013, now 28-year-old Laila lived a relatively good life in Syria with her husband and two children. Then the war came and changed everything. One day, her husband went missing in the war, with all attempts to locate him ending in dead ends. She had no option but to flee to Jordan with her children, where she took refuge at Zaatari camp along with her two children, parents, and eight siblings. They all lived together in a confined prefab that the camp residents refer to as *The Caravan*.

With little to no privacy, Laila felt distressed. Even worse, one of her brothers became abusive and controlling of her every move; he refused to allow her to live in a prefab of her own with her children on the pretext of her own safety. Her neighbour referred her to a gender-based violence (GBV) counsellor at one of UNFPA-supported Women and Girls Safe Spaces and, upon assessing her case, the counsellor proposed a safety plan to help curb her brother’s behaviour. To alleviate her stress and anxiety, Laila signed up for a support group that helped boost her self-confidence and made her feel stronger.

Moreover, with the counsellor’s support, she applied to UNHCR for separate accommodations, which she eventually received. Things also started to look different when she was hired as an incentive-based volunteer, which allowed her to become more financially independent and secure.

In July 2020, a dignity kit distribution took place in the camp. Dignity kits contain a variety of essential and hygiene supplies for women and girls, including undergarments, sanitary pads, towels, personal care products, hand sanitizers, cleaning detergents, and a headscarf for those who choose to wear it. As a female head of household, Laila was among those who qualified for a kit, which brought her immense relief, particularly given the ongoing crisis of the COVID-19 pandemic. To many in her situation, the kits offer relief beyond their basic utility as many simply lack the resources to purchase these items, which allows their scarce finances to be diverted elsewhere.

“Since arriving to Jordan, this is the first time I received such a comprehensive kit,” explains Laila. “Out of all the much-needed items that I received, I am especially glad to receive a new towel. Mine was damaged from frequent use and I simply did not have enough money to buy a new one as I had to prioritize other household items.” The kit also included a prepaid mobile card that came in at the right time to help her stay connected to her friends and her counsellor in light of the restrictions that accompanied COVID-19. Another crucial item included was a self-powered torch, which came in handy when she walked alone through the camp’s alleyways at night.

That distribution saw the delivery of 1,000 dignity kits at the Zaatari camp. Beneficiaries were grateful, with many of the items arriving at the right time as the pandemic continued to loom over the residents, many of whom lack the luxury of social distancing given the overcrowding in certain homes.



LEBANON COUNTRY OFFICE

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

On 4 August, 2020, at approximately 18h00 (local time), a warehouse at the Beirut Port containing large quantities of ammonium nitrate exploded. The initial explosion was followed by a much more substantial subsequent blast that caused widespread damage reportedly reaching more than 20 kilometres from the port area. Nearly 200 lives were lost as a result of the incident, with more than 5,000 injuries and 300,000 people displaced (a third of whom are from refugee communities).

The Beirut Port explosion has created yet another large-scale crisis in a country that is in the midst of a serious economic crisis as well as the COVID-19 pandemic. 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. The blasts have also destroyed an estimated 120,000 metric tonnes of food stocks, further exacerbating food shortages in communities nationwide.

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 |

UNFPA has activated its own emergency response plan as of 5 August and is operating under fast track procedures which had been declared earlier under an IASC system wide scale-up of operations. UNFPA aims to provide integrated sexual and reproductive health (SRH), including comprehensive emergency obstetric and neonatal care, family planning services, ante-natal care, postnatal care, and clinical management of sexual violence services, in addition to gender-based violence (GBV) services that include psychological first aid, psychosocial counselling, mental health services, legal assistance, and case management. 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.



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 270,133 cases as of 30 August, 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 | 60,574 |
| Family planning consultations | 1,301 |
| Ante-natal care consultations | 1,137 |
| Post-natal care consultations | 358 |
| 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 | 103,597 |
| People reached with dignity kits | 14,811 |
| People provided with GBV case management | 286 |
| People reached with GBV awareness messages | 17,186 |
| People trained on GBV-related topics | 1,081 |

YOUTH SERVICES

INDICATOR

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Number of functional youth centres | 4 |
| People reached with youth programming | 826 |
| 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 August, the Regional Syria Response Hub supported the Lebanon CO in the aftermath of the Beirut blast, in particular on GBV coordination, drafting the main contribution for the inter-sector funding appeal and advocacy points on GBV for donors and humanitarian leadership. The Hub also signed a new partnership agreement with "Rebel Girls", which will look into the creation of a "Rebel Girl Journal" tailored to the needs and based on the interest of adolescent girls in the Arab State Region.

Meanwhile, the Whole of Syria GBV AOR also continued working towards the 2021 HNO, including organizing a training for facilitators of protection FGDs conducted by protection actors in NW and NE Syria in the framework of the HNO and started data collection through the FGDs. The WoS GBV AoR also recruited 2 consultants to support the coding and analysis of the FGD data. The WoS GBV AoR also contributed to the 2019 HRP End of Year report. The WoS GBV AoR also worked on the analysis of the data collected in the WoS mid-year GBV coordination survey, which demonstrated overall satisfaction of GBV actors, with 100% of respondents noting that they find GBV coordination forums useful to their GBV programmes, even if some GBV actors suggested some improvements.

In Jordan, UNFPA is supporting the SRH SWG response plan for initiating a national SRH hotline that promotes access to remote services and information around SRH and services. The impact of remote services and their potential to reduce the risk to women's health and lives is evidence based, and that should be promoted as part of public health policy. Additionally, the hotline services promote women's choice for family planning. This will add to other remote approaches (telephone, digital applications, SMS text messaging, voice calls, and interactive voice response) for relevant consultations, follow-up or screening implemented in the early response to COVID-19. Meanwhile, The GBV IMS taskforce released a mid-term analysis with a thematic focus on the impact of COVID-19 on help seeking behaviours, which can be accessed [here](#).

In Turkey, UNFPA co-chaired a series of meetings to continue coordination efforts on various issues pertaining to the COVID-19 response, including the revision of the remote GBV Service and Hotline Mapping for the region; UNFPA's Protection Monitoring Report on Key Refugee Groups, GBV key messages pertaining to COVID-19; updates on 3RP planning process; GBV and Child Protection; and others.



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>

