



UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 110

OCTOBER 1-31 2021

As of October 2021, the situation in Syria continues to worsen, further complicated by a deteriorating economy, increasing hostilities, and an unrelenting pandemic.

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

The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA's operations within the context of the Syria Crisis. The report is prepared by the UNFPA Regional Syria Response Hub in Amman, Jordan, and spans operations conducted by UNFPA offices in Turkey, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria and managed from cross-border Turkey. In addition to providing aggregated quantitative results for each country involved in UNFPA's regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, in addition to underscoring the positive impact of the response services provided by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth, and others. The report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.



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OCTOBER 1-31 2021

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

UNFPA'S MISSION

THE UNITED NATIONS SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS AGENCY

The core mission of the United Nations Population Fund (UNFPA) is to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. UNFPA calls for the realization of sexual and reproductive rights for all, and supports access to a wide range of services, including voluntary family planning, maternal healthcare, and comprehensive education on sexuality.

Since the crisis in Syria erupted in 2011, UNFPA has worked consistently to ensure that every woman and girl in need has the right to access to affordable sexual and reproductive healthcare (SRH) and be effectively protected from gender-based violence (GBV). UNFPA and its partners are scaling up efforts to empower and improve the lives of Syrian women, youth, and impacted communities inside Syria and in host countries by advocating for human rights and gender equality to better equip individuals and communities to cope with the far-reaching ramifications of this protracted crisis.

These efforts continue in 2021 as communities withstand the impact of the COVID-19 pandemic, which has presented an array of unprecedented challenges, including consistently changing priorities and severe restrictions on movement. UNFPA continues to mobilize its resources and expertise to maintain the availability of quality SRH and GBV services to people in need in the region.

GIRLS ARE BORN WITH POWER. EVERY GIRL HAS WITHIN HER POSSIBILITIES THAT SHOULD FLOURISH AS SHE MOVES INTO ADULTHOOD, SHAPING HER FUTURE AND, WITH IT, THE WORLD.

— STATEMENT BY UNFPA EXECUTIVE DIRECTOR DR. NATALIA KANEM ON THE INTERNATIONAL DAY OF THE GIRL

SITUATION OVERVIEW

THE PROTRACTED CRISIS IN SYRIA HAS CREATED ONE OF THE MOST DIRE HUMANITARIAN SITUATIONS IN RECENT HISTORY.



13.4 MILLION
ESTIMATED IN NEED IN SYRIA



3.6 MILLION
WOMEN AND GIRLS OF
REPRODUCTIVE AGE IN
NEED IN SYRIA



11.7 MILLION
INTERNALLY DISPLACED OR
LIVING AS REFUGEES
IN THE REGION



500,000
ESTIMATED PREGNANT WOMEN
AND GIRLS IN THE REGION

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

General Overview

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

The pandemic in particular has exacerbated many of these challenges, directly and disproportionately jeopardizing women’s social and economic prospects, as in other parts around the globe. Meanwhile, the rapidly worsening economic crisis has significantly intensified many of the risks faced by individuals, families, and communities.

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

Gender-based violence continues to pervade the lives of women and girls caught in this crisis. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology-facilitated gender-based violence, have also been observed in recent years. Among women and girls, adolescent girls face a wide range of unique challenges that usually accompany them throughout their lives. It begins with restrictions on movement and domestic violence, and progresses as the girl grows to include child and serial marriage, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Adolescent girls are also being denied their education and growth opportunities, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

Meanwhile, food insecurity throughout the country threatens to place even more lives at risk. The World Food Programme (WFP) reported earlier this year that a record 12.4 million people – 60 percent of the Syrian population – are now food insecure. This is by far the highest number ever recorded and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage and sexual exploitation, as families struggle to meet their basic needs.

In northwestern governorates of Syria, the situation continues to be severe, with ongoing hostilities causing mass displacements and disruptions in community networks and services. Access to protection services remains extremely limited, particularly as more people take refuge in informal settlements. Operations implemented cross-border via Turkey remain the only available means of delivering aid to those in need.

UNFPA is continuing to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. In 2021, UNFPA has continued to pilot cash and voucher assistance where possible to help ensure that no one is left behind, particularly among women and girls, and is working with local partners and authorities including women’s networks, health clinics, health workers, and GBV case managers. In Jordan, UNFPA is piloting cash in GBV case management, and in Egypt, UNFPA is complementing UNHCR’s cash assistance to refugees by expanding coverage to include women and older girls at risk and survivors of GBV. In Syria, responding to women’s feedback that they needed hygiene and baby items in addition to food, particularly during the COVID-19 pandemic, UNFPA is “piggybacking” on WFP’s existing voucher scheme by broadening the scope of the services.

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

COVID-19 Updates

As of October 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 11,967,222 cases of COVID-19, as outlined by the table below.

It is worth noting that the capacity for testing throughout Syria remains extremely limited, meaning that actual infection numbers are likely much higher. Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in the country is changing and remains extremely volatile, particularly in northeastern Syria. According to the Syrian Ministry of Health (MoH), infections among healthcare workers in Syria continue to rise and humanitarian actors continue to receive reports that healthcare workers in some areas do not have sufficient personal protective equipment (PPE).

Meanwhile, the pandemic continues to exacerbate an ongoing economic crisis that has substantially increased humanitarian needs. An inter-agency socio-economic impact assessment of COVID-19 noted a major economic downturn and significant social impacts, amplified by the ongoing financial crisis in Lebanon. Throughout the region, unpredictable curfews, lockdowns, and movement restrictions may still present challenges to response operations.

While most countries appear to be moving toward resuming life as normal, the presence of more contagious variants of the virus may trigger additional restrictions as colder winter months approach.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
As of October 31, 2021	43,404	8,032,988	642,024
	JORDAN	IRAQ	EGYPT
	862,541	2,055,248	331,017

WE ALL WANT TO HEAL AND FEEL SUPPORTED AS PART OF AN ACCEPTING COMMUNITY. THIS IS WHAT I FOUND IN THIS SAFE SPACE.

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

FUNDING NEEDS IN 2022

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

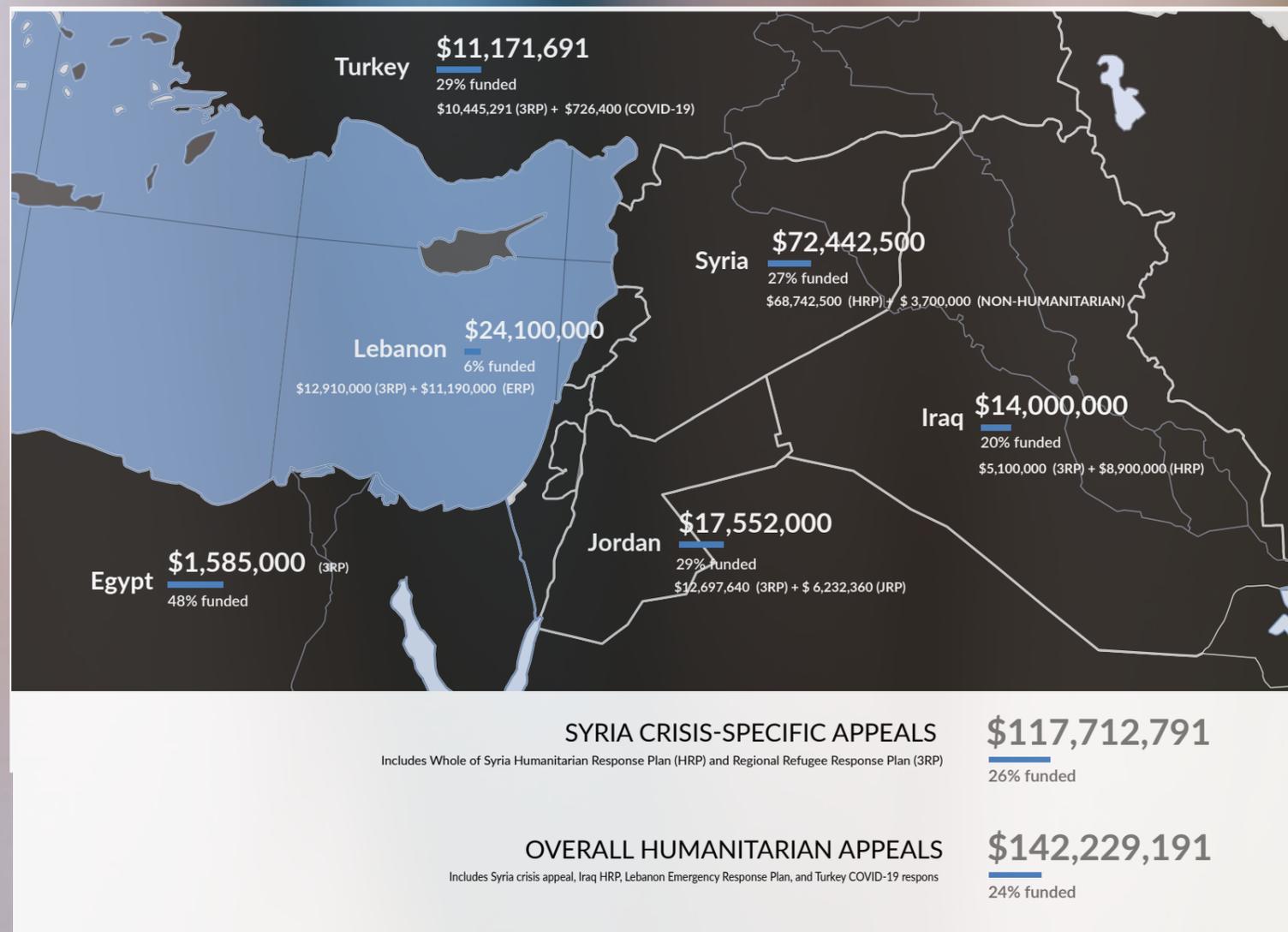
Women and girls continue to suffer the worst impacts of the crisis, requiring access to quality sexual and reproductive health (SRH) services. Gender-based violence (GBV) continues to be a daily reality, with harassment, family violence, child and forced marriage, and sexual exploitation remaining consistent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

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

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

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

* Appeals are still being finalised. Final funding needs will be announced with the final appeals.



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

UNITED NATIONS POPULATION FUND

In Her Words

Stories of adolescent girls
living in humanitarian
settings in the Arab Region

“ I’m lonely sailing in the face of all the difficulties.
I’m the only one who decides my destination.
I’m the captain.”

Hanan – an adolescent girl from Syria

Cover art by Gail Gosschalk

UNFPA IN THE ARAB REGION MARKS INTERNATIONAL DAY OF THE GIRL 2021 WITH A COLLECTION OF STORIES, INSIGHTS, AND ART CREATED BY ADOLESCENT GIRLS

“I’ve been dancing since my early childhood and I will continue to dance when I’m an old woman,” writes 13-year-old Rima from Palmyra, Syria. “One day, I hope to dance all over the world and to meet famous dancers who can teach me their moves.”

Rima is one of nearly 40 adolescent girls whose writing, insights, and artistic creations are featured in ‘In Her Words’ – a special initiative organized by UNFPA Arab States Regional Office for adolescent girls living in humanitarian settings throughout the region.

Developed by the UNFPA Regional Humanitarian Hub for Syria and the Arab States (RHHSAS), the initiative invited adolescent girls living in Lebanon, Jordan, Iraq, Palestine, and Syria to experiment with different forms of self-expression, resulting in a remarkable array of impactful moving narratives.

In 2021, several countries in the Arab region are coping with the lasting impacts of emerging humanitarian situations. Both the Syria and Yemen crises have passed the ten-year mark, while more recent developments in Sudan and Lebanon will result in additional disruptions in community networks, placing the lives and dignities of millions of people at risk. Meanwhile, the worsening impact of the COVID-19 pandemic has only exacerbated the challenges facing communities in those countries, impeding access to lifesaving services and exacerbating the risks of gender-based violence.

Through ‘In Her Words’, we are given a unique and direct look into the lives of adolescent girls living in the humanitarian settings in the Arab region, many of whom have spent their formative years amidst conflict, displacement, and violence. And yet, as their stories and artworks illustrate, adolescent girls have a seemingly unending capacity for perseverance, healing, and transformation, in many instances choosing to face their realities with a resiliently positive outlook towards a better future.

Her Dreams

The first chapter of ‘In Her Words’ – Her Dreams – immediately communicates the remarkable spirit, awareness, and imagination of adolescent girls even as they face the most challenging of crises.

“I want to be a journalist because my and many other stories need to be heard,” explains Nalin, a 16-year-old Syrian refugee in Qushtappa Camp, located in the Kurdistan Region of Iraq. “I want to document everything: the violence against women and children and the courage of the people who work hard for the future of the Syrian people.”

Friendships and mutual understanding feature as dominant themes in their narratives, often associated with a sense of appreciation and steadfast loyalty. More importantly, adolescent girls in crisis settings continually demonstrate their awareness of the challenges impacting them, with many choosing to become part of the solution. This passion for activism and transformation is also echoed by Ahd who, as a talented rapper and poet, has continually leveraged her art to fight for the rights of women and girls. “I encourage every girl to stand for her right to express herself in any form she desires. Our voices and our message of gender equality need to reach people to understand what we go through.”

Her Realities

“When I turned 14, I learned that dreams are called dreams because they’re not real,” writes Sham from Idleb, Syria, now 17. Her story, featured in the second chapter – Her Realities – deals with a wide range of difficult themes that also pervade the stories of her peers, further illustrating the dichotomous realities of adolescent girls in the region.

“To be a girl in my community is to feel like a lifelong refugee; restricted, ashamed and constantly feels threatened,” writes 18-year-old Hala from Syria, who notes that while humanitarian crises definitely made things worse for girls like her, the “restrictions that rule their lives today have always been there, regardless of what was happening around them.”

Adolescent girls in humanitarian settings are often trapped in a web violence that manifests in early adolescence and continues to follow them for the remainder of their lives. Harassment, family violence, forced and early marriage, sexual violence, and denial of education and resources are among the many forms of gender-based violence they face, and the risks increase in crisis settings.

Her Triumphs

Despite the multitude of challenges besetting them, adolescent girls continue to rise above these realities to create their own, demonstrating the true meaning of resilience. Many of the survivors whose accounts have been included in this publication have moved on to become artists, exceptional students, activists, and change-makers in their communities – a clear testament to the depth of their capacity for healing and transformation.

“A deaf girl has to double the effort to be noticed,” explains 19-year-old Amal from Damascus who, like many girls living with disabilities, has had to face discrimination her entire life. And yet, Amal says that her disability became a source of strength, inspiring her to achieve self-reliance and independence.

“I made the decision to become the best hair stylist in the city,” writes Amal. “I fully intend to continue and to completely break free from the restrictions that have been imposed on me long before I was born. With the support of other women and girls around me, I have hope.”

Girls like Amal continue to defy seemingly impossible odds as they strive to find their place in the midst of crisis. In their stories, art, and interviews, they continue to show that they are capable of transcending – and even transforming – the harmful norms and practices that inhibit their development, choosing instead to find strength in adversity.

A Message from Mariam

Concluding the chapters of In Her Words is a message from Mariam – UNFPA’s digital ambassador for adolescent girls in the Arab region. Mariam voiced her first message back in 2020, calling for a brighter future for girls like her who wish to reach their full potential as agents of change in their communities. Echoing the voices of many girls interviewed by UNFPA, Mariam reaffirms what humanitarians already know about adolescent girls: that they want to and are able to achieve greatness and self-actualisation, even in the worst of circumstances.

“If the stories of girls like me tell us anything, it is that we are all fighting for the same right: to be viewed as equals, to have opportunities to choose the lives we want to lead and whom we want to marry and when,” she writes. “All we ask is for those who have the power – including humanitarians – to listen to us, treat us as equal partners, and give us programmes that are based on what we need.”

Mariam also concludes with a message from Lana, an 18-year-old survivor of sexual violence from Aleppo, Syria: “Adolescent girls are not as helpless as people think. We are strong, and we can help create a better world if given the chance.”

In Her Words is available in both [English](#) and [Arabic](#).

FROM ALL OPERATIONS

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

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	893,560	95%
Family planning consultations	336,160	99%
Normal and assisted vaginal deliveries	28,629	100%
C-Sections	13,635	100%
Ante-natal care consultations	493,659	100%
Post-natal care consultations	105,160	100%
People trained on SRH-related topics	9,330	87%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	400,868	85%
People reached with dignity kits	170,212	91%
People provided with GBV case management	29,869	98%
People reached with GBV awareness messages	578,196	90%
People trained on GBV-related topics	9,855	66%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	47,041	66%
People trained on youth-related topics	2,263	74%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	131,921	99%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	12,472	82%
Adolescent girls reached	163,546	100%
LGBTQI+ individuals reached	4,497	32%

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

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

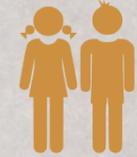
Assessments and interviews conducted by UNFPA since 2016 have also been able to illustrate the profound effect that years of instability have had on women and girls, particularly adolescent girls, who face a variety of unique risks. Lack of individual autonomy, movement restrictions, forced and early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



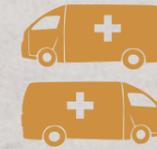
146
PRIMARY HEALTHCARE FACILITIES *



94
WOMEN AND GIRLS SAFE SPACES



20
YOUTH CENTRES



115
MOBILE CLINICS



31
EMERGENCY OBSTETRIC CARE FACILITIES



160,941
ADOLESCENT GIRLS REACHED



12,265
PEOPLE WITH DISABILITIES REACHED



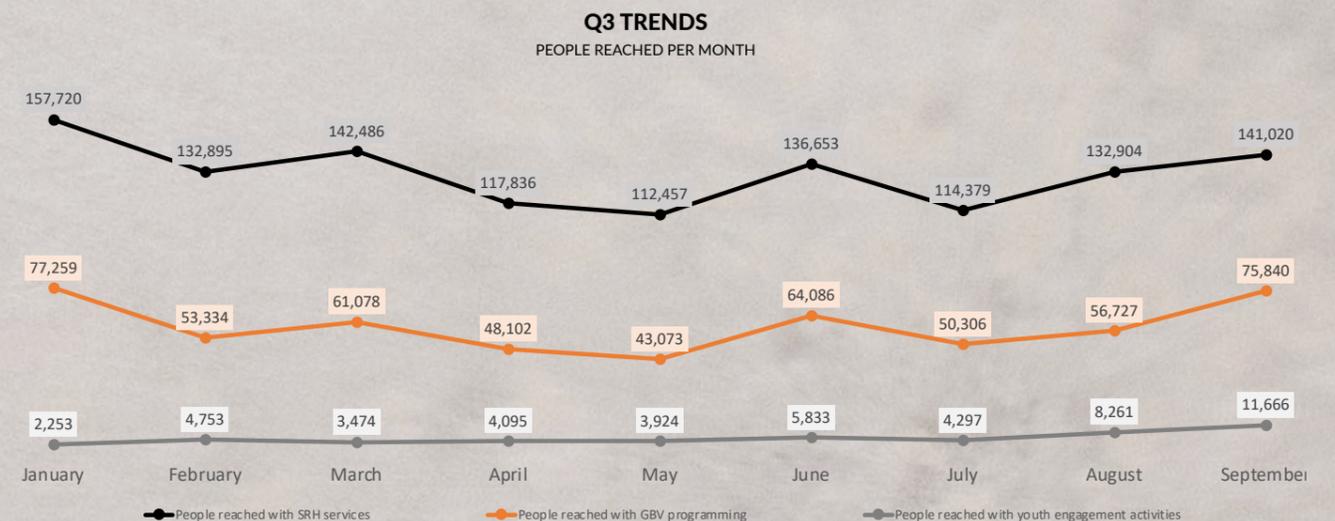
2,991
LGBTQI+ INDIVIDUALS REACHED



131,664
PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

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

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



ACROSS THE WHOLE OF SYRIA

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

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, authorized initially by UN Security Council Resolution (UNSCR) 2165 in 2014. This allowed cross-border humanitarian assistance from Iraq, Jordan, and Turkey. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Turkey exclusively. On July 11, 2021, the resolution was extended for an additional six months, with the proposed extension of a further six months subject to the Secretary General's report. The continuation of this large, UN-led humanitarian operation is vital to reach those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey



The importance of coordination

"A 35-year-old gender-based violence survivor was referred to our facility from the hospital where she gave birth. She had been severely beaten by her husband, which had resulted in bruising and bleeding on her face and head. Together with the survivor, we developed a safety plan, which included identifying persons in her life who could provide her with much needed support and relief. The case has highlighted the lifesaving importance of effective coordination and the positive impact it has had on the survivor. Because the other hospital was part of the GBV referral mapping and pathway system, and because their staff had received basic GBV training, they were able to safely refer her to the specialized GBV services offered at our facility. Our facility gives great importance to activating these GBV referral pathways and working with partners to provide the broadest and safest reach to our beneficiaries."

— Fatimah, a GBV Case Worker in Idlib, northwest Syria

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	739,020	97%
Family planning consultations	294,692	99%
Normal and assisted vaginal deliveries	26,647	100%
C-Sections	13,562	100%
Ante-natal care consultations	448,621	100%
Post-natal care consultations	97,259	100%
People trained on SRH-related topics	2,019	91%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	300,103	87%
People reached with dignity kits	103,931	99%
People provided with GBV case management	20,996	99%
People reached with GBV awareness messages	491,151	91%
People trained on GBV-related topics	2,571	83%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	24,611	61%
People trained on youth-related topics	27	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	131,504	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	6,546	86%
Adolescent girls reached	136,151	100%



95
PRIMARY HEALTHCARE FACILITIES *



93
MOBILE CLINICS



52
WOMEN AND GIRLS SAFE SPACES



29
EMERGENCY OBSTETRIC CARE FACILITIES



13
YOUTH CENTRES



136,151
ADOLESCENT GIRLS REACHED

LEAVING NO ONE BEHIND

SUPPORTING WOMEN AND GIRLS IN DEIR HAFIR

“When we returned, life was difficult due to the massive destruction in the area and the absence of basic health services,” recalls Rasha, one of the pregnant women from Deir Hafir, Aleppo, who are unable to access basic reproductive health services. “Because of the crisis, most of the doctors and healthcare workers have left.”

With the help of a UNFPA-supported integrated mobile team, which provides reproductive health and gender-based violence response services, Rasha was able to seek medical attention during her pregnancy. A gynecologist, a midwife, a gender-based violence case worker, a psychosocial support officer, and three outreach volunteers are working simultaneously in remote areas to ensure that no one is left behind.

Rasha decided to return to her village in Rasm al-Hamis after the area became accessible to humanitarian actors back in 2018. Just like many other families who had returned to Deir Hafir and its countryside, Rasha was immediately confronted with widespread destruction and limited access to basic services, particularly to health services. During the crisis, 50 percent of Syrian hospitals were completely or partially destroyed and over 40 percent of healthcare personnel have since left the country. Poor and very expensive transportation systems in remote areas make it even harder for women to seek support in the nearest cities.

Almost 65 km away from Aleppo, and from the nearest hospital, Rasha was nine months pregnant when she first benefited from UNFPA-supported services in Deir Hafir. Prior to her visit, she had never received medical attention throughout her pregnancy.

As thousands of internally displaced people returned to rural Aleppo in 2018, UNFPA first deployed a mobile team to provide essential reproductive health services to remote villages. Due to increasing needs in the area, a primary health clinic and a women and girls' safe space were established in 2019, allowing for the redeployment of the mobile teams to more villages in the vicinity of Deir Hafir.

Since 2021, UNFPA has been working on adapting its integration strategy to reach the furthest behind with life-saving joint

reproductive health and gender-based violence services in one location, including antenatal and postnatal care services, treatment of respiratory tract infections and urine tract infections, early detection of breast and cervical cancer, menopause and post-menopause care, individual and group information dissemination sessions for all, neonatal care, family planning, GBV case management, psychosocial support and individual material support (mainly sanitary napkins and dignity kits). The current integrated mobile team active in Deir Hafir rural area covers 12 villages on a monthly basis. These villages have no access to medical and protection services, and UNFPA is often the only actor available in the area.

On a daily basis, the integrated mobile team provides a full package of services to about 50 women and girls while linking women from rural areas to UNFPA-supported static facilities in Deir Hafir, showing the integral role of the integrated mobile team. Feedback and data gathered from partners and field staff show that the integration of the mobile teams has enabled UNFPA to reach twice the number of beneficiaries compared to a single service mobile team.

The integrated mobile team has also become a safe space for women to share their concerns with professional staff as they receive medical assistance and attend awareness sessions.

“When I don't have a medical consultation, I come to attend the awareness sessions as we want to be educated rather than left behind,” explained Rana, a 33-year-old mother of six. Rana mentioned the importance of raising awareness on family planning and the values of information she receives throughout the sessions.

Engaging the local community, making the best of the available resources, and most importantly reaching those in need in Syria are among the benefits of UNFPA's new integration strategy. Integrated mobile teams have proven to be an efficient, cost-effective service, enabling UNFPA to reach twice the number of beneficiaries compared to a single service mobile team. **Thanks to our donors, people in remote areas have been able to benefit from life-saving services.**

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	595,598	99%
Family planning consultations	254,133	99%
Normal and assisted vaginal deliveries	8,067	100%
C-Sections	7,977	100%
Ante-natal care consultations	345,613	100%
Post-natal care consultations	57,475	100%
People trained on SRH-related topics	1,668	92%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	173,179	95%
People reached with dignity kits	9,840	87%
People provided with GBV case management	18,985	99%
People reached with GBV awareness messages	414,187	96%
People trained on GBV-related topics	497	98%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	24,611	61%
People trained on youth-related topics	27	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	128,716	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	2,979	85%
Adolescent girls reached	97,445	100%



85

PRIMARY HEALTHCARE FACILITIES *



38

WOMEN AND GIRLS SAFE SPACES



13

YOUTH CENTRES



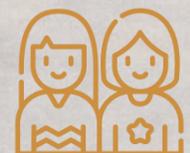
86

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



97,445

ADOLESCENT GIRLS REACHED

TURKEY CROSS-BORDER

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

Situation Update

Humanitarian needs in northwest Syria have continued to outweigh the sector response. 2.8 million persons out of the area's 4.3 million population have remained displaced. 3.2 million people are acutely food insecure, while 3.1 million people are in need of health assistance, and 2.2 million people have remained in need of shelter assistance. Hostilities have continued with at least one civilian woman killed and three civilian women and two children injured as a result of shelling and airstrikes. Unexploded ordnance incidents resulted in the death of at least one child and the injury of at least three children, as reported by the Office of the High Commissioner for Human Rights (OHCHR). A shelling incident on 20 October in Ariha town resulted in at least ten civilian deaths, including a female schoolteacher and three children, and the injury of at least 30 people. The situation in northwest Syria has continued to pose serious protection concerns for the civilian population. According to estimates, 97 per cent of the population, even those in employment, live in extreme poverty. Lack of resources has continued to cause people to resort to negative coping mechanisms, such as reducing expenditure on essential items.

COVID-19 & Other Updates

The COVID-19 situation has remained bleak in northwest Syria. High daily numbers of new COVID-19 cases have been recorded throughout October, with a total of 14,969 new confirmed cases. Since the start of the pandemic, there has been a total of 1,847 COVID-19 associated deaths and 50,928 recovered cases. At the end of October, ICU occupancy rate was at 96 per cent. All districts of northwest Syria remained either very high risk or high risk. The vaccination rate remains very low, with only 3.83 per cent of the population of north-west Syria vaccinated as of 31 October. Vaccination hesitancy has remained a major issue. UNFPA partners have continued to provide awareness raising sessions to clarify probable side effects, correct misconceptions, and address vaccination related concerns.

In October, UNFPA finalized the distribution of 311 SRH kits, including 53 kits designed to provide for the clinical management of rape. The distribution will cover the SRH needs of almost a million people in northwestern Syria for a six-month period. In order to ensure broad reach and coverage, the kits have been distributed to all service delivery points that provide SRH services in northwest Syria according to the level of service.

Responding to the complex situation on the ground, UNFPA IPs successfully distributed 43,195 Dignity Kits to women and girls throughout northwest Syria. All distributing partners were GBV Sub-Cluster active members, which in turn enabled them to provide an effective entry point to other lifesaving GBV services and referrals during distributions. GBV partners also provided verbal awareness raising on COVID-19, prevention of sexual exploitation and abuse (PSEA), and complaint mechanisms to beneficiaries during distributions. All distributing partners adhered to established guidance developed jointly by UNFPA and its main distributing IP to ensure that the partners adhered to the relevant procedures regarding beneficiary selection and distribution.



UNFPA IPs provided 14 GBV survivors with cash assistance in support of individual GBV case management during October. UNFPA IPs have used cash assistance for several years now, in adherence with the guidelines on Cash Assistance in GBV Case Management as developed and endorsed by the GBV Sub-Cluster in June 2019. In line with the endorsed guidance, it is mandatory that GBV actors conduct a detailed assessment of risks associated with the use of cash in GBV case management in addition to a mitigate plan of any identified risks. The risks are monitored throughout the case management process, and at post-distribution, to ensure that the support has not created harm to the survivor.

Moreover, UNFPA partners have continued to roll out Income Generating Assistance (IGA) and small grants with a focus on vulnerable individuals - including survivors of GBV and those with disabilities. During the reporting period, 40 new women were identified to receive IGA.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	143,422	89%
Family planning consultations	40,559	100%
Normal and assisted vaginal deliveries	18,580	100%
C-Sections	5,585	100%
Ante-natal care consultations	103,008	100%
Post-natal care consultations	48,603	100%
People trained on SRH-related topics	351	90%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	126,924	77%
People reached with dignity kits	94,091	100%
People provided with GBV case management	2,011	99%
People reached with GBV awareness messages	76,964	69%
People trained on GBV-related topics	2,074	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,788	78%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	3,567	87%
Adolescent girls reached	38,706	100%



10

PRIMARY HEALTHCARE FACILITIES



14

WOMEN AND GIRLS' SAFE SPACES



10

EMERGENCY OBSTETRIC CARE FACILITIES



7

MOBILE CLINICS



38,706

ADOLESCENT GIRLS REACHED



2,788

PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

TURKEY COUNTRY OFFICE

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

COVID-19 Update

"As of October, there were around 8 million cases of COVID-19 registered in Turkey, including 72,910 fatalities. According to the Ministry of Health (MoH) official data, the number of average daily cases for the last week of the month was 23,096 cases, which represents a decrease of 21% compared to the last week of September. As of October, according to official figures, Turkey has administered more than 116 million COVID-19 vaccine doses since it launched a mass vaccination campaign in January. More than 55 million (89%) people have received their first doses, over 48 million (78%) received their second dose of vaccination and almost 11 million received their third dose. It is worth mentioning that thanks to the efforts of government and non-government institutions on awareness-raising on vaccination the number of vaccinated people with COVID-19 is continuously increasing in Turkey. As of October 31, through 10 mobile health units supported by UNFPA, 17,535 people have received services related to COVID-19 filiation as well as sexual reproductive health (SRH) and gender-based violence (GBV) services. Among them, 5,772 people were vaccinated against COVID-19.

Stricter measures against COVID-19 are not currently being considered. The daily number of virus cases appears to have plateaued at around 30,000. According to the Ministry of Health, restrictions will only be considered if cases rise to reach between 60,000 and 70,000.

Programme Update

In October UNFPA continued to provide uninterrupted sexual and reproductive health (SRH) services and protection services, including prevention and response to GBV services, through a hybrid modality (in-person and online) based on beneficiaries' preferences. UNFPA has been implementing 20 static service delivery units targeting the most vulnerable refugees (women, girls, young people, key groups, men&boys who are survivors or at risk of sexual violence, refugees with disabilities) and 10 COVID-19 mobile teams.

From PRM funds, the service units that target key refugee groups (KRG), men and boys survivors of sexual violence (Men&Boys) and refugee with disabilities (RwD) are in process of restructuring the range of delivered services. The KRG, M&B and RwD service units continue with the recruitment process of health professionals that will provide SRH services at primary level at the facility premises.

UNFPA from PRM funds, is supporting a shelter for women survivors of GBV in Istanbul and a Health and Social Support Center for migrant women and youth in Sanliurfa. Both service units will provide SRH and GBV services. Moreover, the Sanliurfa service unit will have an outreach component. Both service units started the staff recruitment process.

The procurement of supplies (RH kits, contraceptives, female dignity kits and maternity dignity kits) has been completed and the goods are received in the UNFPA warehouse. The distribution of these supplies will be conducted in the next months. In September 2021, in the context of post distribution monitoring activities, UNFPA conducted 6 focus group discussions

(FGD) with women and girls receiving maternity or female dignity kits provided by UNFPA and distributed by implementing partners through Women and Girls Safe Spaces (WGSSs) and Youth Centres (YCs). The FGD results show that all participants were satisfied with the kits' content and the quality of the items included in the maternity and dignity kits. However, for most participants the quantity of the items was not sufficient. Participants reported that the sanitary pads included in the kits are small and thin, and not sufficient for women with heavy menstruation bleeding. In the case of maternity kits, participants reported that the baby hygiene items (namely diapers, wet wipes and shampoo) are consumed during 1 week. Moreover, for maternity kits, participants suggest to include new items to cover more essential needs. Participants reported that in the first months after delivery among essential items for babies, that are not included in the maternity kit, are: thermometer, antipyretic drugs for babies, two pacifiers, two feeding bottles, 2 teethers, feeding bib, baby powder, baby oil, baby bag, underwear for children, baby pyjamas (consisting of 2 pieces: top and bottom) and detergent for washing baby clothes. Also, mothers are in need of nursing bras and pyjamas, nursing pads (1 pack), and condoms.

The COVID-19 mobile service units (MSUs) continued to provide SRH services, protection services and other health services, including information dissemination on COVID-19 prevention, COVID-19 screening, vaccination services, provision of medication, etc. According to the Ministry of Health in Turkey, unvaccinated pregnant women constitute "99% of deaths" from coronavirus among expectant mothers. In this context, the MSUs intensified their efforts in raising awareness about the vaccination process among pregnant women.

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

As in previous months, to ensure that the services are provided based on the beneficiaries' needs and vulnerabilities, UNFPA provided in-service training to the implementing partners (IP) staff. The IP staff was trained on PSEA, GBV, HIV and AIDS, SRH, COVID-19 pandemic and women's reproductive health services, child early and forced marriage as well as on psychosocial support. Furthermore, to mitigate the stress and the burden of the COVID-19 pandemic on the IP staff, UNFPA provided selfcare training for service providers.

The capacity building training on Reproductive Health was provided face-to-face for 52 health professionals working in migrant health centers, under the Ministry of Health in Istanbul. In addition, an emergency obstetric care training was conducted for 98 Syrian obstetricians and gynecologist specialists in Adana and 36 in Antalya.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	19,332	75%
Family planning consultations	2,609	91%
Ante-natal care consultations	1,562	100%
Post-natal care consultations	296	100%
People trained on SRH-related topics	701	65%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	35,021	60%
People reached with dignity kits	30,798	57%
People provided with GBV case management	119	94%
People reached with GBV awareness messages	13,207	70%
People trained on GBV-related topics	2,229	65%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	8,491	87%
People trained on youth-related topics	985	85%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	3,220	59%
Adolescent girls reached	5,552	100%
LGBTQI+ individuals reached	3,075	46%



4

PRIMARY HEALTHCARE FACILITIES *



4

WOMEN AND GIRLS' SAFE SPACES



4

YOUTH CENTRES



5,552

ADOLESCENT GIRLS REACHED



10

MOBILE CLINICS



12

OTHER SERVICE DELIVERY POINTS

LEBANON COUNTRY OFFICE

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

FOR ME AND MANY OTHER GIRLS MY AGE IN LEBANON, THINKING OF THE FUTURE NOW SEEMS FUTILE.

— SERENA, an adolescent girl from Lebanon

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	25,764	78%
Family planning consultations	1,487	99%
Ante-natal care consultations	1,481	100%
Post-natal care consultations	392	100%
People trained on SRH-related topics	6,380	88%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	9,666	82%
People reached with dignity kits	34,985	100%
People provided with GBV case management	3,623	100%
People reached with GBV awareness messages	22,761	87%
People trained on GBV-related topics	4,269	57%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	2,587	74%
People trained on youth-related topics	1,100	68%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	257	86%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	207	97%
Adolescent girls reached	2,605	100%
LGBTQI+ individuals reached	1,401	0%



27

PRIMARY HEALTHCARE FACILITIES*



15

WOMEN AND GIRLS' SAFE SPACES



7

MOBILE CLINICS



327

OTHER SERVICE DELIVERY POINTS

Situation Update

The rapidly escalating socioeconomic crisis continues to affect the lives of people in Lebanon. Meanwhile, solutions to the crisis remain slow. Fuel is now available but not accessible to the vast majority of people since the subsidies were lifted and the prices drastically increased. As a result, roadblocks took over the streets in Lebanon which affected some of the operations on the ground such as delaying the arrival of some participants to some trainings.

Transportation fees for the beneficiaries to reach the IPs centers and receive the services or cash assistances or attend trainings have massively increased. Moreover, the deterioration of the Lebanese currency which is increasingly affecting the prices of items and services is leading to decreased purchase value for the cash assistance.

Meanwhile, survivors of violence are not able to adapt and secure their needs due to the increase/ shifting to dollarization in the rent cost and other basic services. Also, beneficiaries are not capable to redeem their cash assistance since FSPs (Financial service providers) reduced their working hours due to electricity shortage.

LIFTING UP THOSE IN NEED

"I might seem young, but I have seen much more than my fair share of trauma," explains Inaya, a 24 Syrian refugee living in Lebanon.

Inaya was forced into marriage when she was only 14 years old. Today, a decade later, she has five children to care for and continues to endure the consequences of her experience, now made far worse by her status as a refugee and the economic crisis that continues to complicate the lives of all who live in Lebanon.

As the crisis worsened, Inaya's husband was out of work, which meant the family struggled to put food on the table or meet their basic needs. Inaya's 10-year-old boy was being bullied at school as he suffered from urinary incontinence — a treatable but costly condition. Further complicating her situation was the fact that she herself was recently diagnosed with psoriasis, a chronic skin condition that causes red, crusty patches on the skin.

"Given the dire situation, I had to choose between feeding my children or paying for the expensive medical care and treatment for me and my son," said Inaya.

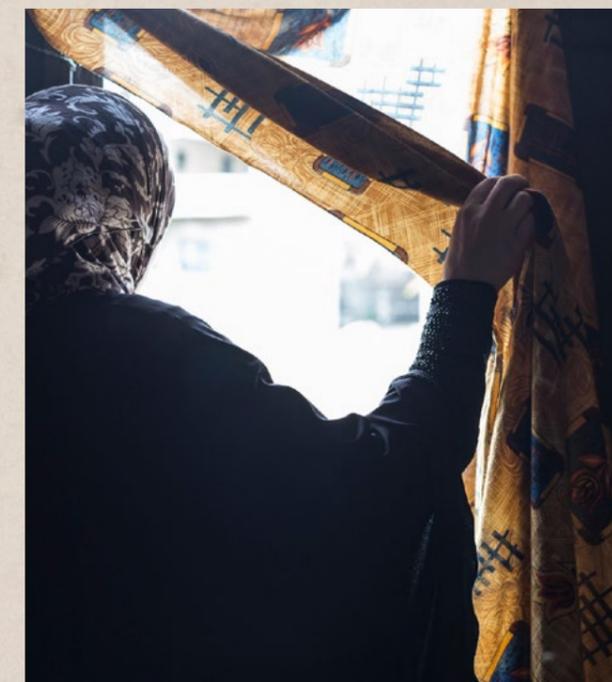
As she suffered in silence from her condition, she still had to work to provide for her children. She made most of her income working in agriculture, particularly maintaining and cultivating greenhouses. The work was grueling, particularly in her condition. "The hard labor was more than my feet could withstand given my psoriasis. My toes became worse and eventually deformed, and the doctor told me that they might cut off my leg if I don't get the proper treatment."

Instead of supporting her, her husband was disgusted by her condition. "He actually threatened me, telling me that he would leave me if I did not recover soon. He even hit me once in front of the children."

Desperate, Inaya agreed to work longer hours to cover the costs of her treatment, forcing her to put her health and wellbeing at risk. Beyond her condition and the fact that she was working herself to exhaustion, the remote locations where she worked carried inherent risks, particularly for women and girls who are perceived as lacking the protection of an extended family or community, such as refugees. "I thought that by working longer hours, I will be feeling better, but little did I know about what I was putting myself into."

In the area of Tayyouneh-Badaro in Beirut, heavy sniper fire at protesters during a demonstration escalated into an exchange of fire involving pistols, Kalashnikovs, and rocket-propelled grenades, leaving six people dead and 16 others injured. The five hours of relentless exchange of fire left the entire country and its people shaken.

Lebanon has begun technical talks with the International Monetary Fund that it hopes will help the country emerge from the precipice of total economic collapse, a senior IMF official said.



Inaya was being sexually harassed and abused by random men passing by the farm during her late working hours every day. The assaults become so unbearable that she stopped going to work, leaving her unable to pay rent or feed her children. Her landlord did not show any leniency or understanding towards her situation, going as far as to assault her and her daughter as they were leaving the house, seriously injuring her daughter on the head. The toll of these pressures become too heavy for Inaya to bear. "I wanted to die," she recalls.

Inaya had been approached by an outreach team from a UNFPA partner, who evaluated her case and assessed her most immediate needs. She was provided with emergency cash assistance, which was sufficient to pay for the treatment for her daughter's injuries, settle her pending rent, and even cover the cost of Inaya's medication, which helped relieve some of the immediate burdens impacting her life.

"I am relieved for now but I am genuinely worried for the future," explains Inaya. "This small amount of cash I received has changed my life for the moment. Next time, I'm hoping to use the support to launch my own business so that I have to rely on no one's support. This is the only way I can sustainably support my family. You see, women in my position are constantly made to feel powerless, but all we need is basic support and we can lift ourselves up."

JORDAN COUNTRY OFFICE

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

EMPOWERING ADOLESCENT GIRLS TO COMBAT TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE



Earlier in 2021, Bessan, a 19-year-old Syrian adolescent girl who lives in Madaba city, participated in a UNFPA training course that aims to bridge the gender digital divide by empowering women and girls technically.

The 8-week course, titled "Me & my Mobile", organized in collaboration with Zain Jordan and the Institute for Family Health (IFH), introduces participants to useful mobile applications and ways to protect themselves from cybercrimes, including technology-facilitated gender-based violence; a rising problem that disproportionately affects women and girls.

During the training, Bessan and her classmates were introduced to a wide-range of practical mobile applications (apps) that can be used daily. Some of these apps are particularly vital to women and girls, such as the Amaali app, which provides information on protection services in Jordan. Similarly, they downloaded a period-tracking app that keeps them well informed about their health, as well as apps that support them in growing their small businesses.

"Immediately after completing the training, I shared the Amaali app with my friends and relatives and urged them to download it, as it offers them information about confidential protection services," explained Bessan.

Bessan and colleagues were also introduced to safe internet and YouTube

browsing to protect children from inappropriate content. "When I told my sister about YouTube's parental controls, she asked me to teach her how to change the settings so her kids are protected from unsafe and inappropriate content," the new tech wiz said.

Bessan realized how valuable "Me & my Mobile" course is when she was able to retrieve her cousin's hacked social media account. As she recalls, "when my cousin told me she is unable to access her account, I offered to help by applying the information I learned during the course. Her friend had taken advantage of the personal information she knew about her to hack her account."

"Following the account recovery, not only did my cousin change her passwords, but she also started using a two-step verification method linked to her phone number for extra protection".

Bessan urges women and girls to resort to the Cyber Crimes Unit to report such incidents, as help is available, stressing they are not alone, but also encourages them to take cyber-protection classes.

"It is very important that all girls attend such courses, to protect themselves and others," she added.

"Today, I'm no longer afraid of any online risks; I am well prepared to protect myself and others. In fact, I started investing my time in making use of good applications," she concluded.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	90,041	100%
Family planning consultations	19,282	100%
Normal and assisted vaginal deliveries	1,115	100%
Ante-natal care consultations	30,339	100%
Post-natal care consultations	3,831	100%
People trained on SRH-related topics	205	92%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	46,450	85%
People provided with GBV case management	2,280	91%
People reached with GBV awareness messages	23,496	81%
People trained on GBV-related topics	86	88%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	9,212	62%
People trained on youth-related topics	104	54%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	160	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	859	97%
Adolescent girls reached	12,270	100%



16
PRIMARY HEALTHCARE FACILITIES *



19
WOMEN AND GIRLS SAFE SPACES



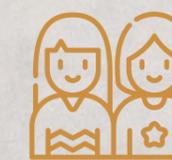
1
YOUTH CENTRES



859
PEOPLE WITH DISABILITIES REACHED



1
EMERGENCY OBSTETRIC CARE FACILITIES



12,270
ADOLESCENT GIRLS REACHED

IRAQ COUNTRY OFFICE

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIANS CURRENTLY LIVING AS REFUGEES IN THE COUNTRY.

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

– ZINA, A SYRIAN REFUGEE FROM ALEPPO, SYRIA

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual reproductive health services	3,214	100%
Family planning consultations	18,090	100%
Normal and assisted vaginal deliveries	867	100%
C-Sections	73	100%
Ante-natal care consultations	11,656	100%
Post-natal care consultations	3,382	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,602	97%
People reached with dignity kits	498	100%
People provided with GBV case management	198	100%
People reached with GBV awareness messages	24,927	86%
People trained on GBV-related topics	700	65%

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

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	1,621	99%
Adolescent girls reached	1,542	100%



COVID-19 Update

Since the start of the pandemic, Iraq has confirmed over 2 million cases of COVID-19 with more than 23,100 fatalities. The country entered a third-wave of the COVID-19 pandemic in July.

The COVID-19 pandemic had a massive effect on the country, limiting travel, hindering social services, and contributing to geopolitical instabilities. Basic precautionary measures, such as mandatory face coverings, limiting gatherings, and respecting quarantine have not been applied consistently in various communities, further contributing to the spread of the virus. Meanwhile, vaccine hesitancy and misinformation continues to hamper the country's inoculation efforts. However, with continuous efforts by the MoH and health partners to dispel vaccine-related myths and encourage uptake, vaccination is ongoing, albeit not at the required rate. Iraq has the least vaccination coverage compared to neighboring countries.

Despite these setbacks, there has been a general drop in COVID-19 case incidence in most parts of the country. Some locations in the Kurdistan Region of Iraq are still showing higher number of cases, hospitalizations, and associated deaths, such as in Sulaymaniyah, which remains a cause for concern.

In addition to providing staff and people served with PPE and observing physical distancing guidelines, UNFPA and its partners have had to modify the modality of working and service provision to adapt to the new situation to ensure continuity of service provision at all service delivery points. These adaptations have focused on recreational activities, outreach, and coordination activities as a strategy to increase women's participation and address the lack of social engagement due to COVID-19 restrictions.

SAMIRA'S JOURNEY FINDING AGENCY AND INDEPENDENCE, EVEN IN THE MIDST OF A CRISIS



When 21-year-old Samira fled her hometown of Qamishli, Syria, she was a secondary school student with great prospects and big dreams for her future. Like many other girls, the crisis in Syria came to define her childhood, forcing her and her family to take refuge in the Kurdistan Region of Iraq. They crossed the border together in the summer of 2012, when Samira was only 12 years old.

For an adolescent girl in the midst of one of the worst humanitarian crises in the world, countless risks abound, including the disproportionate risk of gender-based violence in all its forms. For Samira, this came in the form of child marriage, particularly as she and her family struggled to carve out a life after settling in a refugee camp in Duhok.

Samira was married when she was only 17 and gave birth to her son when she was 19. Earlier this year, her husband decided to flee and take refuge in Europe, not giving much thought to the fate of his wife and child. His actions led to an unexpected divorce, leaving her solely responsible for the care of her child.

"He made the decision entirely on his own," explains Samira. "He did not even consider taking us with him. I longed for another adult to share the caretaking responsibilities. It took me a while to realise that I'm on my own. Still, I kept putting one foot in front of the other and took things one day at a time."

By way of community organisers, Samira learned of the services being offered at a UNFPA-supported Safe Space in her camp. When she first visited the centre, she was struck by the range of services designed specifically for women and girls.

"The centre was just the beginning for me," said Samira. "It is where I shared my story and felt heard for the first time. I received the support I needed to regain my confidence and the courage to be a good parent for my son."

Being dedicated to her wellbeing as well as her son's, she kept going to all the sessions as requested. She also registered in many other services at the centre, like language courses, sewing, and hairdressing. She found herself liking the hairdressing course in particular and felt she could put the skills she learned towards earning an income.

Samira is currently working part-time at a women's beauty salon. She earns a decent income and has built a cosy home for herself and her son. "I'm a single working mother, but I'm happy that I can stand on my feet and I'm able to provide the life my son deserves," she said with a smile on her face. "I feel that I have a clear purpose in life now – to continue building my life independently and to ensure that my child is spared the challenges I have faced."

EGYPT COUNTRY OFFICE

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



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	1,631	95%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	8,026	99%
People provided with GBV case management	2,653	98%
People reached with GBV awareness messages	2,654	90%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	19	100%
Adolescent girls reached	5,426	100%
LGBTQI+ individuals reached	21	100%

Operations have resumed within Safe Spaces throughout Egypt. UNFPA continues to offer awareness-raising and case management services for GBV survivors, with a focus on women and girls. UNFPA has invested in discussing and developing sustainability mechanisms with its implementing partners on the ground to make sure that safe spaces continue to operate beyond the programmatic cycle.

While COVID-19 and its associated complications have affected the ability of safe spaces to offer physical meetings, training programs and interactive social activities for community members, UNFPA and its implementing partners have opted for digital learning tools, developing online activities for young people while continuing to offer case management services in person. Moreover, UNFPA Egypt continues to invest in activities designed to safeguard and promote mental health and wellbeing, including group therapy, art therapy, Yoga, and one-on-one counselling.

UNFPA Egypt will continue to support primary, secondary, and tertiary healthcare, including reproductive health and family planning services, for Syrian refugees and the Egyptian host community through equal and non-discriminatory access. In 2021, despite continuing challenges of COVID-19 and related concerns, secondary and tertiary healthcare for Syrian refugees, particularly pregnant women with complications, will be a key priority. UNFPA is also working closely with the National Council for Women to study ways to ensure that refugee and migrant GBV survivors have quality access to state-led services – especially in the medical sector – through the “Safe Women” clinics supported by UNFPA. The purpose is to ensure that both Egyptians and non-Egyptians have equal access to a comprehensive package of legal, medical, and social services in cases of GBV. To that end, UNFPA is planning to support capacity building for medical service providers on assistance for survivors.

COORDINATION UPDATES

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

To ensure 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 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 the framework of the Humanitarian Programme Cycle, the Whole of Syria GBV AoR completed the analysis of the GBV and proxy indicators from the multi-sector needs analysis, including the protection specific key informant interviews (KIIs) and the household data. The analysis showed that 21 percent of respondents note that women and girls feel unsafe in certain areas, while 71 percent of communities (compared to 62 percent last year) believe that child marriage is an issue for adolescent girls. The Whole of Syria GBV AoR also started the calculation of the sub-district severity and people in need, which will be included for the first time this year in the HNO.

The Whole of Syria GBV AoR and the Global GBV Community of Practice led an adolescent girls' week to mark International Day of the Girl Child. The week included two webinars to showcase experiences and best practices from the implementation of the Whole of Syria Adolescent Girls Strategy, as well as launching In Her Words. Meanwhile, the replication of the Adolescent Mothers Against All Odds (AMAL) curriculum in Jordan and Lebanon through a South-South cooperation initiative also continued this month with a rollout in Jordan and Lebanon and coaching sessions that will accompany the process. The Regional Humanitarian Hub for Syria and the Arab States has also started the replication of the GBV M&E Toolkit – developed by the Turkey Cross-Border GBV SC – within the Jordan and Iraq GBV coordination groups. The process comes in the framework of replicating good practices in other countries.

In Turkey, partner agencies completed the planning process for the 3RP 2022, with UNFPA appealing under health, protection and basic needs sectors, as in previous years. Meanwhile, during the Southeast Turkey (SET) GBV Subworking Group, UNFPA informed participants about the upcoming KRG training planned to take place in December, and which will be co-facilitated by UNFPA and UNHCR. UNFPA also moderated the very first LGBTI Children capacity-building session

as the co-chair of the Istanbul KRG Thematic Coordination Group. The training included a technical session that provided information on child protection from the perspective of LGBTI children and a practical session that examined case studies with LGBTI children's cases information.

Meanwhile, the 3RP logframe for the 2022-2023 was revised and a new indicator that aims to keep track of the number of individuals reached with community messages was added. The guide will be further distributed to all 3RP partners to strengthen their capacity on disseminating the community messages. In addition, Positive Living Association – a UNFPA implementing partner – presented their successful story in completing the PSEA assessment procedures and all eight core standards they had accomplished back in June.

During the October health sector working group meeting, UNFPA presented the “Promoting Innovative Service Provision Models for Turkey's COVID-19 Health System Response” Project, which has been directly implemented by UNFPA since March 2021. As of October 2021, through all mobile health units 17,063 beneficiaries were reached with SRH and GBV services, thus exceeding the target foreseen at completion of the project by 55%. It is worth noting that this fact underlines that the SRH and GBV mobile services were very well received by beneficiaries' specifically during the pandemic period and the need for these types of services is constantly increasing.

In Jordan, the GBV Working Group was involved in consultation for the adaptation of the Monitoring and Evaluation Toolkit to provide more targeted support to its members in the critical arena of M&E. The Toolkit's overarching goal is to ensure that M&E processes are conceptualized, executed, and utilized in a safe and ethical manner, and serve to inform the design and implementation of quality, effective and impactful GBV programmes in target communities. Moreover, the GBV Working Group, in coordination with IOM, released a GBV risk assessment for Amman, available here. Lastly, marking International Day of the Girl Child, UNFPA and UNHCR, led the adolescent girls 'Tech Trailblazers' story collection activity to highlight achievements of girls and bridge the gender-digital divide. Quote cards were also developed and shared on social media platforms.

In Egypt, UNFPA continues to co-chair the GBV Sub-Working Group in Egypt alongside UNHCR. In October, 14 organizations attended the meeting chaired by UNFPA (virtually), which focused on addressing forensic evidence from a survivor-centered approach in cases of GBV based on the voting of member organizations for areas for learning. During the same meeting, the Egyptian Foundation for Refugee Rights (EFRR) gave an insightful presentation on consequences of delayed reporting. Members of the coordination Subworking Group are expecting to hold the first hybrid meeting next month allowing more physical interaction before end of year. UNFPA also contributed to the Inter-Agency working Group with highlights on PEP consumption, plans for the 16 Days of Activism, and priority areas for next year focusing on integrated GBV services for Egyptians and non-Egyptians equally.

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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), Nour Foundation for Relief and Development, Syrian Commission for Family Affairs and Population, SCS, SEBC, OCHA / SHF, UNICEF, WFP, UNHCR, ILO, UNDP, UNHCR.

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

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women's Union (JWU), the National Council for Family Affairs (NCFA), National Women's Health Care Center (NWHCC), Youth Peer Education Network (YPEER), Questscope, International Rescue Committee (IRC), Royal Health Awareness Society (RHAS), the Jordanian National Commission for Women (JNCW), and Save the Children Jordan.

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

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

In Turkey: 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 Centre Foundation); Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PYD (Positive Life Association); Red Umbrella; and Bilgi University.

Turkey Cross-Border: Syria Relief and Development (SRD), Syrian American Medical Society (SAMS), Syrian Expatriate Medical Association (SEMA), Ihsan for Relief and Development (IhsanRD), Shafak, and their sub-implementing partners Masratt (Ihsan), Maram (SAMS), Women's Support Association (SEMA), and Hope Revival Organization (HRO).



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