



UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 106
JUNE 1-30 2021

Halfway into 2021, the situation in Syria and the region remains critical, further complicated by a worsening economy 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.

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.



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JUNE 1-30 2021

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All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Arab States Regional 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.

IN THE END, ALL YOU CAN DO IS ENDURE AND PROTECT THOSE YOU LOVE. I HAD TO MAKE DIFFICULT DECISIONS AND CREATE RIFTS WITH FAMILY MEMBERS TO DO THAT.

– MANAR, a survivor of family violence from Damascus, Syria



TRANSCENDING NORMS

GENDER TRANSFORMATIVE APPROACHES
IN WOMEN'S AND GIRLS' SAFE SPACES IN HUMANITARIAN SETTINGS

[CLICK HERE TO VIEW](#)

Transcending Norms: A unique look into the insights of women and girls accessing Safe Spaces throughout the Arab region.

The implementation of Safe Spaces across the Arab States region continues to be a key strategy for the protection and empowerment of women and girls in humanitarian contexts and in country offices that work on the nexus between humanitarian and development. Women and girls continue to report that Safe Spaces are often the only places in their environments where they feel safe and where they can access the services and care they need.

UNFPA, its partners, and other GBV actors have implemented Safe Space programming in diverse humanitarian settings across the globe and the Arab States region. In the latter in 2021, UNFPA supports 117 Safe Spaces across eight countries and operations: Jordan, Iraq, Lebanon, Palestine, Turkey, Turkey Cross-Border, Syria, and Sudan.

The last regional impact assessment conducted in 2020 identified that gaps remain on how to ensure that Safe Spaces offer a gender transformative approach to the services and activities offered. In particular, the aspects related to the empowerment of women and girls through vocational training, skill building, and livelihood activities often reiterate stereotyped and possibly harmful gender norms. In fact, the most requested improvement across all contexts has been offering more income-generating activities with linkages to capacity strengthening and employment, and particularly to aim these efforts at women and girls who face greater discrimination and barriers to access, such as adolescent girls, women and girls with disabilities, and older women, among others.

Transcending Norms is intended to provide practical technical guidance for UNFPA, local organisations, and other gender-based violence (GBV) agencies operating Safe Spaces regionally and globally to enhance the gender transformative potential of Safe Space programming and activities based on contextual knowledge and understanding. It is also intended to provide donors and/or organisation funding Safe Spaces with recommendations on how best to ensure gender transformative approaches in the Safe Spaces that they fund. The findings and recommendations presented are based on research conducted, through desk reviews of secondary data, key informants interviews (KIIs), and Focus Group Discussions (FGDs) in eight countries and operations: Iraq, Jordan, Lebanon, Palestine, Sudan, Syria, Turkey, Turkey Cross-Border (more details on the methodology have been provided in Annex 1). The various locations and populations surveyed across the regional countries include a range of contexts and people: refugee, internally displaced, local, and both in acute and protracted crises, as well as nexus settings.

About The UNFPA Knowledge Series

The UNFPA Knowledge Series products aim to provide all stakeholders in the humanitarian community with simple, effective, and replicable information or approaches that can aid humanitarian responses. These are based on lessons learned from UNFPA operations in the Arab region, informed by both local organisations and by population groups we serve: women, adolescent girls, men, and adolescent boys. The insights and recommendations provided by the Knowledge Series are meant to serve as practical tools to inform responses or enable actors to adapt successful approaches to suit their contexts.

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

General Overview

As of June 2021, the situation in Syria remains critical. Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is not different in the Syria crisis region. Meanwhile, the rapidly worsening economic crisis has exacerbated many of the risks faced by individuals, families, and communities.

Years of instability, an economy on the verge of collapse, funding shortfalls, and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these challenges. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs with innovative programmes.

The World Food Programme (WFP) reports that a record 12.4 million people – 60 percent of the Syrian population – are now food insecure, according to the results of the nationwide food security assessment conducted in late 2020. 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. It is estimated that – among those in need – close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

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 online harassment and sextortion, 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 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.

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.

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 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, 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 June 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 8,334,811 cases of COVID-19, as outlined by the table below.

On the relatively low number of confirmed cases in Syria, it is worth noting that the capacity for testing throughout the country remains extremely limited. Moreover, the steadily rising number of infections clearly shows that the epidemiological situation in the country has rapidly evolved and remains extremely volatile. 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, curfews, lockdowns, and movement restrictions continue to present challenges to response operations. Turkey, for example, has been under fluctuating social distancing and movement restriction requirements since the onset of the pandemic, with some regions faring better than others. Jordan also saw a marked increase in the number of daily reported cases in January, triggering a resumption of certain restrictions, including Friday lockdowns and nightly curfews. Meanwhile, despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have maintained a reserved approach towards the restrictions previously imposed. The pandemic also continues to have an impact on operations in Egypt, despite the general slowdown in reported case-loads in recent months.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
	25,954	5,425,652	544,866
	JORDAN	IRAQ	EGYPT
As at June 30, 2021	751,404	1,305,904	281,034

FEELING SAFE AND
BEING SURROUNDED
BY PEOPLE WHO
UNDERSTOOD MY
STRUGGLE MADE ALL
THE DIFFERENCE.

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

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	565,972	97%
Family planning consultations	204,785	99%
Normal and assisted vaginal deliveries	16,643	100%
C-Sections	7,926	100%
Ante-natal care consultations	296,269	100%
Post-natal care consultations	65,813	100%
People trained on SRH-related topics	1,112	85%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	255,872	85%
People reached with dignity kits	44,859	76%
People provided with GBV case management	14,138	98%
People reached with GBV awareness messages	351,946	92%
People trained on GBV-related topics	3,302	71%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	20,231	67%
People trained on youth-related topics	644	75%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	106,611	99%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	10,222	78%
Adolescent girls reached	102,687	100%
LGBTQI+ individuals reached	2,489	46%

AS THE CRISIS WORSENS, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

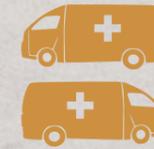
The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world today. Millions have been displaced both inside the country and outside as refugees, especially in Turkey, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society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

SINCE JANUARY
% FEMALE



114
PRIMARY HEALTHCARE FACILITIES*



102
MOBILE CLINICS



10,222
PEOPLE WITH DISABILITIES REACHED



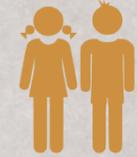
87
WOMEN AND GIRLS SAFE SPACES



34
EMERGENCY OBSTETRIC CARE FACILITIES



2,489
LGBTQI+ INDIVIDUALS REACHED



13
YOUTH CENTRES



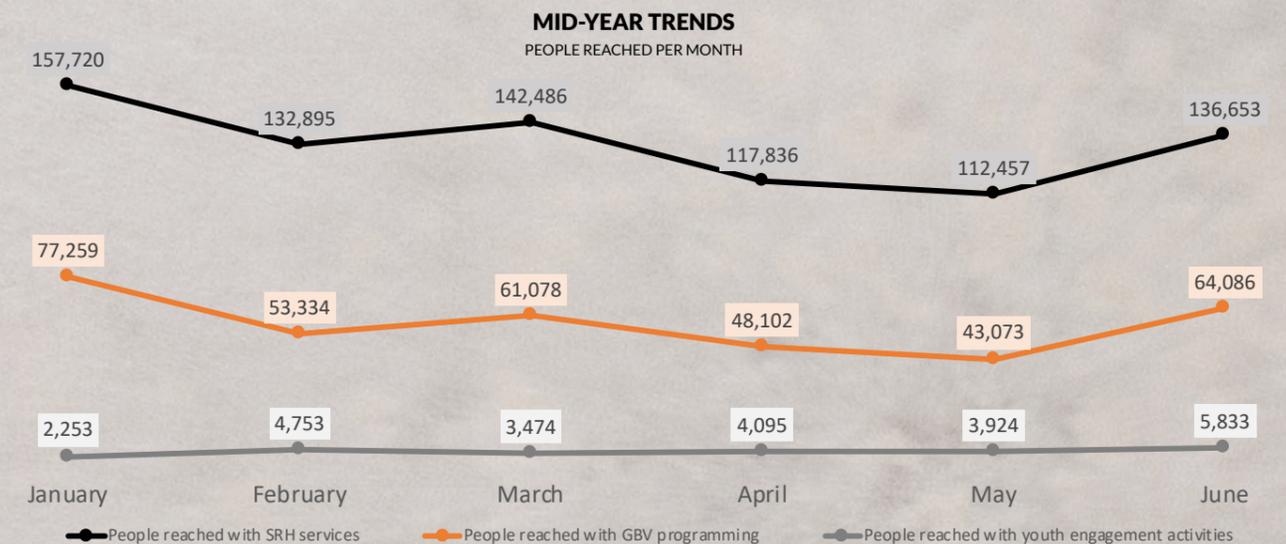
102,687
ADOLESCENT GIRLS REACHED



106,611
PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

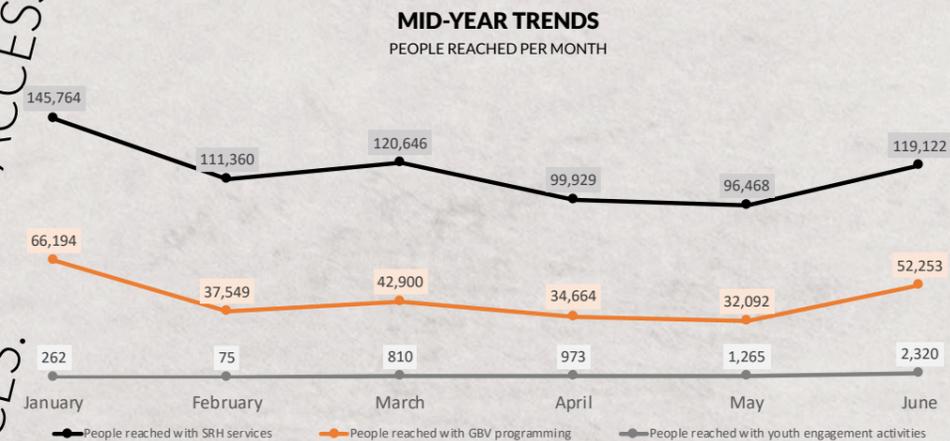
* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

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.



CROSS 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. The most recent resolution, 2533 on July 10, 2020, extends cross-border aid from Turkey for another year, but reduced to one crossing point only. 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.



'My body could not take his beatings anymore. I felt broken.'

Amara, 18-year-old mother of two from northwest Syria, writes:

"During a visit to the gynecologist, I met a healthcare worker who was friendly and who I felt I could talk to. She could clearly see the sadness on my face. I told her that my husband beats me nearly every day and that my body is covered in bruises. Last time he beat me with a copper wire, which gave me blisters that became infected. My body could not take his beatings anymore. I felt broken. My caseworker helped me to develop a safety plan to reduce the violence, which included having a trusted person in my family who could talk with my husband and help change his behaviour. I have also learned relaxation and coping techniques that have helped reduce my stress and anxiety. I am now much better than before."

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	500,362	97%
Family planning consultations	175,051	99%
Normal and assisted vaginal deliveries	15,428	100%
C-Sections	7,853	100%
Ante-natal care consultations	270,587	100%
Post-natal care consultations	60,190	100%
People trained on SRH-related topics	695	88%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	200,765	87%
People reached with dignity kits	21,528	97%
People provided with GBV case management	11,112	99%
People reached with GBV awareness messages	314,266	92%
People trained on GBV-related topics	1,298	88%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	6,673	54%
People trained on youth-related topics	27	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	106,521	99%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	6,965	79%
Adolescent girls reached	90,245	100%



90
PRIMARY HEALTHCARE FACILITIES*



60
WOMEN AND GIRLS SAFE SPACES



6
YOUTH CENTRES



91
MOBILE CLINICS



32
EMERGENCY OBSTETRIC CARE FACILITIES



90,245
ADOLESCENT GIRLS REACHED

SYRIA COUNTRY OFFICE

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

As the Syria crisis marks its 10th anniversary, the situation is more dire than it has been in years. The worsening economic situation and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these crises. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs.

Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is no different in the Syria crisis region. The rapidly worsening economic situation has exacerbated many of the risks faced by individuals, families, and communities. Women and girls pay the highest cost of this deterioration. The World Food Programme (WFP) reports that a record 12.4 million people – 60 percent of the Syrian population – are now

food insecure, according to the results of the nationwide food security assessment conducted in late 2020. 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, as families struggle to meet their basic needs. Estimates indicate that, as of early 2021, more than 13.4 million people remain in need within Syria, while more than 5.5 million continue to live as refugees in host communities throughout the region. It is estimated that over 6.1 million remain internally displaced (OCHA). Among those in need, close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Women and girls suffer the worst impacts of the 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 online harassment and sextortion, have also been observed in recent years.



Delivering basic healthcare services to women and girls in rural areas

"I suffer greatly on the road to Aleppo city and I often have to travel for long hours before I find a clinic that is able to tend to my family's health," explains Ammouna, a 27-year-old mother of four. "The costs of the treatments are also incredibly high."

Ammouna lives in Arran, located in northeastern rural Aleppo, where she works as a farmer. Her hometown lacks even the most basic life-saving and health services, forcing residents to travel to Aleppo city to receive urgent treatments – a long and arduous journey that, for pregnant women and girls, can also be rife with dangers.

When a UNFPA-supported health center opened in Arran, it offered Ammouna and many other women in the area some relief. In addition to making urgent treatments more

readily available, the presence of the center also alleviates the risks and costs of care and transport, allowing more residents to access essential health services and contributing to the overall quality of life within the community.

Ammouna had become a regular visitor of the centre during her pregnancy. She received regular check-ups, prenatal medicine and supplements, and maternity clothes. When her due date finally came, she also underwent a Caesarean-section at the centre that resulted in the safe delivery of her baby boy, Kareem. Since then, she and her children have consistently visited the centre for regular check-ups.

"We are illiterate women, so attending the awareness sessions was very valuable and helped us learn much about the basics of a healthy lifestyle" added Ammouna.

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	408,677	99%
Family planning consultations	148,754	99%
Normal and assisted vaginal deliveries	4,327	100%
C-Sections	4,454	100%
Ante-natal care consultations	208,312	100%
Post-natal care consultations	35,540	100%
People trained on SRH-related topics	549	88%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	123,578	95%
People reached with dignity kits	7,003	92%
People provided with GBV case management	9,815	99%
People reached with GBV awareness messages	262,924	97%
People trained on GBV-related topics	310	98%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	6,673	54%
People trained on youth-related topics	27	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	103,988	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	4,703	75%
Adolescent girls reached	66,787	100%



77

PRIMARY HEALTHCARE FACILITIES*



84

MOBILE CLINICS



45

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



6

YOUTH CENTRES



66,787

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.

THROUGH THESE TALKS I LEARNED HOW TO IMPROVE MY COMMUNICATION SKILLS, WHICH MADE ME MORE CONFIDENT AND OUTSPOKEN.

– SAMARA, an adolescent girl from northwestern Syria

During June 2021, the humanitarian situation in northwest Syria worsened. Food insecurity threatens 3.3 million people – nearly 80 percent of the total population in the area. Assistance sent by the United Nations via the Security Council authorized Bab Al Hawa border crossing has continued to reach 2.4 million Syrians on a monthly basis. This means that eight out of ten people in need in northwest Syria have continued to be reached through cross-border aid.

June witnessed the largest escalation of hostilities since the establishment of the cease-fire in March 2020, resulting in new displacements as people fled their homes in search of safety. OHCHR has reported that airstrikes and shelling killed at least 24 civilians (including nine women and six children) and injured 75 civilians (including 23 women and nine children) in June. On 12 June, an attack on the Al-Shifaa hospital in Afrin city in northern Syria (not managed by UNFPA, but by a UNFPA implementing partner) killed at least 19 civilians, including 3 children and four medical personnel. The emergency and delivery rooms were completely destroyed, in addition to parts of the outpatient department. The Al-Shifaa hospital is one of the largest medical facilities in northern Syria and provides an average of 15,000 medical services each month, including 350 new-born deliveries and 250 specialized surgeries.

At the end of June, around 157,878 COVID-19 tests had been conducted in northwest Syria, with a test positivity rate of 16.4 per cent. Since the beginning of the pandemic, 25,890 cases have been confirmed (13,807 in the Idleb area and 12,756 in northern Aleppo governorate) with 714 reported associated deaths. The percentage of current cases among healthcare workers is 7.9 per cent, encompassing nurses, doctors and midwives, while a further 5.4 per cent are auxiliary workers in the health sector. Critical funding gaps remain in the COVID-19 response as well as the vaccination campaign, which depends on sustained cross-border access for supplies.



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	91,685	90%
Family planning consultations	26,297	100%
Normal and assisted vaginal deliveries	11,101	100%
C-Sections	3,399	100%
Ante-natal care consultations	62,275	100%
Post-natal care consultations	29,913	100%
People trained on SRH-related topics	146	88%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	77,187	74%
People reached with dignity kits	14,525	100%
People provided with GBV case management	1,297	99%
People reached with GBV awareness messages	51,342	68%
People trained on GBV-related topics	988	85%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,533	75%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	2,262	88%
Adolescent girls reached	23,458	100%



13

PRIMARY HEALTHCARE FACILITIES



15

WOMEN AND GIRLS' SAFE SPACES



13

EMERGENCY OBSTETRIC CARE FACILITIES



7

MOBILE CLINICS



23,458

ADOLESCENT GIRLS REACHED



2,533

PEOPLE REACHED WITH CASH AND VOUCHER ASSISTANCE

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

General Update

As of June 30, Turkey registered around 5.4 million cases of COVID-19, including 50,000 fatalities and 5.3 million recovered cases. According to the Ministry of Health (MoH) official data, the average number of daily (new) cases during the last week of June dropped down to 5,400.

As of June 30, Turkey had administered over 49 million doses of COVID-19 vaccines since the launch of the mass vaccination campaign in January. More than 34 million people have received their first doses, while over 15 million – one in four people – have been fully vaccinated.

Refugees and migrants continue to face countless challenges accessing COVID-19 vaccines. Since the start of the pandemic, public institutions as well as local NGOs have implemented. Despite the various COVID-19 awareness campaigns launched by public institutions, limited internet access among refugee communities has presented a number of barriers in terms of access, including language barriers, vaccine hesitancy, and fears of deportation when accessing public health services. To facilitate access, family health centres have begun providing the vaccines as of June 8.

Programme Update

As part of normalization measures amid falling COVID-19 numbers, Turkey eased several measures following the success of a strict 17-day lockdown. UNFPA and implementing partners in June maintained a mixed working modality, providing online and face-to-face services health and protection counselling and support to all refugees in need based on their requests.

In order to ensure that the protection and health services are tailored to beneficiaries' needs and specific vulnerabilities, online in-service training sessions were provided to service unit staff on diverse topics. Specialized in-service trainings were organized on (i) provision of health and protection services for KRGs, (ii) translation support for the psychosocial service provision, and (iii) provision of socio-economic empowerment activities.

In June, in order to strengthen access to justice services within refugee communities, UNFPA started an e-learning program for 34 legal professionals from bar associations. The aim of the e-learning program was to raise awareness about the specific needs of key refugee groups; provide accurate information on the issues that key refugee groups come into contact with, such as HIV, gender-based violence, gender transition; communicate the challenges KRGs face in access to justice and present the approached to be followed while providing legal counselling or support to KRGs. The training was provided through a hybrid education model, combining the self-paced session provided through the UNFPA Turkey's education management system with online sessions where participants had the opportunity to receive lessons in real time on various topics.

Meanwhile, a capacity building training was provided for 143 Ankara municipal police officers on gender and GBV. The aim of the training was to increase municipal police officers' knowledge on gender and GBV issues (eg. gender equality, GBV types, prevention of sexual exploitation and abuse) and inform about available response and support mechanisms.

Helping girls reach their full potential

At 16, Rashieka believed she'd found love. She was engaged to a 25 year old man and intending to marry him, despite the objections of her family, who believed she is too young to wed wanted her to continue her education.

Rashieka, on the other hand, disliked school. Having suffered setbacks due to the crisis in Syria, she attends 6th grade and often feels uncomfortable being around her younger classmates.

Rashieka's mother was concerned. While she understood some of the insecurities her daughter faced, she was distraught that she was unable to change her mind and so decided to take her to a UNFPA-supported Safe Space in the area.

The health mediator at the Safe Space listened to Rashieka and explored the topic with her from multiple perspectives, including her own. She also attempted to illustrate a few key points to her, including the fact that underage marriage is actually illegal in Turkey. She explained that child marriage had become a common coping mechanism for many Syrians communities after the crisis, particularly given the worsening economic conditions. She also outlined the risks, including that of early pregnancy, which could place her life in danger. She also helped Rashieka see the issue from her mother's vantage point and to understand that their concern stems from their love for her and their desire to see her reach her full potential.

At the conclusion of the sessions, Rashieka began to see that it was her fiancée who was putting undue pressure on her to marry at such a young age. She was also able to discuss and address a number of issues that negatively coloured her view of school and education, which in turn renewed her commitment to her own future. She agreed to postpone the marriage and refocus her priorities until she comes of age.

"I am happy to have met you," she told the team at the centre. "You opened new doors for me and helped me see the situation from a different angle."



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	14,592	76%
Family planning consultations	1,419	100%
Ante-natal care consultations	1,184	100%
Post-natal care consultations	218	100%
People trained on SRH-related topics	309	74%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	26,178	60%
People reached with dignity kits	22,833	56%
People provided with GBV case management	34	97%
People reached with GBV awareness messages	10,164	69%
People trained on GBV-related topics	1,304	58%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	6,328	87%
People trained on youth-related topics	524	82%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,935	59%
Adolescent girls reached	4,182	100%
LGBTQI+ individuals reached	2,489	46%



4

PRIMARY HEALTHCARE FACILITIES *



4

WOMEN AND GIRLS' SAFE SPACES



4

YOUTH CENTRES



4,182

ADOLESCENT GIRLS REACHED



6

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.

Note: The Lebanon Country Office is in the process of restructuring existing reporting workflows with partners. As such, data for May and June is as yet unavailable.

WHEN WE COME TO THIS SAFE SPACE, WE GET AWAY FROM THE ISOLATION WE ARE BOUND TO AT HOME. WE MEET NEW PEOPLE WHO TRULY ACCEPT US AND WE LEARN NEW THINGS.

– a woman with disability from Idleb, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	342	100%
Normal and assisted vaginal deliveries	76	100%
People trained on SRH-related topics	122	74%

GENDER -BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,087	100%
People reached with dignity kits	4,622	100%
People provided with GBV case management	19	100%
People reached with GBV awareness messages	4,304	97%
People trained on GBV-related topics	422	92%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	51	92%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	6	50%
Adolescent girls reached	563	100%



2

PRIMARY HEALTHCARE FACILITIES *



2

WOMEN AND GIRLS' SAFE SPACES



563

ADOLESCENT GIRLS REACHED

Programme Update

Following the lifting of the country's nationwide lockdown in April, the unprecedented economic crisis that Lebanon is facing remains critical. This has resulted in increasing unemployment levels to double-digit figures and youth unemployment to more than 35 percent. The poverty rate is estimated to have exceeded the threshold of 55 percent, leaving thousands of households barely surviving on the minimum wage (equivalent to around 54 US\$ in May 2021).

The economic situation and rapidly increasing poverty level continued to expose the most vulnerable to the risk of abuse and exploitation and to generate additional barriers to access services. According to GBV sector partners, women and girls are facing challenges in accessing food and basic goods, paying for their accommodation, and accessing services, including SRH and MH-PSS services.

Lebanon's highly privatized healthcare system was already a significant barrier for the country's most vulnerable people, who struggled to access affordable care. The country continues to face a growing shortage of medical supplies and essential medicines (such

as those used to treat chronic diseases), leaving the most vulnerable people at risk, even laboratories of hospitals refrained from doing lab tests for outpatients. Also doctors were requested to refrain from requesting long list of tests as there are shortage of lab reagents and hospitals are mostly conducting lifesaving and urgent medical operations and refraining from elective surgeries

In these circumstances, UNFPA and partners, in line with Government and inter-agency guidelines, continued providing support through remote modalities of service delivery expect for life saving interventions (such as the provision of life saving medical care or for high risk and urgent GBV cases in need of immediate support).

Among the activities conducted remotely, partners continued the subsidization of SRH services as well as awareness raising on RH and referral to care, COVID-19, and facilitate individual and groups mental health and psychosocial support sessions. Activities conducted in presence included the deployment of medical mobile unit that provided medical care to persons in need.



JORDAN COUNTRY OFFICE

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



UNFPA Jordan marked the International Day for the Elimination of Sexual Violence in Conflict (June 19) with an activity featuring 12 Syrian adolescent girls and young women living in Zaatari Camp. The activity encouraged participants to speak out against conflict-related sexual violence (CRSV) and amplify the voices of CRSV survivors through arts. Participants produced drawings and a poem that were published on social media. A radio interview with UNFPA Jordan Head of Office also highlighted the work UNFPA is doing as part of the UN Action against CRSV.

Meanwhile, UNFPA continues to support the only dedicated Youth Centre in Zaatari Camp providing adolescents and youth (aged 12-30 years). The center opened for Syrian

Refugee Youth during June in line with the new regulations by Camp Management. The center focuses on youth sexual and reproductive health (SRHR), gender-based violence, youth peer-to-peer education and empowerment, and providing youth participation platforms through youth-led initiatives. All new youth mentors participate in a one-week mandatory training course on SRHR and GBV. In addition to accessing recreational activities of sports, music, art, library, and film making.

The opening of the center was marked by a celebration of World Refugee Day led by youth on June 22. The theme focused on celebrating Syrian rich culture by paintings, food, traditional outfits, music and theater.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	48,121	100%
Family planning consultations	12,580	100%
Normal and assisted vaginal deliveries	556	100%
Ante-natal care consultations	18,283	100%
Post-natal care consultations	2,189	100%
People trained on SRH-related topics	83	93%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	23,092	88%
People provided with GBV case management	1,384	90%
People reached with GBV awareness messages	10,996	89%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	5,391	62%
People trained on youth-related topics	46	68%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	90	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	337	98%
Adolescent girls reached	6,840	100%



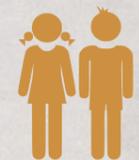
16

PRIMARY HEALTHCARE FACILITIES*



19

WOMEN AND GIRLS SAFE SPACES



1

YOUTH CENTRES



257

PEOPLE WITH DISABILITIES REACHED



1

EMERGENCY OBSTETRIC CARE FACILITIES



6,840

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.

IN THE END, ALL YOU CAN DO IS ENDURE AND PROTECT THOSE YOU LOVE. I HAD TO MAKE DIFFICULT DECISIONS AND CREATE RIFTS WITH FAMILY MEMBERS TO DO THAT.

– MANAR, a survivor of family violence from Damascus, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual reproductive health services	1,707	100%
Family planning consultations	15,735	100%
Normal and assisted vaginal deliveries	659	100%
C-Sections	73	100%
Ante-natal care consultations	6,215	100%
Post-natal care consultations	3,216	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	637	100%
People reached with dignity kits	498	100%
People provided with GBV case management	142	100%
People reached with GBV awareness messages	15,177	92%
People trained on GBV-related topics	700	65%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	1,839	57%
People trained on youth-related topics	47	23%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	978	99%
Adolescent girls reached	1,081	100%



4
PRIMARY HEALTHCARE FACILITIES*



4
WOMEN AND GIRLS' SAFE SPACES



2
YOUTH CENTRES

EGYPT COUNTRY OFFICE

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



1,190
PEOPLE REACHED WITH SRH SERVICES



5,200
PEOPLE REACHED WITH GBV PROGRAMMING



339
ADOLESCENT GIRLS REACHED

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	1,190	94%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	5,200	98%
People provided with GBV case management	1,466	98%
People reached with GBV awareness messages	1,343	86%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	7	100%
Adolescent girls reached	339	100%

As of June 2021, operations are resuming gradually within Safe Spaces with more physical vocational trainings organized, public activities to celebrate World Refugee Day (theater performances in Damietta) and increased number of awareness sessions on reproductive health for women organised.

During June, UNFPA supported safe spaces continued 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 (CARE, Etijah and the Ministry of Youth and Sports) to make sure that safe spaces continue to operate beyond the programmatic cycle. While COVID-19, social distancing, and lockdowns 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.

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 humanitarian assistance for GBV 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 June, the GBV Sub Cluster and Cash Working Group continued to strengthen activities through the established Task Force for northwest Syria. Jointly developed SOPs were presented as a best practice during an event organized by the 'Global Protection Cluster Task Team on Cash for Protection'. The SOPs set out to, inter alia, establish a common understanding of the procedures and critical touchpoints between GBV and CVA partners throughout case management, in addition to enhancing the overall quality of lifesaving CVA programming for GBV survivors and other at-risk groups.

Meanwhile, in collaboration with the 'GBV IMS Global Technical Team', the GBV Sub Cluster organized a three-day workshop with six GBV-specialized Data Gathering Organizations currently implementing GBV IMS+. UNICEF, as a member of the 'Global GBV IMS Steering Committee', also participated. A total of 19 participants took part in the active discussions. The workshop set out to agree on key points related to procedures for safely and ethically sharing, at the interagency level, data related to reported GBV incidents. The outcomes of the workshop will inform the Information Sharing Protocol, which will enable interagency sharing and joint analysis of GBV trends.

In Turkey, UNFPA continued its efforts to strengthen mental health and psychosocial support (MHPSS) coordination, considered one of the most important elements of the well-being of the refugee and migrant population. In addition to facing tough living conditions, recent natural disasters in Turkey (earthquakes, floods, and avalanches) have affected all population groups and revealed the importance of effective implementation of MHPSS services in emergency situations. The COVID-19 pandemic increased the perception of threat and stress response

on the population, leading to chronic anxiety. During the National Protection Working Group, participants from 32 organizations reiterated the importance of MHPSS services that was identified as one of the critical protection concerns that have been significantly impacted during the COVID-19 pandemic. Participants agreed that continuing MHPSS services in a way that reaches all segments of society is an indispensable element of response services during the pandemic period.

To ensure that key refugee groups (KRGs) receive services tailored to their needs, UNFPA developed two guides on provision of MHPSS and Legal Counselling and Support for KRGs and started their dissemination among different coordination groups, like Southeast Turkey GBV Subworking Group, Istanbul KRG Thematic Coordination Group, etc. The guide addresses psychopathologies of KRGs, protection and health risks, working with interpreters during MHPSS sessions, etc. The KRG Legal Support Guide aims to build capacity of legal professionals on refugee legal rights in Turkey, KRG protection risks, communication techniques with KRGs, challenges faced by KRGs in accessing legal mechanisms in Turkey, etc.

As the co-chair of the PSEA Network meeting (operational at Ankara level), UNFPA translated into Persian the PSEA posters and leaflets prepared by the group. Also, the group prepared the sample design templates for the No Excuse Cards visuals and UNFPA volunteered to prepare the PDF designs for the No Excuse Cards for the agencies who cannot complete this task and require external support.

In Jordan, the GBV Subworking Group developed a guidance note on COVID-19 vaccination and implications for gender-based violence prevention and response, which was launched on World Refugee Day. The document aims at ensuring equitable and safe access to COVID-19 vaccination for everyone with a specific focus on women and other marginalized groups. It sheds light on the gender barriers and GBV risks in Jordan context and provides recommendations for GBV practitioners, health service providers and the government. Moreover, the document includes key messages that tackles GBV services, Amaali applicaion, PSEA and gender equality. Guidance note is available in [English](#) and [Arabic](#).

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

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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), Monastery of St. James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Commission for Family Affairs and Population, SCS, SEBC, OCHA / SHF, UNICEF, WFP, UNHCR, ILO, UNDP, UNHCR.

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

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women's Union (JWU), the National Council for Family Affairs (NCFA), National Women's Health Care Center (NWHCC), Youth Peer Education Network (YPEER), Questscope, International Rescue Committee (IRC), Royal Health Awareness Society (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 Centre Foundation); Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PYD (Positive Life Association); Red Umbrella; 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 Masrart (Ihsan), Maram (SAMS), Women's Support Association (SEMA) and Hope Revival Organization (HRO) (SEMA).



DEVELOPED BY THE
UNFPA REGIONAL SYRIA
RESPONSE HUB

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RELEVANT RESOURCES

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