



UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 109

SEPTEMBER 1-30 2021

As of September 2021, the situation in Syria continues to worsen, further complicated by a deteriorating 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. 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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SEPTEMBER 1-30 2021

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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.

SITUATION OVERVIEW

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

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



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

After more than a decade, the crisis in Syria is worse than it has been in years. Protracted instability and disruptions in community networks, a worsening economic crisis, water crisis and other impacts of climate change, and the COVID-19 pandemic have converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of Syrians at risk.

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. As of July 2021, the situation in Syria remains critical. The combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks have rendered the challenges substantial and the needs high. Adding insult to the injury, COVID-19 has further exacerbated 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 – now even worse after the pandemic – has exacerbated many of the risks faced by individuals, families, and communities.

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.

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, 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.

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 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 August 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 10,944,231 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 coronavirus may trigger additional restrictions as colder winter months approach.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
	34,205	7,154,070	624,230
	JORDAN	IRAQ	EGYPT
As of September 30, 2021	823,919	2,003,303	304,504

AS A WOMAN, I WAS SHOCKED BY HOW QUICKLY THINGS BECAME WORSE FOR WOMEN AND GIRLS AFTER MORE THAN TEN YEARS OF DISPLACEMENT, INJUSTICE, AND LOSS.

– MARAM, 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, LEBANON, JORDAN, IRAQ, AND EGYPT.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual & reproductive health services	798,585	96%
Family planning consultations	308,228	99%
Normal and assisted vaginal deliveries	25,771	100%
C-Sections	12,329	100%
Ante-natal care consultations	442,450	100%
Post-natal care consultations	94,353	100%
People trained on SRH-related topics	8,251	87%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	357,923	84%
People reached with dignity kits	124,915	89%
People provided with GBV case management	22,890	98%
People reached with GBV awareness messages	505,956	90%
People trained on GBV-related topics	5,952	74%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	39,052	65%
People trained on youth-related topics	1,351	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	130,228	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	15,122	75%
Adolescent girls reached	148,323	100%
LGBTQI+ individuals reached	2,991	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.



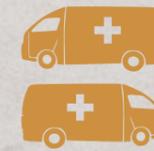
140
PRIMARY HEALTHCARE FACILITIES*



106
WOMEN AND GIRLS SAFE SPACES



20
YOUTH CENTRES



111
MOBILE CLINICS



34
EMERGENCY OBSTETRIC CARE FACILITIES



148,323
ADOLESCENT GIRLS REACHED



15,122
PEOPLE WITH DISABILITIES REACHED



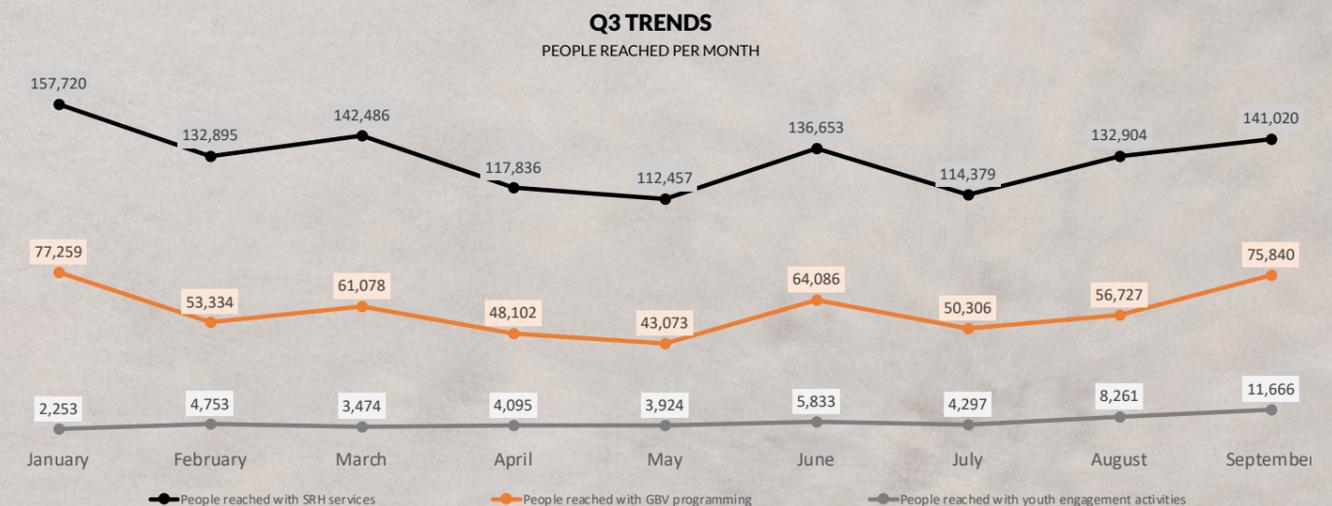
2,991
LGBTQI+ INDIVIDUALS REACHED



130,228
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 pandemic takes a toll

Data suggests that the pandemic is peaking in the northwest Syria, with a 61 per cent positivity rate. Since mid-August, COVID-19 cases have risen sharply. By the end of September, a total of 74,750 confirmed cases were recorded, including 34,184 cases during the sole month of September. In total, 1,311 COVID-19 associated deaths have been reported. All districts in the northwest have remained high or very high risk areas. Infection rates and vaccination hesitancy has remained high among frontline health workers. Vaccine hesitancy has also persisted among the population. Vaccination coverage is around three per cent. Close to 500,000 doses has been delivered to northwest Syria, yet only around 160,000 jabs have been given as of end of September. UNFPA Implementing Partners (IP) have continued to provided awareness raisings sessions to clarify probable side effects, correct misconceptions, and address vaccination related concerns.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	681,797	97%
Family planning consultations	269,581	99%
Normal and assisted vaginal deliveries	23,986	100%
C-Sections	12,256	100%
Ante-natal care consultations	402,426	100%
Post-natal care consultations	87,323	100%
People trained on SRH-related topics	1,491	90%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	272,091	87%
People reached with dignity kits	60,441	98%
People provided with GBV case management	17,674	99%
People reached with GBV awareness messages	442,314	91%
People trained on GBV-related topics	2,166	83%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	20,153	59%
People trained on youth-related topics	27	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	130,026	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	10,159	76%
Adolescent girls reached	124,387	100%



95

PRIMARY HEALTHCARE FACILITIES *



54

WOMEN AND GIRLS SAFE SPACES



13

YOUTH CENTRES



89

MOBILE CLINICS



32

EMERGENCY OBSTETRIC CARE FACILITIES



124,387

ADOLESCENT GIRLS REACHED

SYRIA COUNTRY OFFICE

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

‘AS THOUGH I HAVE BEEN REBORN’

DESPITE HER DISABILITY, DUHA STRIVES TO ACHIEVE HER DREAMS



“I have always longed to hear the sounds that others may take for granted,” explains Duha, a 15-year-old girl with a hearing disability who lives in rural Damascus. “Sounds like rain falling on the ground and the chirping of birds — they always seem to be in the midst of a vibrant argument, and I find myself wishing to be able to join and even settle their disputes. I see people brimming with joy at these sounds and find myself constantly curious.”

A girl with a hearing disability often encounters a multitude of unique experiences. After all, merely being a girl carries the inherent risk of exposure to gender inequalities, gender-based violence, and various forms of exploitation, and a disability only compounds those risks. Forming the right connections is also a constant challenge as discrimination creeps into social interactions, even among those she would likely trust with her life. Some of her friends may choose to abandon her, finding non-verbal communication more difficult than they can handle.

As Duha explains, she attempts to verbalise her words, fully committed to expressing herself flawlessly. When she hesitates, she continues in sign language. “It saddens me greatly that I find it difficult to make friends and that I am constantly bullied during routines that others may find uneventful, such as going to the market, walking down the street, or at public gatherings.”

Growing up, Duha’s mother would seldom leave her side. She sought to shield her from a world that regarded her as an inconvenience. “She seldom leaves my side because she is afraid that I would get lost or be further ridiculed by my own friends. My constant tears broke her heart because she saw my own heartbreak, particularly when I observed the judgemental

looks people gave me, which would alternate between revulsion and pity.”

“IT SADDENS ME THAT I FIND IT DIFFICULT TO MAKE FRIENDS AND THAT I AM CONSTANTLY BULLIED DURING ROUTINES THAT OTHERS MAY FIND UNEVENTFUL.”

Duha’s mother had learned of the women and girls’ safe space near her village and hoped that it may be the opportunity her daughter longed for, especially given the fact that sign language was among the courses on offer at the space. “As soon as she heard about it, she discussed it with me and we decided together to give it a try.”

We got to know Duha during her visit to the space. We scheduled her for a session with a case manager, during which her remarkable personality was revealed to us. She spoke to us with great enthusiasm and resilience of the challenges she faced and the feelings they have cultivated. She also told us in detail about her desire to learn new skills, particularly in the fields of fashion and beauty, as well as her hope for a better future. By the time the session had concluded, she was registered for a literacy course and had made plans to join the beauty course as well.

“Safety, support, participation, and emotional release — sometimes they are more important than being able to speak or hear,” remarked Duha, now well into her journey of self-discovery at the Safe Space. “You gave me the chance to live a different life, to experience joy, and to have a renewed faith in my own abilities. I feel as though I have been reborn.”

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	549,780	99%
Family planning consultations	232,113	99%
Normal and assisted vaginal deliveries	6,968	100%
C-Sections	7,097	100%
Ante-natal care consultations	307,598	100%
Post-natal care consultations	50,447	100%
People trained on SRH-related topics	1,175	90%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	155,936	95%
People reached with dignity kits	9,545	88%
People provided with GBV case management	15,817	99%
People reached with GBV awareness messages	371,759	96%
People trained on GBV-related topics	445	98%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	20,153	59%
People trained on youth-related topics	27	52%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	127,304	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	7,032	71%
Adolescent girls reached	89,168	100%



82

PRIMARY HEALTHCARE FACILITIES*



39

WOMEN AND GIRLS SAFE SPACES



13

YOUTH CENTRES



82

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



89,168

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. With an internally displaced population of 2.8 million, approximately 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. 97 per cent of people live in extreme poverty (they are part of a household where each individual lives below \$1.90 per person per day).

Coupled with the low purchasing power of the Syrian Pound families are struggling to meet their most basic needs. In September, hostilities have continued with increased airstrikes along the frontlines in southern Idlib, especially in the Ehsem sub-district. At least nine civilians (including three women and four children) were killed and 28 civilians (seven women and 10 children) were injured in airstrikes or shelling. 11 improvised explosive device and unexploded ordnance incidents killed at least four civilians and injured at least 28 civilians (including two women and seven children).

Programme Updates

Following the 2020 UNFPA regional impact assessment, the most requested improvement from surveyed beneficiaries was to increase income-generating activities (IGA) offered at the Safe Spaces. UNFPA partners have started to roll out IGA with linkages to employment / earning capacity, and with a focus on vulnerable women, including those with disabilities, women heads of household, and separated/widowed women.

To date, 51 women have been identified to receive IGA. Partners have provided training for beneficiaries on business capacity development and establishing and managing small businesses. Business proposals developed by the beneficiaries have included, inter alia, clothes trade, food projects, hairdressing, and detergent sales.

All partners have developed standard operating procedures, with support from UNFPA, which have guided them on project implementation, including aspects such as eligibility/priority criteria. The objective of the activity, which is planned to continue through the remainder of 2021, is for beneficiaries to achieve a level of economic independence, which would contribute to GBV prevention and mitigation. IGA projects are also in line with early recovery projects as called for in United Nations Security Council Resolution (UNSCR) 2585 (2021).

UNFPA partners have provided 2,722 gender-based violence survivors with cash assistance in support of the implementation of their individual safety plan in the framework of case management. UNFPA partners 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.

Cash assistance is given to a respective survivor based on the needs identified in the context of the survivor's case management and safety plan. Such needs can cover food, clothing, winterization, medicines, transport, and shelter/relocation. In line with the endorsed Guidance, it is mandatory that IPs 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, which in most cases is not delivered in the form of direct cash but rather as a service identified in the safety plan.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	132,017	89%
Family planning consultations	37,468	100%
Normal and assisted vaginal deliveries	17,018	100%
C-Sections	5,159	100%
Ante-natal care consultations	94,828	100%
Post-natal care consultations	45,091	100%
People trained on SRH-related topics	316	91%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	116,155	76%
People reached with dignity kits	50,896	100%
People provided with GBV case management	1,857	99%
People reached with GBV awareness messages	70,555	68%
People trained on GBV-related topics	1,721	79%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,722	77%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	3,127	86%
Adolescent girls reached	35,219	100%



13

PRIMARY HEALTHCARE FACILITIES



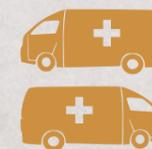
15

WOMEN AND GIRLS' SAFE SPACES



13

EMERGENCY OBSTETRIC CARE FACILITIES



7

MOBILE CLINICS



35,219

ADOLESCENT GIRLS REACHED



2,722

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 September 30, Turkey registered around 7,39 million cases of COVID-19, including 65,778 fatalities. According to official data, the number of average daily cases for the last week of the month was 27,682 cases. As of September 27, according to Turkey had administered more than 108,3 million COVID-19 vaccine doses since it launched a mass vaccination campaign in January. More than 70 percent of the population is fully vaccinated, while provinces with high refugee population densities continue to show lower vaccination rates, including Sanliurfa, Diyarbakir, Mardin, Batman, Mus, and Bitlis.

It is worth noting that the awareness-raising sessions on vaccination organised by UNFPA Turkey have helped increase the number of vaccinated refugees in September.

Programme Update

In September UNFPA continued to provide uninterrupted sexual and reproductive health services and protection services, including prevention and response to gender-based violence 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.

With the generous support of the United States, UNFPA plans to extend the range of delivered services, with a focus on service units targeting key refugee groups, men and boys who are survivors of sexual violence, and refugees with disabilities. UNFPA is also in the process of recruiting additional medical personnel and is preparing to launch two new service units, including a shelter for women's shelter in Istanbul to service survivors of gender-based violence and a Health and Social Support Center for migrant women and youth in Sanliurfa.

Moreover, the number of mobile service units in Ankara and Konya increased from 6 to 10 MSUs. These units continue to provide sexual and reproductive health services, protection, and other health services, including information dissemination on COVID-19.

As in previous months, to ensure that the services are provided based on the needs and vulnerabilities of those served, UNFPA helped train partner staff on a variety of essential skills, including serving people with disabilities; psychosocial sessions, personal privacy, digital violence; serving survivors of sexual violence, among others. Nurses and interpreters from the service units were trained on the challenges accessing reproductive health services, vaccination for pregnant women, and postpartum care during the COVID-19 pandemic, while 136 health professionals working in migrant health centers were trained on family planning counselling.



No matter what, I will send my daughter to school!

Today, Syrian women are among the most vulnerable groups that are heavily exposed to child marriage in Turkey, which hosts the largest refugee population in the world at nearly 4 million. This harmful practice negatively affects them as much as other women in terms of their access to health and education as well as their economic and social empowerment.

Reyhan was only 15 when she got married and gave birth to her first child shortly thereafter. She had migrated to Turkey from Syria with her family five years ago and currently lives in Izmir. She never really wanted to get married; her dream was to continue her education. Unfortunately, like other girls forced to become mothers, she couldn't revive her dream in Turkey given her household and childcare responsibilities.

Fortunately, Reyhan's life changed for the better when she walked into the UNFPA-supported youth center in her area.

"What impressed me the most was the training on gender, gender-based violence, women's rights, and child marriage, which really resonated with me."

Reyhan's story is quite similar to those of many other adolescent girls whose childhoods were taken by the responsibility of marriage and motherhood. "I was married when I was a child. I know what I have been through. When I was married, I was neither physically nor psychologically ready for it, but I could not really prevent it. I wanted to go to school but I couldn't do it because of the war and my family who didn't see the value in my education. I have experienced firsthand the harms described in the training – I'm only 24 but I feel like I am 50."

Reyhan says that she feels stronger for herself and her daughter now, thanks to the training she participated in at the center. Her biggest dream is to ensure her daughter will study: "No matter what, I will send my daughter to school. I know that, in this regard, I can get more support in Turkey. I will not let my daughter experience what I have been through."

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	16,935	76%
Family planning consultations	2,521	91%
Ante-natal care consultations	1,349	100%
Post-natal care consultations	257	100%
People trained on SRH-related topics	627	66%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	31,949	59%
People reached with dignity kits	29,826	56%
People provided with GBV case management	94	94%
People reached with GBV awareness messages	11,751	69%
People trained on GBV-related topics	2,074	63%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	8,100	87%
People trained on youth-related topics	806	85%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	2,858	58%
Adolescent girls reached	5,147	100%
LGBTQI+ individuals reached	2,973	46%



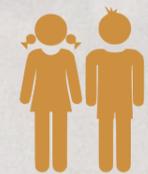
4

PRIMARY HEALTHCARE FACILITIES *



4

WOMEN AND GIRLS' SAFE SPACES



4

YOUTH CENTRES



5,147

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.

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	13,377	59%
Family planning consultations	1,009	99%
Ante-natal care consultations	1,795	100%
Post-natal care consultations	274	100%
People trained on SRH-related topics	10,348	50%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	5,740	87%
People reached with dignity kits	34,150	100%
People provided with GBV case management	478	100%
People reached with GBV awareness messages	7,017	96%
People trained on GBV-related topics	945	84%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	362	79%
People trained on youth-related topics	382	80%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	92	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	30	77%
Adolescent girls reached	1,669	100%
LGBTQI+ individuals reached	116	N/A



21

PRIMARY HEALTHCARE FACILITIES



15

WOMEN AND GIRLS' SAFE SPACES



7

MOBILE CLINICS

Situation Update

The situation in Lebanon remains volatile as multiple crises and challenges converge to place lives at risk. Following a 13-month hiatus, a new government has been successfully formed under the leadership of Lebanese prime minister Najib Mikati and has won the confidence vote in parliament.

Meanwhile, Lebanon continues to suffer the mounting impacts of fuel and power shortages, a spiraling decline in the values of the Lebanese currency, mounting social tensions, and an alarming increase in COVID-19 cases throughout the country. People accessing UNFPA services continue to report difficulties related to the cost of transport and the escalating prices of food and other essentials. Even people eligible for cash and voucher assistance are facing enormous difficulties when attempting to redeem their disbursements as banks have significantly shortened their working hours due to lack of power, transportation, and internet connectivity. UNFPA Lebanon is attempting to offset some of these challenges via a cash for transportation programme.

COVID-19 has considerably exacerbated the complex situation in the country, compounding vulnerabilities among the most marginalized population groups such as older persons, refugee communities, and women and girls suffering gender-based violence or requiring urgent reproductive health services. Field monitoring shows that incidences

of gender-based violence have increased throughout the pandemic and following the aftermath of the Beirut Port blast in August 2020, which pushed the situation in the country past its breaking point. In addition to impeding access to essential services, the pandemic has also accelerated unemployment and the collapse of the financial system, further fueling the risks of intimate partner and family violence against women and girls.

Despite these challenges and the long hiatus in government, UNFPA has been able to maintain its life-saving operations throughout the country, working directly with partners to ensure that the most urgent needs are being met. Additional interventions consisted of executing capacity development for health care providers and developing knowledge products covering core skills, particularly in core areas such as sexual and reproductive health and gender-based violence response. The formation of a new government will also help to offset some of the impact this hiatus has had on funding streams, which had thus far impeded longer-term planning. It is also expected that the formation of a new cabinet will be followed by substantial reform plans with concrete action points, which will hopefully encourage additional foreign aid.

'THEY NEED TO LEARN THAT BOYS AND GIRLS HAVE THE SAME RIGHTS'

Alia was quite young when she and her family fled the violence in Syria. Today, she is 13 years old, and recalls little of that harrowing journey. "I can't remember anything about Syria," she explains. "I just remember when we settled down in our house in Lebanon."

Alia used to go to school with her two brothers. "It was the best time for me because I didn't have friends for so long and I was entertained at school. But then COVID-19 started to spread, and schools were shut down."

Alia felt desperate throughout the lockdowns and closures. She was barely able to attend online classes given the high cost of internet connectivity in Lebanon and longed for the social interactions that were denied her following the restrictions. "I began to forget everything and felt useless. The only bright side about school closure was helping my mother with chores and spending time with my two brothers and younger sister."

Restricted to their one-room apartment, Alia began feeling uncomfortable around her two brothers, describing similar experiences as those reported by women and girls throughout the pandemic — a time that saw a marked rise in the risks of gender-based violence, particularly family and intimate partner violence.

"They kept forcing me to help my mom with household chores and never let me play with them. Even when I complained about school closures, they told me that I shouldn't worry because school was not important for me as a girl."

For months, Alia had so many questions about her role in life but couldn't even approach her mother to speak to her about her concerns. Hanan, Alia's mother, quickly began noticing that the stress of these experiences was impacting her daughter significantly. "Something was wrong with my child because she was not talking to anyone anymore," she recalls.



Hanan had heard from neighbours about the awareness sessions conducted at a UNFPA-supported facility in her area and decided to attend with Alia, hoping this would provide at least some form of support, especially given the positive feedback she had heard from women and girls in similar situations. To her pleasant surprise, even an initial visit made a difference.

"The sessions were quite diverse," recalls Alia. "We learned about important topics like recycling, girls and women's empowerment, and the anatomy of our bodies as adolescents. They even gave me a bag full of dignity kits and I found it all so exciting."

After several sessions, Alia's life drastically changed. She now feels more comfortable expressing herself and has found an environment where she was able to perceive her own value as an individual. The sessions also helped her cultivate her own approach for dealing with her domineering brothers. "I've spoken to them about the sessions and the things I've learned. They need to learn that girls and boys have the same rights and should be treated equally."

JORDAN COUNTRY OFFICE

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

IN SEARCH OF HEALING AND PURPOSE

DESPITE RECURRENT TRAUMAS, DALIA FINDS THE WILL TO WORK TOWARDS A BETTER LIFE.



"I started to look for job opportunities as soon as I arrived at the Azraq camp," recalls Dalia, a 35-year-old mother who loves languages, filmmaking, and crafts. "I needed to feel normal again, to earn some money, charge my phone, talk to my family and friends, and afford some basic necessities."

After a stray bullet killed her 16-year-old sister while she slept, Dalia decided to leave her hometown of Homs in search of safety. She left with her husband Mohammad and five children, moving from one neighbouring city to another for four years before finally settling in Azraq Camp in Jordan.

"It took us three days to get to the border, and then three months of waiting there, living in a tent made of blankets," recalls Dalia. "The experience was traumatic, particularly the extended uncertainty. Since then, I have had frequent nervous breakdowns."

The camp was not an easy place to live in for Dalia. Securing basic needs such as food and water proved to be a herculean task that required transporting heavy containers from the main water tanks to their caravan, all the while contending with frequent droughts, heatwaves, and dust storms. Even harsher were the job prospects, which rendered the family barely able to scrape by. Still, she persevered, clinging on to the hope that the world will not abandon her children to starve.

It was nearly two years ago that Dalia walked into UNFPA-supported Safe Space at the camp. The space provides an environment where women and girls can socialise, cultivate various skills, and recover from the consequences of violence and trauma.

Counselling and other services help promote better mental health and psychosocial resilience through recreational activities, stress management, training, and awareness activities.

"I heard about the centre from a friend. She told me about the services and activities and I felt I needed these to recover from all the traumas I had experienced on my journey from Syria," recalls Dalia. She enrolled in crochet, beauty skills classes, and psychosocial support sessions. "I loved working with wool and being able to create," said Dalia. "I actually enjoyed all of the activities I tried. Even when there were no classes, the counsellor, Dina, constantly called me to check on my situation and well-being."

The psychosocial support sessions taught Dalia how to control and relieve her stress. Still, she wanted to find a sense of purpose, which she felt she had lost after being forced to flee her home. She came across a volunteering opportunity with a receptionist at the Safe Space and immediately seized the opportunity, becoming a key coordinator for some of the activities offered at the space. The transition was rewarding and helped her visualise a clearer path for herself moving forward.

Today, Dalia is confident that she is working towards more defined career goals. She is currently an English literature student, having enrolled in the distance learning program at the University of People in the United States. She dreams about moving to Europe to start a new life there.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	79,782	100%
Family planning consultations	17,561	100%
Normal and assisted vaginal deliveries	959	100%
Ante-natal care consultations	26,855	100%
Post-natal care consultations	3,368	100%
People trained on SRH-related topics	203	92%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	39,695	85%
People provided with GBV case management	2,039	91%
People reached with GBV awareness messages	19,733	82%
People trained on GBV-related topics	67	85%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	8,297	62%
People trained on youth-related topics	89	55%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	110	100%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	685	96%
Adolescent girls reached	10,768	100%



16

PRIMARY HEALTHCARE FACILITIES*



19

WOMEN AND GIRLS SAFE SPACES



1

YOUTH CENTRE



685

PEOPLE WITH DISABILITIES REACHED



1

EMERGENCY OBSTETRIC CARE FACILITY



10,768

ADOLESCENT GIRLS REACHED

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

As of September 2021, 2,188 COVID-19 cases had been confirmed among refugees and internally displaced persons (IDPs), including 103 fatalities. Improved coordination between humanitarian actors and government agencies has meant that both refugees and IDPs are eligible to register themselves on the online system and can receive a COVID-19 vaccine through Iraq's healthcare system. So far, over 13,675 refugees and IDPs have been vaccinated in throughout the country.

With the lifting of lockdowns and the easing of other COVID-19 restrictions by Iraqi authorities, UNFPA has recorded a slight decrease in the overall COVID-19-associated protection risks and challenges reported.

Nevertheless, the impact of the virus on displaced populations remains significant, and the number of individuals resorting to harmful coping mechanisms remains high. Protection monitoring activities suggest that the main concerns are related to access to livelihood opportunities and healthcare services. Challenges to reach persons of concern in certain locations, psychological trauma, stress and anxiety, the halt of education activities, and the rise of domestic violence, among others, have also been raised widely.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual reproductive health services	2,858	100%
Family planning consultations	17,556	100%
Normal and assisted vaginal deliveries	826	100%
C-Sections	73	100%
Ante-natal care consultations	10,541	100%
Post-natal care consultations	3,131	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,424	96%
People reached with dignity kits	498	100%
People provided with GBV case management	198	100%
People reached with GBV awareness messages	22,619	88%
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	1,377	99%
Adolescent girls reached	1,218	100%



4

PRIMARY HEALTHCARE FACILITIES*



4

WOMEN AND GIRLS' SAFE SPACES



2

YOUTH CENTRES

THE STRENGTH TO REBUILD

AFTER FLEEING HER SYRIA HOMETOWN IN SEARCH OF SAFETY, SAFIYA FOUND A FRESH START.



On one fateful morning at exactly four o'clock, 31-year-old Safiya and her family fled their Syrian hometown of Ras Al-Ain to Hasaka in search of safety. Her town was under heavy bombardment at the time, and she had to follow her maternal instinct to save her five children. They spent three months in an old school building, sleeping on the floor of one of the classrooms with no blankets or mattresses.

Before long, Safiya's family was forced to embark on another harrowing journey when the violence reached Hasaka. In January 2020, in an early cold morning, the family began a two-hour journey on foot to reach Kurdistan Region, a journey that felt like eternity.

The hardship did not end for her family when they arrived at Bardarash Camp in Duhok. Safiya was mentally exhausted and was desperate to find a way out of this crisis. Her extended state of anxiety affected her relationship with her husband and would sometimes lead to violence with her children.

This was around the time when she learned of the UNFPA-supported Safe Space in the camp. On her first visit, she observed a focus group discussion, listening silently to other women talking about their experiences. Later that day, the centre's social worker asked to speak to her in private.

"The journey is vivid in my memory," recalls Safiya. "I thought I will never have a home again, or the chance to live peacefully with my family, and I began telling her my story." The more she spoke, the easier it became to express what

she'd been feeling. She spoke of it all – the violence, the fear, the consequences to her and her family, and the bad shape in which the journey had rendered her marriage, now on the brink of divorce. She insisted to continue her psychosocial support sessions. She was also eager to invite her family along, hoping they'd benefit as well.

She also attended many educational courses, lectures, and recreational activities. As her condition improved, she sought greater positive change and began to widen her search for job opportunities. With the support of the Safe Space, she managed to find a job at a primary school at the camp.

"I needed to address my family's living conditions, but the job was more than just an income," she explains. "That opportunity gave me the strength I needed to rebuild myself again."

Soon enough, Safiya was able to save some money and open a small shop in Bardarash Camp, where she sells children and women's clothing. The experience has allowed her to feel empowered and to regain a semblance of control over a life interrupted by violence, poverty, and displacement.

"I hope that those who read my story are encouraged to take a step forward and rebuild themselves," said Safiya, who reports that her family is now enjoying the stability they have sought since the day they fled Syria.

EGYPT COUNTRY OFFICE

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



REPRODUCTIVE HEALTH

People reached with sexual / reproductive health

SINCE JANUARY % FEMALE

1,545 95%

GENDER-BASED VIOLENCE

People reached with GBV programming

People provided with GBV case management

People reached with GBV awareness messages

SINCE JANUARY % FEMALE

7,024 99%
2,407 98%
2,522 89%

SOCIAL INCLUSION

People with disabilities reached

Adolescent girls reached

LGBTQI+ individuals reached

SINCE JANUARY % FEMALE

13 100%
5,134 100%
18 100%

In September, UNFPA operations in Egypt continued as usual, with Safe Spaces remaining open and accessible to those in need. Safe Spaces continue practice preventative measures against COVID and means of protection are provided within. Several GBV awareness activities were delivered as prevention messages for migrants and refugees communities focusing on Domestic violence and discrimination based on gender. The sessions were attended by 334 participants. Meanwhile, sexual and reproductive health awareness sessions were delivered during September for 148 female beneficiaries. The topics varied between family planning and sexually-transmitted diseases.

Lastly, economic empowerment activities were provided at safe Spaces, including activities and courses designed for the rehabilitation of refugees specially women to be able to enter the labor market and integrate into society. Vocational training fulfills the refugees need for developing and transferring their practical skills in a way that suits market needs locally and nationally. The Economic Empowerment activities were implemented for 20 females in Sharkia (Al-shams safe space) and the training was on crochet and advanced Amigurumi. The sessions were attended by 50 females.

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 September, the draft Voices 2022 report has gone through two rounds of reviews and is now being reviewed by other sector's Whole of Syria coordinators for what concerns the section on GBV risks in other sectors. In the meantime, main findings and recommendations have been included in a [GBV Advocacy Brief](#) for 2022.

Meanwhile, in the framework of the MSNA, an analysis of protection-specific key informant interviews (KIIs) has been completed, with findings that mostly corroborate the qualitative findings gathered through the FGDs. The MSNA Household Survey data is still to be received by OCHA and analysis will follow.

The Whole of Syria GBV AoR also contributed to the development of the NES Water Crisis Response, with a specific focus on the NES and SYR hubs. Meanwhile, the 2021 Q2 Whole of Syria GBV [dashboard](#) has been updated to cover the period of January to June 2021, based on 4Ws reporting of GBV actors at the Whole of Syria level.

The Whole of Syria GBV AoR also started preparations with the Global GBV Community of Practice for an adolescent girls week, which will happen the week of the 11th October. The week will include two webinars to showcase the experience of the Whole of Syria Adolescent Girls Strategy, some of the good practices from the implementation of the Strategy and the launch of the In Her Words publication.

The Transcending Norms knowledge product, published in July 2021, was translated to Arabic and will be widely disseminated towards the end of October following review.

The replication of the Adolescent Mothers Against All Odds (AMAL) curriculum in Jordan and Lebanon through a South-South cooperation continued this month with a 6 half days training of trainers conducted by the leading Syrian NGO and with participation by UNFPA and one IP from Jordan and UNFPA and three IPs from Lebanon. After the training, the Lebanon team decided that only two of the three IPs will roll out the curriculum.

In the framework of the development of a new Knowledge Series guide on SRH-GBV integration, a draft of the product was produced which has gone through two rounds of review by the technical review group.

The Hub has also started the discussion for the replication of the [GBV M&E Toolkit](#) developed by the Turkey Cross-Border GBV SC to the Jordan and Iraq GBV coordination groups. The process is designed to replicate good practices in other countries, and will entail developing a technical review group comprised of UNFPA, Global Communities and the GBV coordinators in Jordan and Iraq; consultation with the GBV members of the coordination groups in the two countries to better understand the M&E tools and methods currently being used; adaptation of the toolkit based on contextual needs and roll out of the toolkit in the two countries. UNFPA is engaging with Global Communities in a technical partnership for this task given that, as co-coordinators of the Turkey Cross-Border GBV SC, Global Communities had been leading on the development of the original M&E toolkit.

In northern Syria, the GBV Sub Cluster delivered one advanced GBV Case Management Training in Afrin on 20-23 September, which was followed by individual on-the-job coaching and supervision sessions in the field, as well as one GBV Case Management Training in Gaziantep on 6-10 September. One experience exchange session on working with male survivors took place in Idlib on 29 September. The GBV Sub Cluster also organized a bimonthly online discussion with case managers in northwest Syria to discuss common challenges and share good practices related to case management of complex GBV cases. During the monthly GBV Sub Cluster meeting, partners reiterated how critical capacity development initiatives are to ensure quality prevention and response interventions.

In Turkey, the planning process for the 3RP 2022 response began in September. UNFPA will be appealing under health, protection and basic needs sectors like in previous years.

During the National GBV sub-working group meeting conducted on September 1, UNFPA provided a brief overview of trends in terms of GBV in Turkey as reported by partners, including reported increases in domestic and psychological violence, and shifting modalities of service delivery and information sharing by various organisations. In addition, UNFPA provided information sessions on the prevention of sexual exploitation and abuse, covering core principles, national protocols, among other key topics.

As the co-chair of the Istanbul Key Refugee Groups Thematic Coordination Group, UNFPA also presented to the members the upcoming training session on LGBTI children. Several key topics were discussed, including updates on recent programmes, issues with removal centers, third country resettlement processes, and GBV case management.

Lastly, UNFPA also contributed to the Health sector working group meeting that discussed the challenges faced by refugee and migrant refugees in getting access to health services.

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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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Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, the United Kingdom, USAID's Bureau for Humanitarian Assistance (BHA), and the US Department of State Bureau of Population, Refugees, and Migration (BPRM).

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), 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).



DEVELOPED BY THE
UNFPA REGIONAL SYRIA
RESPONSE HUB

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RELEVANT RESOURCES

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