



ISSUE# 107
JULY 1-31 2021

UNITED NATIONS POPULATION FUND
REGIONAL SITUATION REPORT
FOR THE SYRIA CRISIS

As of July 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. These stories also serve to underscore 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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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

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

The Syria crisis remains one of the largest and most complex crises globally, and it is far from over. More than a decade 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, flexible programmes.

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. The recent hostilities in Daraa are also contributing to additional displacements and protection needs, further exacerbating the risks for those in need.

The COVID-19 pandemic 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.

Meanwhile, 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. 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 continues 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 in the region.

COVID-19 Updates

As of July 31, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 8,694,568 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.

While countries throughout the region have lifted most restrictions, the emergence of so-called “variants of concern” such as the Delta variant continues to cause serious outbreaks worldwide and could potentially create further complications in service provision as the epidemiological situation in different countries evolves.

TOTAL CONFIRMED CASES	SYRIA	TURKEY	LEBANON
	25,963	5,425,652	561,380
	JORDAN	IRAQ	EGYPT
As at July 31, 2021	770,712	1,626,599	284,262

WHEN I SPEAK TO LOVED ONES IN SYRIA AND COUNTRIES AROUND THE REGION, A COMMON FEELING I OBSERVE IS DESPAIR AND A SENSE OF BETRAYAL BY THE WORLD.

— 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 and reproductive health services	634,804	97%
Family planning consultations	244,983	99%
Normal and assisted vaginal deliveries	19,506	100%
C-Sections	9,356	100%
Ante-natal care consultations	341,335	100%
Post-natal care consultations	75,252	100%
People trained on SRH-related topics	7,332	57%

GENDER-BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	277,459	84%
People reached with dignity kits	46,813	76%
People provided with GBV case management	16,119	98%
People reached with GBV awareness messages	396,768	91%
People trained on GBV-related topics	3,858	71%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	23,433	67%
People trained on youth-related topics	995	82%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	488,690	100%


SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	11,471	77%
Adolescent girls reached	114,570	100%
LGBTQI+ individuals reached	2,624	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.




130
PRIMARY HEALTHCARE FACILITIES*




100
WOMEN AND GIRLS SAFE SPACES




14
YOUTH CENTRES




109
MOBILE CLINICS



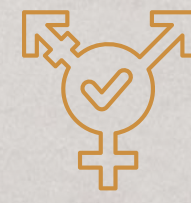
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EMERGENCY OBSTETRIC CARE FACILITIES




114,570
ADOLESCENT GIRLS REACHED



11,471
PEOPLE WITH DISABILITIES REACHED



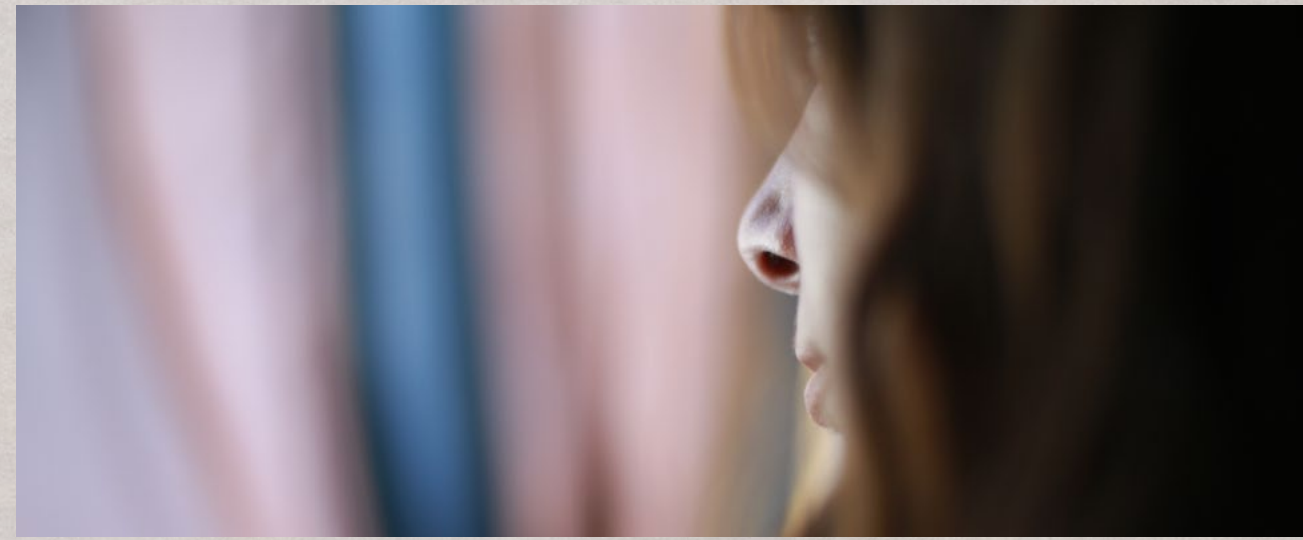
2,624
LGBTQI+ INDIVIDUALS REACHED



488,690
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.



'I do not want any woman to suffer what I have suffered.'

Samar – internally displaced woman in Aleppo

"One morning, I was on my way to work in the fields. With four children and one on the way, and only a tent to live in, I need money to feed my family. That morning I waited a long time on the road to find transport. A young man stopped. At the age of 41, I was old enough to be his mother, so I felt safe getting in his car. He then locked the doors and drove to a secluded place where he raped me at gunpoint and took photos of me to ensure my silence. I managed to walk back to the street where a relative stopped me. I told him what had happened and he took me to the nearest security checkpoint, where we reported the incident. I was given medical treatment at a local health centre but, to my utter surprise, I was taken to the local prison immediately after, where I was forcefully interrogated, insulted, beaten, and consistently told that I am 'guilty' – of what, I still do not know.

"When my husband found out that I had been raped, he left me and my children behind. But he told me I had to marry my 14-year-old daughter before people found out what had happened to me, as that would sully our reputation and compromise her prospects. I was devastated. Fortunately, through word-of-mouth, I heard about a Women's and Girl's Safe Space in the area and approached the staff for help.

"At the Safe Space, I was assigned a case manager (a woman who I could talk to) and together we developed a safety plan. Through psychological support sessions I slowly started to rebuild my confidence. Still, my heart ached. I wanted people to know that I was not to blame; the rape was not my fault. I was elated that my calls for help were heard when the Safe Space provided me with the funds I needed to hire an attorney, who helped me present my case in front of a local judge. The rapist was arrested and prosecuted.

"Other silver linings followed. The time and sessions I've attended have also allowed me to better understand the risks of child marriage, which made me decide not to marry off my daughter. I simply do not want any woman to suffer what I have suffered. I am grateful for the presence of this Safe Space, which gave me the guidance and tools I needed to heal my life."

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	556,036	97%
Family planning consultations	213,305	99%
Normal and assisted vaginal deliveries	18,123	100%
C-Sections	9,283	100%
Ante-natal care consultations	311,904	100%
Post-natal care consultations	69,073	100%
People trained on SRH-related topics	6,881	55%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	214,029	87%
People reached with dignity kits	22,536	97%
People provided with GBV case management	12,509	99%
People reached with GBV awareness messages	348,069	92%
People trained on GBV-related topics	1,728	85%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	8,308	58%
People trained on youth-related topics	338	96%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	488,600	100%

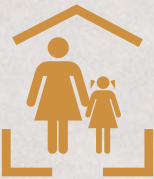
SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	7,732	55%
Adolescent girls reached	99,919	100%



89

PRIMARY HEALTHCARE FACILITIES *



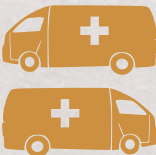
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WOMEN AND GIRLS SAFE SPACES



7

YOUTH CENTRES



91

MOBILE CLINICS



32

EMERGENCY OBSTETRIC CARE FACILITIES



99,919

ADOLESCENT GIRLS REACHED

SYRIA COUNTRY OFFICE

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

SAVING THE WOMEN AND GIRLS OF DARAA



It was the worst experience of our lives, especially after 10 years of crisis in Syria” explains Najwa, a 28-year-old Syrian woman from Daraa, who recently survived a harrowing journey as she gave birth to her sixth child during one of the worst years in the history of Syria.

Najwa was displaced from Daraa (southern Syria) along with her five children and husband due to the recent hostilities, which had rendered the city under siege by Syrian government forces since June. She was nine months pregnant at the time. The situation in Daraa has created significant challenges for civilians and the people trying to serve them, preventing aid and essential resources from flowing into the city unobstructed. For women and girls like Najwa, the situation can be calamitous, particularly as access to essential healthcare and protection services is interrupted.

After being displaced, Najwa was referred and transferred by the UNFPA-supported mobile team to the national hospital in Daraa to have a C-section, resulting in the safe delivery of Mohamed — her newborn baby boy. She was also transferred to a UNFPA-supported shelter, where she continues to receive care. The medical staff at the hospital has been following up on her situation in the shelter, providing her with the medical services she needs, including postnatal and neonatal care for her newborn.

“I really did not realize what was happening to me. I was simply focused on getting to a safer place,” explains Najwa. “We have experienced the worst times of

our lives,” explained Najwa, looking back at a decade of unending violence, “but we have a fresh life now, and I am so joyous at the arrival of my new baby.”

The situation in Daraa city remains extremely volatile, with artillery shelling and ground clashes reportedly ongoing in and around Najwa’s hometown of Daraa Al-Balad, where anywhere between 5,000 and 6,000 families remain. To date, the Syrian Arab Red Crescent (SARC) has registered 33,540 people (6,446 households) displaced in the city and surrounding areas, the majority being women and children (31,076). Most internally displaced people (IDPs) are being hosted by relatives and friends in local communities in the city, but around 1,500 IDPs are being accommodated in six collective shelters, with a seventh recently identified to ease overcrowding.

Access to life-saving sexual and reproductive health services and the ability to respond to gender-based violence continue to be severely disrupted due to the ongoing hostilities in Daraa, at a time when women and girls need these services the most. Pregnant women risk life-threatening complications without access to delivery and emergency obstetric care services, while women and girls throughout Syria and the region continue to face mounting risks of gender-based violence, now even worse due to the chronic instabilities impacting the country. UNFPA and its partners continues to provide gender-based violence prevention and response services to the affected population, especially women of reproductive age and adolescent girls.

REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	452,702	99%
Family planning consultations	183,453	99%
Normal and assisted vaginal deliveries	5,135	100%
C-Sections	5,338	100%
Ante-natal care consultations	239,222	100%
Post-natal care consultations	40,548	100%
People trained on SRH-related topics	6,723	55%

GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	129,547	95%
People reached with dignity kits	8,011	91%
People provided with GBV case management	11,060	99%
People reached with GBV awareness messages	291,823	97%
People trained on GBV-related topics	585	89%

YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	8,308	58%
People trained on youth-related topics	338	96%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	486,024	100%

SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	5,253	74%
Adolescent girls reached	74,344	100%



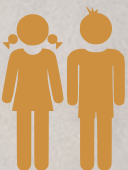
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PRIMARY HEALTHCARE FACILITIES *



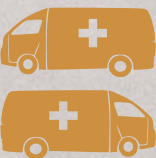
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WOMEN AND GIRLS SAFE SPACES



7

YOUTH CENTRES



84

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



74,344

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

Of the 4.2 million people living in northwest Syria, more than half – 2.8 million – have remained in displacement, and 3.4 million require humanitarian assistance. 1.7 million persons reside in IDP sites. New and protracted IDPs share the same urgent needs, in an area that has limited shelter options, and where hostilities have continued to caused destruction of civilian infrastructure, including health facilities, schools, and disruption of basic service provision. Overall, the UN Human Rights Office (OHCHR) verified that at least 42 civilians were killed (including seven women and 27 children) and at least 89 civilians (including 15 women and 36 children) were injured as a result of shelling in July. The economic crisis has continued to drive humanitarian needs. More than 90 percent of people live below the poverty line.

On 9 July, the UN Security Council unanimously passed Resolution 2585 (2021), allowing UN agencies to continue to coordinate and deliver aid cross-border from Turkey to northwest Syria without Syrian government consent. Ahead of the UNSC vote to extend the cross-border modality, UNFPA successfully prepositioned supplies inside northwest Syria as part of its contingency planning vis-à-vis a non-renewal. During July, a total of 316 trucks transshipped UN humanitarian assistance via the UNSC authorized border crossing.

COVID-19 Updates

The number of new COVID-19 cases was low compared to previous months, with 771 confirmed COVID-19 cases recorded in July. As of the end of July, there have been 168,679 tests in northwest Syria, with 26,679 cases confirmed. There are six labs with the capacity to conduct tests. A total of 727 COVID-19 associated deaths have been reported, with an overall fatality rate of around 3 percent. Current cases among healthcare workers has been 4.3 percent. Some 7.7 percent of all COVID-19 cases are in IDP camps. The prevalence of COVID-19 and the restrictions on movement and access to livelihood opportunities has continued to have a detrimental effect on people’s ability to meet their basic needs. UNFPA’s Implementing

Partners have continued to implement COVID-19 infection, protection control measures at all service delivery points, in addition to adapted service delivery mechanisms – including online SRH consultations and GBV awareness raising.

Programme Updates

Concerted efforts to conduct quarterly safety audits have continued to be led by UNFPA’s Implementing Partners (IP) at hard-to-reach and expansive IDP camps to inform recommendations across sectors for improving the security of women and girls, and to measure general improvement in camp conditions over time. This has continued to proceed in cooperation with camp coordination and other operational actors. The safety audits cover sectors such as: security; health services; food; supplies; fuel; water and sanitation and; public utilities. A number of issues identified by UNFPA IPs for follow-up have included: overcrowding in camps, which has contributed to increased risks of domestic violence; lack of safe and lighted toilets and sanitation for women and girls; camp residents are unaware of what GBV is; no facilities in the vicinity of the camps to provide treatment and support for survivors of sexual violence; and no women represented in camp management. In addition to discussing the findings with local camp management to find adequate responses, UNFPA’s IPs have activated outreach teams, also in coordination with relevant SRH mobile clinics, to provide awareness raising sessions on GBV/SRH and respective available services and referrals.

Following the 2020 UNFPA regional impact assessment, one of the most requested improvements from surveyed beneficiaries was to increase income-generating activities (IGA) offered at UNFPA-supported WGSSs in northwest Syria. UNFPA IPs have started preparations and activities to include income-generating activities with linkages to employment / earning capacity, and with focus on vulnerable individuals - including those with disabilities. Developed standard operating procedures will guide implementation. The objective of IGA is for beneficiaries to achieve a level of economic independence, which would contribute to GBV prevention and mitigation.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	103,334	89%
Family planning consultations	29,852	100%
Normal and assisted vaginal deliveries	12,988	100%
C-Sections	3,945	100%
Ante-natal care consultations	72,682	100%
Post-natal care consultations	34,734	100%
People trained on SRH-related topics	158	89%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	84,482	74%
People reached with dignity kits	14,525	100%
People provided with GBV case management	1,449	99%
People reached with GBV awareness messages	56,246	67%
People trained on GBV-related topics	1,143	83%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,576	76%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	2,479	87%
Adolescent girls reached	25,575	100%



TURKEY COUNTRY OFFICE

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



Programme Update

In July, UNFPA continued to provide uninterrupted SRH and protection services, including prevention and response services to GBV, through 26 service units targeting different vulnerable groups, namely women, girls, youth, key refugee groups, men and boys who are survivors of sexual violence, and people with disabilities. As of July 1, UNFPA resumed face-to-face services in all service units and outreach activities. SRH and GBV services were provided face-to-face to all beneficiaries in need.

In addition, the mobile health units (MHUs) were continuously working in the field to provide support to MoH and the provincial health directorate in the form of various pandemic related health services, including COVID-19 prevention, surveillance, detection, filiation, and referral. The MHUs were screening beneficiaries by measuring their temperature, collecting samples, reporting risky cases, and providing vaccines along with primary healthcare services and protection services. Through the MHUs, 569 people were vaccinated between May and July.

These training sessions for implementing partner staff continued through a hybrid modality (with online and in-person sessions). The in-service training sessions aimed to increase capacity of partners to respond to the emerging needs of different vulnerable groups. The training sessions covered topics on self-care, working with people with disabilities and their caregivers, awareness raising on types of disability, referral mechanisms, and PSEA. Meanwhile, an in-person training on Family Planning Counselling was provided for 24 health professionals working in migrant health centers with the objective of improving the capacity of health professionals working with MoH to provide sexual and reproductive health services in high refugee-concentrated provinces. UNFPA also continued to strengthen the capacity of Bar Associations to further enhance the quality of the legal services being offered to key refugee groups. Two groups of attorneys from the Eskisehir Bar Associations completed the online module and attended a live online meeting where their newly gained knowledge was reinforced through case studies and Q&A sessions.

Lastly, in an effort to raise awareness on the risks facing the LGBTQI+ community and the challenges they face on a daily basis in their professional lives, UNFPA provided capacity building training for human resources staff working in different UN agencies.

COVID-19 and other Updates

As of July 1, Turkey began the final stages of its plan to return to normalcy. Nighttime curfews and weekend curfews were completely lifted and most businesses were given more freedom to operate. Only mandatory mask-wearing and social distancing rules remain in effect. As of July 31, there were around 5.7 million cases of COVID-19, including 51,000 fatalities and 5.5 million recovered cases. According to the Ministry of Health (MoH), the number of daily (new) cases experienced an uptick during the second half of the month, rising to 22,332 cases on July 31.

By the end of the month, Turkey has administered more than 72.59 million COVID-19 vaccine doses since it launched a mass vaccination campaign in January. More than 41 million people have received their first doses, while over 27.4 million have been fully vaccinated. The Government of Turkey, NGOs, UN agencies, and other humanitarian actors have been continuously raising awareness among refugees and migrant populations about the vaccination campaign and their right to receive a free COVID-19 vaccine. In addition, MoH sent mobile units in rural areas to invite people to be vaccinated. All these efforts led to an increase of the number of vaccinated people among refugee and migrant populations.

Meanwhile, efforts in Turkey continued to contain the wildfires that have erupted since July 28 in the southwest. By August 1, some 111 wildfires had erupted in 30 provinces, including Mersin, Adana, and Osmaniye. The Government of Turkey along with civil society organizations and volunteers from all over the world have tried to control the fires. Among the volunteers were Syrian rescue teams who initially worked in refugee relief operations along the Turkey-Syria border. The Syrian volunteers reported that they want to support Turkey because it has provided a safe haven and they want to return the gesture.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	15,366	76%
Family planning consultations	1,462	100%
Ante-natal care consultations	1,237	100%
Post-natal care consultations	235	100%
People trained on SRH-related topics	332	73%

GENDER - BASED VIOLENCE

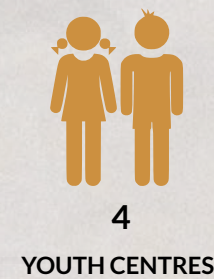
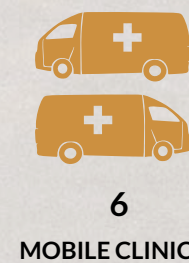
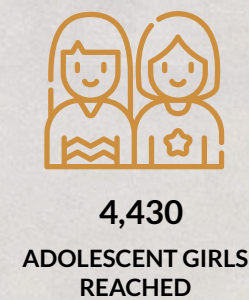
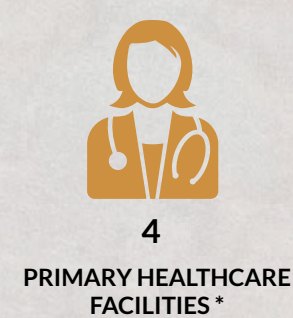
	SINCE JANUARY	% FEMALE
People reached with GBV programming	27,802	60%
People reached with dignity kits	23,779	56%
People provided with GBV case management	50	98%
People reached with GBV awareness messages	10,728	69%
People trained on GBV-related topics	1,430	58%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	6,770	87%
People trained on youth-related topics	541	82%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	2,241	59%
Adolescent girls reached	4,430	100%
LGBTQI+ individuals reached	2,624	46%



* In Turkey, the Primary Health Facilities refer to Safe Spaces that provide both reproductive health and protection services.

THE VALUE OF SUPPORT.

HELPING MEN AND BOYS FIND HOPE AND HEALING AFTER SURVIVING SEXUAL VIOLENCE.

“I attribute most of the sexual problems I have to the terrible things I experienced in prison.”

Amal, a Syrian refugee formerly living in Turkey

“Only my mother knew about the physical violence. I told her about the ill treatment in prison but without giving too much detail. I could not bring myself to tell her about the sexual violence.”

When Rape is a Weapon

“I attribute most of the sexual problems I have to the bad things I experienced in prison,” explains Amal, a 31 year-old Syrian refugee who came to Turkey from Syria with his family in 2014. His story is the untold story of many young men caught in armed conflicts who have been subjected to sexual violence.

“With the ongoing shortage of men and materials, tensions ran high, and the commander eventually resorted to physical violence to keep people in check.” The seemingly perpetual extension of his military service, the unrelenting physical violence, and the constantly present fear of death became too much to bear for Amal. He tried to escape and was captured, marking the beginning of a harrowing experience in prison, where he was brutally interrogated, beaten, and sexually assaulted.

“For about six months — maybe less, maybe more, because in prison we never really had a concept of time — I experienced all kinds of violence. Abuse, beating, rape. They told us that if we do not do what they want, they would rape us. I thought they would not do that, but they did,” Amal says.

“For about six months — maybe less, maybe more, because in prison we never really had a concept of time — I experienced all kinds of violence. Abuse, beating, rape.”

Although he finally managed to escape, the physical and sexual violence to which he was subjected still affects his life today. “Even if a lifetime passes, I still won’t be able to forget,” he says.

Coping through Silence

Amal felt ashamed and could not bring himself to tell his wife what he had experienced: “I attribute most of the sexual problems I have now to the terrible things I experienced in prison.”

Upon returning home with the weight of his trauma on his shoulders, Amal felt that he could not reveal to anyone what he had experienced, which stood in the way of his receiving the support he needed. “Only my mother knew about the physical violence because when I first arrived home she saw my scars and asked about them. I told her about the ill treatment in prison but without giving too much detail. I could not bring myself to tell her about the sexual violence.”

But Amal’s situation changed when he crossed paths with the UNFPA-supported services for men that have experienced sexual violence.

Amal was first provided with psychosocial support and referral services to evaluate the scope of his trauma and help him begin the healing process. “I received plenty of support here, to the extent that I started to have hope again after such a long time.”

A Place to Feel Hope Again

The continuous counseling allowed Amal to slowly move on from the experiences that haunted him and to have a fresh outlook towards the future. His confidence also grew significantly, enabling him to better communicate with his family and loved ones. He was also able to form a better understanding of sexual and reproductive health and importance of family planning. “I had never seen a male condom before. I used to try to deal with everything alone. Now I am asking for more opinions and information. I think I will gradually get better.”

“There are many people like me. Many people are exposed to violence. Please be aware of this. Many people want to tell all and pour our all that is in their hearts.”

While women and girls are the primary survivors of gender-based violence, particularly sexual violence, men and boys can often become targets in certain contexts, particularly in prisons and other detention facilities. This is particularly true in humanitarian settings, where protection networks are often compromised, leaving civilians at risk and allowing perpetrators to commit their crimes with impunity.

“There are many people like me. Many people are exposed to violence. Please be aware of this. Many people want to tell all and pour our all that is in their hearts.”

The services Amal received are run by UNFPA Turkey in cooperation with Positive Living Association and with the financial support of European Union Humanitarian Aid. They support refugee men and boys, like Amal, who have been subjected to and/or live under risk of sexual violence.

Survivors are offered a wide array of services tailored to the needs of men and boys, gender-based violence case management, psychosocial support, legal counseling, and awareness-raising activities. The services aim to reach more people like Amal who may be overcoming untold traumas but cannot find the proper avenues to seek the necessary support.

LEBANON COUNTRY OFFICE

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

MY PARENTS WERE WORRIED THAT [DIVORCE] WOULD DESTROY OUR REPUTATION AND THEY DIDN'T WANT ME TO SEE PEOPLE OR CONTINUE MY EDUCATION. I ALSO STOPPED WEARING MY HIJAB, WHICH MADE THEM FEEL EVEN MORE UNCOMFORTABLE.

— *HIBA, a Syrian refugee who accessed gender-based violence programming at a UNFPA-supported Safe Space*



	SINCE JANUARY	% FEMALE
REPRODUCTIVE HEALTH		
People reached with sexual and reproductive health services	1,591	99%
Normal and assisted vaginal deliveries	76	100%
People trained on SRH-related topics	422	74%
GENDER -BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,828	98%
People reached with dignity kits	4,622	100%
People provided with GBV case management	55	100%
People reached with GBV awareness messages	5,489	100%
YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	121	83%
SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	26	73%
Adolescent girls reached	690	100%

Situation Update

The situation in Lebanon remains critical and the needs high. People are still suffering from continuously increasing rates of inflation amid an unprecedented economic crisis. About 60 percent of the Lebanese and 80 percent of the Syrian refugees are living now under the poverty line, causing high rates of unemployment, inability to access healthcare, and challenges securing basic needs. The economic crisis that has ensued as a result is considered Lebanon's worst crisis since the 1975-90 civil war.

After binding parliamentary consultations, Lebanese businessman Najib Mikati secured enough votes in to be designated the next prime minister and will form the long-awaited government following a caretaker government for 12 months now. Lebanon is also struggling with an ongoing fuel crisis causing total power outages nationwide as drivers queue for hours daily hoping to fill their cars. This is also resulting in many small industries and businesses closing. Shortages in medication are also posing a threat to the lives of those requiring care and an additional burden on healthcare providers, who are also overwhelmed in their response to the highest number of COVID-19 cases registered in three months.

UNFPA Lebanon is currently working with eight local organizations to enhance access to SRH services to the most vulnerable women and adolescent girls across Lebanon. The SRH interventions provided through 20 static health facility and seven medical mobile units include medical consultations, subsidization of laboratory and imagery tests, RH interventions, patient education and awareness raising, and home care services, all of which are being offered to 1531 women and girls with restricted mobility and in remote areas. Campaigns in remote locations as well in poverty pocket areas are

being organized by partners to promote SRH and enhance access to services and counselling. Such activities proved to be very beneficial as several women that came to receive services during the campaign had not undergone a medical exam in as long as three years.

UNFPA is also supporting the 22 government-run primary healthcare facilities by providing midwives on the ground. The recruitment of midwives is considered essential to the provision of SRH services in these centers, including family planning counseling. The month of July also saw the training of 788 midwives on various issues pertaining to COVID-19.

UNFPA Lebanon currently has seven gender-based violence implementing partners providing various GBV services such as case management and awareness raising, integrated referral pathways, and activities designed to transcend harmful social norms. UNFPA supports targeted initiatives for vulnerable populations such as young mothers and LGBTQI+ individuals. Every UNFPA partner in Lebanon hosts one functional Safe Space and is collaborating with a health dispensary or primary health care center to provide SRH services. Among IPs, one provides capacity development trainings for case managers, social workers, health care providers, and law enforcement members that revolve around remote case management, remote health care services for GBV survivors, and the Essential Service Package.

UNFPA Lebanon is also piloting cash and voucher assistance (CVA) through integrating the response with the GBV program. The assistance includes support to any individual who is at risk or a survivor of GBV in the context of the case management services they are provided.

WHEN TRANSFORMATION IS MADE POSSIBLE.

When Hiba envisioned her life at 30, she never imagined that conflict and displacement would come to define her life. She had escaped from Syria during the early years of the war, eventually finding stability in Lebanon, where she works as a journalist. She had also married quite young and, like many women in her situation, was exposed to frequent domestic violence, both verbally and physically. Her husband also withheld financial and other resources from her, further compounding her situation.

When she had first arrived in Lebanon, Hiba struggled to acclimate to the culture, alienated by preexisting structural inequalities that disenfranchise refugees and women. She also wore her hijab in public, which invited further discrimination by certain groups, to the extent that it limited her employment prospects.

“I used to do our home chores and work in parallel in order to afford living in Lebanon,” explains Hiba. “No one recruited me because of my nationality and my hijab. I felt alone. Not even my abusive ex-husband was supportive. He never offered help.”

Hiba was also exposed to sexual and verbal abuse on the streets. “They used to approach me, to touch me. I even survived an attempted abduction by a taxi driver and didn't know how to react. I simply couldn't call my husband.” The abuses were unrelenting and their consequences dire. What little work she could find came with a plethora of risks, including that of being sexually assaulted by one of her managers. The continued anxiety and hopelessness of her situation began taking a toll on her physical and mental health, at which point she decided to make a radical change. Her first decision was to file for a divorce. As is expected, her family was not supportive from the beginning, particularly

given the social stigmas surrounding divorce in many communities in the region. “My parents were worried that this would destroy our reputation and they didn't want me to see people nor continue my education. I also stopped wearing my hijab, which made them feel even more uncomfortable.”

Throughout those testing situations, Hiba was physically, mentally, and financially exhausted, with no plan in sight. This changed when she was introduced UNFPA-supported Safe Space in her area. “I was in the lowest state of my mental health and was forcing myself to study for the scholarship of my dreams” she recalls tearfully.

At the Safe Space, Hiba attended psycho-social support activities and awareness sessions on gender-based violence — services that she could never afford herself given her situation. “In our society, receiving mental health support is considered shameful, so they tend to ignore its effectiveness. The consultations are so expensive nowadays so it's quite impossible for me to pay. I'm grateful that I was given the chance to attend these sessions for free here at this center.”

Slowly but surely, Hiba's well-being improved noticeably. Not only did she gain more confidence and a clearer vision of who she wants to be as an individual, but she also managed to secure a solid career opportunity by leveraging the skills she cultivated at the Safe Space. Her transformation has made her more aware of the importance of seeking support, particularly for women and girls who face compounded risks of violence during any crisis.

“We live in a very complicated world,” added Hiba. “Mental health has a profound impact on our lives, and we should never underestimate its importance.”

JORDAN COUNTRY OFFICE

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

In Safe Hands

Hanaa was only 14 when she had to leave her home, her dreams, and everything behind in Daraa. Her family sought refuge in Zaatari camp in Jordan. Although adjusting to the refugee lifestyle wasn't easy, she had to cope.

At the age of 20, she got married and, shortly after, became pregnant. She was referred to the UNFPA-funded clinic, situated in District Five in the centre of the camp and run by the International Rescue Committee (IRC). She was enrolled in the prenatal care program and had multiple bloodwork done, all free-of-charge for camp residents.

Eventually, Hanaa gave birth to a healthy baby boy, whom she named Joud. A week after the delivery and for three months, midwife Um Thaer, who works at IRC, was assigned to look after Hanaa and her baby. She was given postpartum care that included bloodwork and prescribing supplements as needed. In addition to giving her overall nutritional advice to stay hydrated and be able to breastfeed. Family planning methods are also introduced on the first visit. Um Thaer gives counselling on the various methods, but it is up to the beneficiary to choose her preferred method of family planning.

Also, during the first visit, babies are weighed for the first time, then they get their first vaccine and checked for jaundice. During the final trimester, all IRC midwives make sure that expecting mothers are briefed well on the importance of breastfeeding, especially during the first hour in which the baby was born. The skin-to-skin method is crucial at this stage; it is done by placing the baby on the mother's chest. Hearing the mother's heartbeats will calm the baby and stimulate milk production. Midwives explain to mothers the best positions for breastfeeding and intervals.

Hanaa continued to visit the clinic for family planning counselling for years until she and her husband decided to have another child. This time also she was following up her antenatal care routine with the IRC clinic. She is pregnant with another baby boy.

Stories like Hanaa's happen because of the partnership between UNFPA and IRC in both refugee camps, Zaatari and Azraq. In both locations, comprehensive premium quality sexual and reproductive health care services are provided. As the lead sexual and reproductive health (SRH) UN agency, UNFPA ensured the continuation of essential SRH services by bridging the clinic's funding gap beginning of April 2021 until the end of July 2021. UNFPA supported IRC in mobilizing resources through multiple donors ensuring the sustainability of SRH services in the Zaatari camp.

COVID-19 Updates

During July, in line with government and inter-agency guidelines, UNFPA Jordan and partners continued providing support through both remote and in-person modalities of service delivery through the 19 operating Safe Spaces across Jordan, both in host communities and refugee camps. Case management, counselling sessions, awareness raising sessions and recreational and women's empowerment were all among the activities provided. All centres were fully opened at 100 percent capacity, except in Azraq Camp where centres operated at 50 percent capacity and recreational and outreach activities were closed as per the government guidelines.

On Saturday the 18th July, the Prime Minister and Minister of Defence issued Defence Order No. 32 of 2021 that aimed to regulate the work of employees who have not received the COVID-19 vaccine in the public and private sectors. In light of this, starting 1st of September, staff of humanitarian organisations who have not received the vaccine will not be allowed access to refugee camps unless they provide a negative PCR test on Sunday and Thursday of every week. Measures were taken internally to ensure continued accessibility and presence in the camp by UNFPA and partner staff.

In this regard, and as part of its strategic partnership with the Jordanian Ministry of Health, UNFPA helped produce awareness messages targeting the general population to ensure the availability, accessibility, and acceptability of quality sexual and reproductive health services during the COVID-19 pandemic. The messages will be disseminated to primary health clinics all over the Kingdom.

Programme Updates

On the occasion of the World Day against Trafficking in Persons, UNFPA Jordan shared a story of a survivor of human trafficking who, thanks to the support of UNFPA and its partner, the Jordanian Women's Union, received the needed support. The aim of the story was to shed light on the devastating consequences of trafficking in persons and to amplify the voices of survivors.

UNFPA Jordan also conducted a 1-day training on GBV Safe Referrals for 20 youth educators and volunteers working at UNFPA's supported youth-friendly center in Zaatari Camp. Participants were trained on the definition of GBV, its various types and consequences, and trained on the adaptation of the survivor-centered approach, among other topics.

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	56,739	100%
Family planning consultations	14,083	100%
Normal and assisted vaginal deliveries	676	100%
Ante-natal care consultations	21,011	100%
Post-natal care consultations	2,497	100%
People trained on SRH-related topics	94	94%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	27,782	87%
People provided with GBV case management	1,586	90%
People reached with GBV awareness messages	13,516	86%

YOUTH SERVICES


	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	6,255	61%
People trained on youth-related topics	69	57%

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	382	98%
Adolescent girls reached	7,862	100%



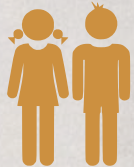
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PRIMARY HEALTHCARE FACILITIES *




19

WOMEN AND GIRLS SAFE SPACES




1

YOUTH CENTRES



382

PEOPLE WITH DISABILITIES REACHED



1

EMERGENCY OBSTETRIC CARE FACILITIES



7,862

ADOLESCENT GIRLS REACHED

IRAQ COUNTRY OFFICE

UNFPA IRAQ CONTINUES TO PROVIDE SUPPORT TO MORE THAN 316,000 SYRIANS 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.

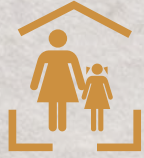
— MANAR, a survivor of family violence from Damascus, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual reproductive health services	2,192	100%
Family planning consultations	16,133	100%
Normal and assisted vaginal deliveries	707	100%
C-Sections	73	100%
Ante-natal care consultations	7,183	100%
Post-natal care consultations	3,447	100%
People trained on SRH-related topics	25	100%

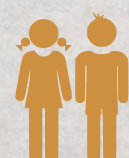
GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	818	94%
People reached with dignity kits	498	100%
People provided with GBV case management	172	100%
People reached with GBV awareness messages	17,490	90%
People trained on GBV-related topics	700	65%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	1,979	58%
People trained on youth-related topics	47	23%


SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	1,083	99%
Adolescent girls reached	1,150	100%



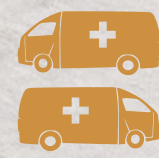
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WOMEN AND GIRLS' SAFE SPACES



2
YOUTH CENTRES



1
EMERGENCY OBSTETRIC CARE FACILITIES



5
MOBILE CLINICS

COVID-19 Updates

COVID-19 in Iraq Since the start of the pandemic, Iraq has conducted over 12.8 million PCR tests and confirmed over 1.57 million cases of COVID-19. There have been more than 18,400 fatalities. In July 2021, Iraq entered into a third-wave of the pandemic, which appears to be of a greater magnitude than either of the two prior waves. On 27 July, a record high of 12,185 cases was recorded in one day. This trend is reflected in the weekly incidence rate, which increased to a record high of 155.3 cases per 100,000 on 18 July. By 21 July 2021, 1,043 COVID-19 cases had been confirmed among persons of concern (507 refugees and 536 IDPs), including 72 fatalities.

Together, UNHCR and the WHO have advocated with the Ministry of Health at the federal and Kurdistan Regional Government levels for the inclusion of refugees in the country's National Deployment and Vaccination Plan for COVID-19. 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.

THE POWER TO START OVER



Layla, a Syrian refugee living in Iraq, longs for her hometown in Qamishli, having taken refuge in Iraq to escape the violence. Before the war broke out in Syria, she lived in a small house with an abusive husband and three children. Her husband was killed at the beginning of the war, leaving her alone to support the family.

When the situation became more volatile and dangerous in Qamishli, and she couldn't make ends meet anymore, she ran from Syria and found refuge in Bardarash camp in the Kurdistan Region of Iraq.

Once in Bardarash, she was thrilled to find a job that allowed her to provide for her family. Sadly, shortly after, she began facing continued sexual harassment and unwanted advances from men attempting to take advantage of her situation — a risk faced by countless women and girls who experience displacement. The fear and repeated trauma of harassment and attempted assaults forced her to leave her job and stay at home, relying on assistance from humanitarian organizations.

Being a single mother and enduring abuse from her late husband, compounded with displacement and poverty in the camp, Layla found herself diving into deep depression.

In her most desperate moments — during which she seriously contemplated ending her life — she remembered hearing of the UNFPA-supported Safe Space that she learned provides support to women in the camp. She decided to reach out seeking psychosocial support and advice.

The social workers at the centre welcomed her and listened to her story. They also provided her with awareness sessions and educational courses, guiding her on the best avenues available to her to reclaim her financial self-reliance. "Through the Safe Space, I was able to regain my power to help my children. I now have a decent job and feel more confident to take on the challenges ahead.

Widows and divorcees are at a particular risk of gender-based violence, including sexual exploitation and abuse, rape, and so-called "honour crimes." UNFPA consistently works with survivors to ensure that they not only find the support they need to overcome their traumas but to also pave their paths towards greater independence, security, and hope.

EGYPT COUNTRY OFFICE

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



REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	1,307	94%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	5,200	98%
People provided with GBV case management	1,747	98%
People reached with GBV awareness messages	1,476	87%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	7	100%
Adolescent girls reached	519	100%

Programme Updates

In UNFPA supported Safe Spaces, MHPSS activities were carried out during July to promote psychosocial wellbeing and/or prevent or treat mental disorders through a survivor- centered approach. The MHPSS activities, attended by 391 refugees and asylum seekers (358 female, 33 male) varied between group-setting activities such as group therapy, art therapy, dealing with psychosocial needs, dealing with emotions and thoughts, sound therapy and therapeutic yoga, as well as one-to-one counselling sessions.

Several GBV awareness sessions focused on domestic violence and gender based discrimination were also delivered addressing refugee and asylum seeker communities, reaching 133 participants. Reproductive Health (RH) awareness sessions were also delivered, including around topics varying between cervical cancer, menstrual cycle, personal hygiene and pre-marital medical tests, attended by 117 participants.

Vulnerable refugees and asylum seekers are also targeted with vocational trainings, tailored to their needs to focus on fostering social cohesion and integration, a total of 43 women were reached during July. Vocational training fulfills the refugees' need for developing and transferring their practical skills in a way that suits market needs in the host country. The importance of this tool is proved in refining existing skills or acquiring new skills to utilize in the labor market.

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 AND SEXUAL AND REPRODUCTIVE HEALTH NEEDS IN EMERGENCIES.

To ensure good coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action such as water, health, and logistics. In contexts where the IASC Cluster Approach has been activated, UNFPA is mandated to co-lead the GBV Area of Responsibility (GBV AoR), a part of the Global Protection Cluster, which is led by UNHCR.

As lead, UNFPA is accountable for working closely with national authorities, partners, and communities to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA is co-leading with UNHCR.

Through its Damascus-based operation, UNFPA is the main lead, while in its Turkey Cross-Border operation UNFPA co-leads with Global Communities. In the refugee response in Turkey and Iraq, UNFPA co-leads with the Government of Turkey and International Medical Corps (IMC), respectively. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

In the framework of the 2022 Humanitarian Programme Cycle (HPC), the Whole of Syria GBV AoR conducted 89 community focus group discussions (FGDs) and four expert FGDs, which represent the qualitative data that will feed into the GBV HNO and Voices from Syria 2022 report. The GBV AoR also contributed to the preparation for the MSNA and the protection specific key informant interviews (KIIs), reviewing the survey tools, the sampling methodology and the training material for enumerators' training.

Meanwhile, the GBV Sub-Working Group in northeast Syria, led by Relief International in the framework of the WOS GBV AOR, created a case management taskforce in order to support the rollout of the CM SOPs. Investment is also ongoing in the harmonization of services provided from NES as well as crossline from GOS areas, with a focus on referral opportunities. Efforts continue to focus on the potential establishment of a cash and GBV taskforce and on GBV risk mitigation in other sectors.

The Regional Syria Response Hub also kicked off the process of developing a knowledge product on SRH-GBV integration in humanitarian settings across the Arab States Region. This process will involve data gathering through an online survey, KIIs, and FGDs in 10 countries in the region, which will then feed into the final product. The Hub is also leading on the replication of the AMAL curriculum (adolescent mothers against all odds) in Jordan and Lebanon. This process will include South-South cooperation, with a Syrian NGO that has been leading in the development and roll-out in Northwest Syria (Turkey Cross-Border) facilitating an initial explanatory meeting, a training programme, and a series of coaching sessions thereafter.

Lastly, the UNFPA Knowledge Series guide, Beyond Numbers, has been featured as a good practice in Inter-Acftions' recent publication, Mindshift.

informed by the results of the 2020 UNFPA regional impact assessment, UNFPA partners in northwestern Syria started preparations and activities to include income-generating activities with linkages to employment / earning capacity, and with focus on vulnerable individuals - including those with disabilities. Developed standard operating procedures will guide implementation. The objective of IGA is for beneficiaries to achieve a level of economic independence, which would contribute to GBV prevention and mitigation.

In Turkey, the South-East Turkey (SET) GBV sub-working group delivered a presentation of a UNFPA project implemented by UNFPA Turkey and Positive Living Association, under the heading of Improving Access to protection services by men and boys who are survivors and/or at risk of GBV. Participants were informed that the specialized services were provided according to the group needs in two service units in Adana and Izmir. Specialized services include but are not limited to legal counselling, PSS, GBV case management, and HIV counselling. In addition, a Refugee Support Line (0850 888 05 39) is available 24/7 in four languages: Arabic, Persian, Turkish, and English, allowing people in need from all over the country to access information and support.

As the co-chair of the Key Refugees Thematic Coordination Group in Turkey, UNFPA is planning a training on key refugee group (KRG) rights, which was designed to strengthen the capacity of service providers in the arenas of protection and healthcare. UNFPA will also conduct a training in collaboration with IOM and UNHCR that will cover GBV against key refugee groups, vulnerabilities of KRGs living with HIV, gender transition, access to registration, KRG's legal and social rights, challenges faced by frontline service providers, among others. UNFPA also contributed to the Health Sector Working Group that was held on July 13, providing updates on vaccination among refugee and migrant populations, lessons learned from distance-learning programmes, and available support mechanisms for children referred from northwestern Syria.

In Jordan, The SRH Subworking Group meeting was conducted on the 28th of July. Participants were introduced to the newly published guidelines for health institutions to deal with the COVID-19 pandemic and improve quality and performance. The guidelines were published by the Health Care Accreditation Council (HCAC), UNFPA's latest implementing partner. In a similar effort, UNFPA and its partner, the National Woman's Health Care Center (NWHCC) met with Ministry of Health officials to agree on the second phase for the new Sexual and Reproductive Health National Hotline. The hotline is expected to fill the gaps in information-sharing counseling and referral services for SRH clients. The ministry will promote the line at its more than 500 women and child centers.

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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 Masrat (Ihsan), Maram (SAMS), Women's Support Association (SEMA) and Hope Revival Organization (HRO) (SEMA).



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