



AFTER SO MANY YEARS IN
DISPLACEMENT AND HARDSHIP, IT
REALLY CHANGES YOU, AND IT CHANGES
YOUR COMMUNITY.

— JANEH, a survivor of child marriage from Aleppo, Syria

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 101

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In March 2021, the Syria crisis will pass the ten-year mark, with the situation worse than it has been in years.

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

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

As of February 2020, the report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.



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JANUARY 1-31 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 throughout the region.

**WE ARE NOT AS HELPLESS AS
PEOPLE THINK WE ARE. WE MAY
BE YOUNG, BUT WE ARE STRONG.**

— LANA, a survivor of sexual violence from Aleppo, Syria

WHAT'S NEXT?

CURRENT AND UPCOMING EVENTS AND DEVELOPMENTS TO WATCH OUT FOR.

I KNOW THE WORLD THAT I WANT TO LIVE IN. HELP ME BUILD IT, AND I WILL NEVER STOP WORKING.

— RUBA, a survivor of forced marriage from Idleb, Syria

The Brussels V Conference on Supporting Syria and the Region

On March 29-30, the Brussels V Conference on Supporting Syria and the Region will take place. As in 2020, the event will be held virtually and will focus on mobilizing international support to the Syria crisis, which is entering a critical juncture in 2021.

UNFPA is appealing for a total of \$132.1 million to fund its regional Syria crisis response, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt.

A decade into the crisis, the situation in Syria remains critical as the country continues to endure the cumulative effects of years of instability. The data obtained in Syria in 2020 further demonstrates the significant threat the COVID-19 pandemic poses in terms of further aggravating the challenges facing women and girls and the progress that has been made after a decade of global collaboration.

Of particular concern is the fact that gender-based violence has become increasingly normalized in the wake of the crisis and the pandemic. As one Syrian woman notes, "women and girls experience the violence not knowing that this is not normal." Not only does this paint a fairly concerning picture of the current reality within many Syrian communities, but it also underscores the importance of continuing to address gender-based violence through tailored, far-reaching programmes.

Since 2011, UNFPA has been responding to the needs of women and girls impacted by this crisis across the region. In 2020 alone, and despite the numerous restrictions that accompanied COVID-19, UNFPA provided life-saving sexual and reproductive health (SRH) services to nearly 2 million people, which have been delivered through 264 health facilities, mobile clinics, and outreach teams. Meanwhile, close to one million women and girls have been reached with gender-based violence (GBV) programmes, while nearly 98,000 deliveries were safe. UNFPA also continued to support the empowerment of women, girls, and youth through its 119 specialized women and girls safe spaces and 24 youth centres. Moreover, a recent [impact assessment](#) of UNFPA's response to the Syria crisis across Syria, Jordan, Iraq, and Turkey showed that the vast majority of women and girls accessing UNFPA-supported health facilities and women and girls' safe spaces regard them as the only available lifelines within their communities with a unique set of services that are not available elsewhere.

More information on UNFPA's regional Syria response for 2021 can be found [here](#).

Leaving No One Behind: A Brussels V Side Event on Cash Assistance

UNFPA is joining forces with WFP, USAID, UNICEF, IOM, GOAL Syria, Care Syria, and Save the Children Jordan to highlight the importance of cash and voucher interventions in addressing escalating needs in Syrian communities throughout the region. This will take place as part of a special side events marking the Brussels V Conference on Supporting Syria and the Region, during which humanitarian actors will showcase cash-based interventions as an effective modality of assistance for food

insecure refugees, displaced persons, and others vulnerable populations in achieving a range of outcomes, including food security and nutrition.

Join the discussion on March 17, 2021, 15:00 Brussels Standard Time (16:00 Amman). Please use [this link](#) to register for the event.

New Knowledge Series Product: Beyond Numbers

The UNFPA Arab States Office recently launched the latest product in the UNFPA Knowledge Series, titled [Beyond Numbers: Improving the Gathering of GBV Data to Inform Humanitarian Responses](#).

This comprehensive guide provides a roadmap for producing in-depth gender-based violence analyses to inform humanitarian responses.

It is widely acknowledged that prevalence data is not necessary for establishing effective gender-based violence responses. As such, this guide aims to inform gender-based violence (GBV) responders, GBV coordinators, and humanitarian actors on how to collect GBV data safely to inform humanitarian responses, especially in contexts where available information on GBV is limited.

The content of this guide is based on the experience of the Whole of Syria GBV Area of Responsibility (AoR) which, over the six years prior to the publication of this guide, has annually produced one of the most positively-reviewed and evaluated in-depth analyses of gender-based violence in a humanitarian context, called *Voices from Syria*. The guide covers the essential steps taken to gather GBV data - from conducting assessments, analysing data, and producing the report. Included in the guide is an in-depth description of the methodology that can be used to collect qualitative data, the reasons for adopting said methodology, and a detailed description of the key role that a publication like *Voices from Syria* can serve in informing programme design and advocacy. Challenges and lessons learned throughout the process have also been shared to help inform any replication of the methodology. Lastly, a section on COVID-19 has been added at the end of the guidance to provide recommendations on how to adapt data collection in light of the various restrictions and considerations brought about by the pandemic.

The guide was designed for gender-based violence coordinators or specialists who need to gather information on gender-based violence, particularly through the use of qualitative data. The data gathered can be fed into humanitarian needs overviews (HNOs), which in turn can inform the whole humanitarian response, be it protracted or acute. Most importantly, this guide can help in the development of products that serve to amplify the voices of women and girls and ensure that these voices directly inform the programmes that are designed to serve them.

A podcast and a webinar are being planned to take place soon in order to introduce key actors to this guide and address some of the more technical questions.

SITUATION OVERVIEW

IN 2021, THE SITUATION IN SYRIA IS WORSE THAN IT HAS BEEN IN YEARS, PARTICULARLY IN LIGHT OF THE WORSENING ECONOMIC CRISIS SWEEPING THE COUNTRY AND THE RAMIFICATIONS OF THE COVID-19 PANDEMIC.

General Overview

UNFPA is gravely concerned about the worsening situation in Syria, which will mark a decade of crisis on March 16, 2021.

Ten years on, the crisis in Syria is worse than it has been in years. Protracted instability and disruptions in community networks, a worsening economic crisis, and the COVID-19 pandemic have converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of Syrians at risk. An estimated 13.4 million people remain in humanitarian need inside Syria, while more than 11.7 million people – half of the Syrian population – remains internally displaced or are living as refugees in host communities throughout the region.

Women and girls continue to suffer the worst impacts of the crisis. 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. Meanwhile, gender-based violence continues to be a daily threat, with harassment, family violence, child and forced marriage, and sexual exploitation remaining consistent trends. With COVID-19 taking hold throughout the country and in refugee communities region-wide, these challenges have only worsened, be it due to further restrictions on movement and access to services, or due to negative coping mechanisms and harmful practices as communities struggle to meet their basic needs.

Maintaining the delivery of quality services will require the concerted effort of the international community, which must reinforce and expand its support for Syria in 2021, particularly in light of the current economic climate and the unrelenting nature of COVID-19. UNFPA plans to continue broadening and enhancing its regional response throughout 2021 to address these challenges and is currently piloting cash and voucher assistance programmes to ensure that no one is left behind. Some of these programmes are being implemented in partnership with WFP and in direct coordination with local partners and authorities, including women's networks, health clinics, health workers, and case managers. UNFPA will also continue to tailor its programmes to make them more accessible to a wider range of population groups, including adolescent girls, people with disabilities, and the LGBTQI++ community.

COVID-19 Updates

Despite 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. An estimated 200,000 - 300,000 jobs were permanently lost, while the informal sector and businesses have been heavily impacted, with 15 percent of small and medium sized businesses reporting permanent closure.

Throughout the region, curfews, lockdowns, and movement restrictions continue to present challenges to response operations. Turkey, for example, has been under fluctuating social distancing and movement restriction requirements since the onset of the pandemic, with some regions faring better than others. Jordan also saw a marked increase in the number of daily reported cases in January, triggering a resumption of certain restrictions, including Friday lockdowns and nightly curfews. Meanwhile, despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have maintained a reserved approach towards the restrictions previously imposed. The pandemic also continues to have an impact on operations in Egypt, despite the general slowdown in reported case-loads in recent months.

| | | | |
|--------------------------------------|---------|-----------|---------|
| TOTAL CONFIRMED CASES | SYRIA | TURKEY | LEBANON |
| | 14,048 | 2,477,463 | 301,052 |
| As at January 31, 2021 | JORDAN | IRAQ | EGYPT |
| | 326,855 | 619,636 | 165,951 |



TEN YEARS OF CRISIS

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

UNFPA is gravely concerned about the worsening situation in Syria, which will mark a decade of crisis on March 16, 2021.

Ten years on, the crisis in Syria is worse than it has been in years. Protracted instability and disruptions in community networks, a worsening economic crisis, and the COVID-19 pandemic have converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of Syrians at risk. An estimated 13.7 million people remain in need inside Syria, while more than 11.7 million people – half of the Syrian population – remains internally displaced or are living as refugees in host communities throughout the region.



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

In 2021, Syria faces an unprecedented crisis. Years of instability, a worsening economic situation, donor fatigue, and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these challenges. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs with innovative programmes.

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

The World Food Programme (WFP) reports that a record 12.4 million people – 60 percent of the Syrian population – are now food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage and sexual exploitation, as families struggle to meet their basic needs. It is estimated that – among those in need – close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Gender-based violence continues to pervade the lives of women and girls caught in this crisis. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as online harassment and sextortion, have also been observed in recent years.

Among women and girls, adolescent girls face a wide range of unique challenges that usually accompany them throughout their lives. It begins with restrictions on movement and domestic violence, and progresses as the girl grows to include child and serial marriage, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Adolescent girls are being denied their education and growth opportunities, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

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

Even in these circumstances, UNFPA believes that every Syrian woman, adolescent girl, and child has the right to sexual and reproductive health and protection from gender-based violence.

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

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

UNFPA has [appealed](#) for a total of \$132.1 million to fund its regional response.

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

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|---------|----------|
| People reached with sexual / reproductive health | 157,720 | 97% |
| Family planning consultations | 31,205 | 100% |
| Normal / assisted vaginal deliveries | 2,980 | 100% |
| C-Sections | 1,471 | 100% |
| Ante-natal care consultations | 41,188 | 100% |
| Post-natal care consultations | 10,699 | 100% |
| People trained on SRH-related topics | 39 | 79% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with GBV programming | 77,259 | 87% |
| People reached with Dignity Kits | 7,667 | 65% |
| People provided with GBV case management | 2,302 | 98% |
| People reached with GBV awareness messages | 59,503 | 89% |
| People trained on GBV-related topics | 282 | 74% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|---|-------|----------|
| People reached with youth engagement activities | 1,991 | 97% |
| People trained on youth topics | 23 | 74% |

CASH AND VOUCHER ASSISTANCE

| | TOTAL | % FEMALE |
|---|--------|----------|
| People reached with cash and voucher assistance | 65,445 | 100% |

SOCIAL INCLUSION

| | TOTAL | % FEMALE |
|---------------------------------------|--------|----------|
| People with disabilities reached | 1,142 | 84% |
| Number of adolescent girls reached | 19,333 | 100% |
| Number of LGBTQI+ individuals reached | 732 | 44% |

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.



110
PRIMARY HEALTHCARE FACILITIES*



91
WOMEN AND GIRLS SAFE SPACES



6
YOUTH CENTRES



95
FUNCTIONAL MOBILE CLINICS



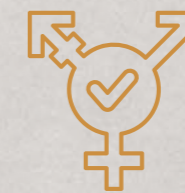
19,333
ADOLESCENT GIRLS REACHED



33
EMERGENCY OBSTETRIC CARE FACILITIES



1,142
PEOPLE WITH DISABILITIES REACHED



732
LGBTQI++ INDIVIDUALS REACHED



65,445
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 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.

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

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

In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey.

Cash and Voucher Assistance Targets Pregnant Women and New Mothers in Syria

In Syria, communities are struggling under the weight of prolonged war, an escalating economic crisis, and the COVID-19 pandemic. Meanwhile, rapid depreciation of Syria's currency and skyrocketing food prices are plunging people into severe poverty, with 60 percent of the population estimated to be food insecure, according to WFP. Between December 2019 and June 2020, the national average food basket cost had increased by 153 percent.

"The prices have increased significantly in the last two months and the financial situation is so challenging," Khadija, 21, told UNFPA partners. "We cannot buy things to meet our basic needs compared to the previous months."

The ten-year-long conflict in Syria has stretched livelihoods and services to the breaking point. Millions of displaced people were already struggling to meet their basic needs. Now, with the pandemic,

The Birth of Baby Aisha

UNFPA is the sole provider of life-saving and life-sustaining SRH medicines and supplies to northwest Syria.

Arriving silently into this world through an emergency C-Section, the medical team at the UNFPA-supported maternity and paediatric hospital in Idlib spent four minutes resuscitating the infant. Still faced with breathing difficulties, the infant was transferred to the intensive care unit where the team made the diagnosis of respiratory distress syndrome. A newly received drug was administered to the infant along with continuous positive airway pressure therapy for four days. On day eight, baby Aisha was discharged, happily breastfeeding and in good neurological condition.

"Our hospital is the only one in northwest Syria that has the Surfactant drug (medication to treat and prevent respiratory distress syndrome in newborns). Last month we administered Surfactant to 12 newborns, nine of which are now at home, healthy with their families, while three remain under our medical care."

– Facility Manager, UNFPA Implementing Partner

families additionally require soap and sanitizing supplies to protect themselves from disease. In response, UNFPA and the World Food Programme (WFP) are scaling-up an electronic voucher system that targets pregnant and breastfeeding women, who have heightened nutritional requirements.

The e-voucher system helps women purchase food and hygiene items from designated stores in Aleppo, Damascus, Dara'a, Deir Ez-Zor, Hama, Al Hassakah, Homs, Lattakia, Quneitra, Raqqa, rural Damascus, and Tartous. Based on a successful pilot programme that UNFPA and WFP implemented in Dara'a, the system has been expanded to further affected areas.

Khadija, who has a 1-month-old daughter, says detergents and soaps have been particularly difficult to obtain, though she has recently been able to purchase them through e-voucher system. The savings have enabled her family to visit the doctor and meet other essential needs.

The COVID-19 pandemic has, in many ways, affected both the health and socio-economic well-being of vulnerable women around the world, including in Syria. Families reached with the voucher system say they are now able to choose from a range of nutritious food items and hygiene products, including sanitary napkins, soap, shampoo, and other detergents. It also helps families buy most of the critical items they need in a single trip, thereby limiting their exposure to COVID-19. These kits contain essential hygiene supplies that have been the subject of urgent requests due to "the great need for it and the high prices for it, especially diapers," explained Ms. Shams, who registers pregnant women and new mothers for aid through the Al Bir Association. She added that she hopes to see this kind of support increase as prices continue to rise.



REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|---------|----------|
| People reached with sexual / reproductive health | 145,764 | 98% |
| Family planning consultations | 28,851 | 100% |
| Normal / assisted vaginal deliveries | 2,885 | 100% |
| C-Sections | 1,471 | 100% |
| Ante-natal care consultations | 37,952 | 100% |
| Post-natal care consultations | 10,334 | 100% |
| People trained on SRH-related topics | 16 | 63% |

GENDER -BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with GBV programming | 66,194 | 98% |
| People reached with Dignity Kits | 1,882 | 100% |
| People provided with GBV case management | 1,963 | 99% |
| People reached with GBV awareness messages | 54,393 | 97% |
| People trained on GBV-related topics | 106 | 80% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|---|-------|----------|
| People reached with youth engagement activities | 262 | 36% |

CASH AND VOUCHER ASSISTANCE

| | TOTAL | % FEMALE |
|---|--------|----------|
| People reached with cash and voucher assistance | 65,445 | 100% |

SOCIAL INCLUSION

| | TOTAL | % FEMALE |
|------------------------------------|--------|----------|
| People with disabilities reached | 1,006 | 87% |
| Number of adolescent girls reached | 17,003 | 100% |



90

PRIMARY HEALTHCARE FACILITIES



64

WOMEN AND GIRLS' SAFE SPACES



17,003

ADOLESCENT GIRLS REACHED



1,006

PEOPLE WITH DISABILITIES REACHED



4,356

SAFE DELIVERIES SUPPORTED



83

OPERATIONAL MOBILE CLINICS

SYRIA COUNTRY OFFICE

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

It is difficult to imagine the toll that ten years of conflict can have on communities, families, and individuals. In Syria, disruptions in community networks have had a devastating impact, creating widespread protection risks and an unprecedented economic crisis that is only worsening due to COVID-19.



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

Even before COVID-19, the combination of years of geopolitical unrest, severe economic collapse, and the disintegration of social and protection networks had rendered the challenges substantial and the needs high. COVID-19 has directly and disproportionately jeopardized women's social and economic capabilities globally and it is not different in the Syria crisis region. The rapidly worsening economic situation has exacerbated many of the risks faced by individuals, families, and communities. Women and girls pay the highest cost of this deterioration.

The World Food Programme (WFP) reports that a record 12.4 million people — 60 percent of the Syrian population — are now food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded, and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage, as families struggle to meet their basic needs. Estimates indicate that, as of early 2021, more than 13.4 million people remain in need within Syria, while more than 5.5 million continue to live as refugees in host communities throughout the region. It is estimated that over 6.1 million remain internally displaced (OCHA).

Among those in need, close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

Women and girls suffer the worst impacts of the crisis. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as online harassment and sextortion, have also been observed in recent years.

REPRODUCTIVE HEALTH

| | TOTAL | %FEMALE |
|--|---------|---------|
| People reached with sexual / reproductive health | 120,009 | 97% |
| Family planning consultations | 25,120 | 100% |
| Normal / assisted vaginal deliveries | 900 | 99% |
| C-Sections | 869 | 100% |
| Ante-natal care consultations | 29,048 | 100% |
| Post-natal care consultations | 5,799 | 100% |
| People trained on SRH-related topics | 16 | 79% |

GENDER -BASED VIOLENCE

| | TOTAL | %FEMALE |
|--|--------|---------|
| People reached with GBV programming | 48,791 | 98% |
| People reached with Dignity Kits | 1,882 | 100% |
| People provided with GBV case management | 1,639 | 99% |
| People reached with GBV awareness messages | 41,409 | 98% |
| People trained on GBV-related topics | 25 | 100% |

YOUTH SERVICES

| | TOTAL | %FEMALE |
|---|-------|---------|
| People reached with youth engagement activities | 262 | 35% |

CASH AND VOUCHER ASSISTANCE

| | TOTAL | %FEMALE |
|---|--------|---------|
| People reached with cash and voucher assistance | 65,431 | 100% |

SOCIAL INCLUSION

| | TOTAL | %FEMALE |
|------------------------------------|--------|---------|
| People with disabilities reached | 690 | 97% |
| Number of adolescent girls reached | 17,003 | 100% |



77

PRIMARY HEALTHCARE FACILITIES



33

EMERGENCY OBSTETRIC CARE FACILITIES



1

FUNCTIONAL YOUTH CENTRES



49

WOMEN AND GIRLS' SAFE SPACES



125

FUNCTIONAL MOBILE CLINICS



690

PEOPLE WITH DISABILITIES REACHED

TURKEY CROSS-BORDER

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

Of the 4.2 million people living in northwest Syria, more than half — 2.7 million — are living in displacement, and 3.5 million require humanitarian assistance. Out of the staggering 1.6 million people living in IDP sites, an estimated 80 percent are women and children. Artillery shelling and bombardments have continued to impact communities across the northwest, especially around the M4 and M5 highways in the southern and eastern Idlib area. Civilian casualties have continued to be reported, killed and injured by shelling or improvised explosive devices and explosive remnants of war.

Winter conditions have exacerbated existing humanitarian needs of communities, with flooding taking place across northwest Syria, particularly at internally displaced persons (IDP) sites. Between 14 and 20 January, heavy rainfall across the Idlib area and northern Aleppo governorate reportedly caused damage to at least 196 IDP sites, with many roads leading to camps reportedly cut off or damaged (OCHA sit-rep no. 24 - January, 2021).

As of January 31, 20,997 cases of COVID-19 have been confirmed in northwest Syria. Despite a reduction in new cases, the number of deaths associated with COVID-19 has increased by some 46 percent. Anecdotal information suggests that COVID-19 has remained widespread, despite the reduced rate of confirmed cases, and that people are wary of seeking testing and treatment due to reasons that include stigma and concerns about the loss of livelihoods.

Funding is needed to meet the COVID-19 response plan and crucial to ensure that essential health services are available and accessible by all people in northwest Syria. Several comprehensive emergency obstetric and neonatal care CEmONC-level service delivery points have suspended and postponed non-life-threatening surgeries, only accommodating emergency cases. UNFPA-supported service delivery points have been connected to EWARN (early warning) focal points and referral systems for suspected cases and diagnosis at available COVID-19 laboratories have been put in place and updated following the establishment of new testing facilities.



13

PRIMARY HEALTHCARE FACILITIES



15

WOMEN AND GIRLS' SAFE SPACES



13

EMERGENCY OBSTETRIC CARE FACILITIES



316

PEOPLE WITH DISABILITIES REACHED



2,587

SAFE DELIVERIES SUPPORTED



7

OPERATIONAL MOBILE CLINICS

WITHOUT THIS SAFE SPACE, I WOULD HAVE NOT SURVIVED. IT'S BEEN REALLY LIFE-CHANGING TO BE AROUND SO MANY OTHER WOMEN WHO UNDERSTAND MY STRUGGLES AND OFFER REAL SUPPORT.

— JIHAN, a survivor of forced marriage from Aleppo, Syria

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with sexual / reproductive health | 25,755 | 98% |
| Family planning consultations | 3,731 | 100% |
| Normal / assisted vaginal deliveries | 1,985 | 100% |
| C-Sections | 602 | 100% |
| Ante-natal care consultations | 8,904 | 100% |
| Post-natal care consultations | 5,259 | 96% |

GENDER -BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with GBV programming | 17,403 | 71% |
| People reached with GBV awareness messages | 12,984 | 75% |
| People trained on GBV-related topics | 81 | 83% |

CASH AND VOUCHER ASSISTANCE

| | TOTAL | % FEMALE |
|---|-------|----------|
| People reached with cash and voucher assistance | 14 | 100% |

SOCIAL INCLUSION

| | TOTAL | % FEMALE |
|----------------------------------|-------|----------|
| People with disabilities reached | 316 | 100% |

Programme and Coordination Update

Focused and enhanced support to ten local women-led organizations in northwest Syria has continued in an effort to expand GBV technical knowledge and GBV programming. Such efforts aim to have multiplying effects in order to provide broader reach of GBV prevention and response awareness, referrals, and services. Further integration of dedicated GBV staff and space at SRH service delivery points has continued to provide wide-ranging reach, which has been critical in light of several GBV projects and safe spaces in northwest Syria that have been forced to close due to insufficient funding.

Part two of an online training on "Inclusion of People with Disabilities in Women and Girl Safe Spaces", developed by World Vision International and the GBV Sub Cluster, was officially launched on Disaster Ready in December 2020. By the end of January, 1,500 GBV and other humanitarian workers had completed the course. The training is an initial step to help equip all GBV actors with basic knowledge about best practices working with women and girls with disabilities and respective measures to make safe spaces more inclusive.

In support of GBV case management, the Cash and GBV taskforce has been engaged in developing standard operating procedures for a cash and voucher assistance referral system. The work of the taskforce in northwest Syria was recently featured in a global case study on cash and gender by the Grand Bargain sub-work stream on cash and GBV. UNFPA has also commenced implementation of its second Individual Protection Assistance (IPA) project, targeting around 3,000 vulnerable persons. Developed guidance anchored in lessons learned and best practices from the first IPA project in 2020 will inform implementation. UNFPA has joined forces with John Hopkins University to collaborate on a research study, which aims to assess the impact of IPA (in the form of a one-off, unconditional cash assistance) on broader protection outcomes among vulnerable women in northwest Syria.

UNFPA faces a significant funding gap of \$2.9 million for dignity kit provision in northwest Syria. Distributed by GBV Sub Cluster members, dignity kits provide a crucial entry point for the provision of other essential GBV services, such as psychosocial support (PSS), prevention of sexual exploitation and abuse (PSEA), awareness raising, and referrals to specialized services. The SRH Working Group has developed and shared technical information notes regarding COVID-19 vaccination for pregnant and lactating women with a view to raise awareness among partners ahead of planned vaccinations in northwest Syria.

TURKEY COUNTRY OFFICE

WITH THE LARGEST NUMBER OF REFUGEES WORLDWIDE, UNFPA TURKEY CONTINUES TO PROVIDE MUCH NEEDED ASSISTANCE TO DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

Programme Updates

In January, UNFPA continued to provide uninterrupted SRH and protection services, including gender-based violence prevention and response services. UNFPA and partners continued supporting vulnerable refugee groups, both online and face-to-face, with the latter reserved for individual services in rural and remote areas.

UNFPA also continued to support national COVID-19 screening activities in certain areas through its mobile service units, which offered field screening with temperature checks and sample collections, in addition to their usual SRH service package. During the outreach activities, health mediators distributed dignity kits to the homes of safe space beneficiaries in an effort to reduce infection risks, particularly for beneficiaries who have to use public transport to reach safe spaces. Unfortunately, current demand outweighs existing stocks of dignity kits, particularly given the increasing need for sanitizing products and PPE.

As in the previous month, all UNFPA service units prioritized awareness raising activities via phone or online, with a focus on self-care and communication skills, international rights and entitlements, women's rights, civil rights, right to education, GBV and access to GBV response services, HIV issues, and others.

After two years of pain, Sene hears the world again.

"Hearing the world around me is priceless," says Sene. For two years, she struggled with a severe infection of the ear that prevented her from hearing anything and gave her severe headaches.

Sene was seven years old when her family fled from Al Hasakah, Syria, because of the war. She is 15 now and lives in rural Adana, southern Turkey, with her parents and seven siblings. Sene is a seasonal agricultural worker, just like her parents.

"The problem started two years ago. I had constant ear pain. My mother took me to hospital a few times. However, it wasn't received well by my father and his family. According to what they believe, it was not right for a woman to go out with her adolescent girl. They didn't even believe that I was sick. There was a huge fight and my father took us to live with his parents for a while. That's why my treatment couldn't be completed."

Sene's mother, Meryem, was quite distraught upon being separated from her children, particularly from Sene, considering her health problem. Given that Sene's pain was increasing day by day, eventually leading to serious hearing loss, Meryem decided to speak up and managed to convince the father to take Sene to a hospital. At the hospital, the language barrier proved to be a considerable challenge. He was unable to communicate with the doctors on the treatment required or how to proceed, at which point UNFPA Turkey's mobile health team met with Sene in the rural Adana settlement in which they live.



"When UNFPA's health and social workers visited us, I was almost deaf. They listened to our story, talked to my father, and immediately arranged an appointment at a specialised ear clinic in the state hospital. They also went with us and continued to help while we were there. They communicated with hospital staff, made all necessary arrangements, and took an appointment for the surgery. I recently had my operation, and my life has been completely transformed since then."

After two years of pain and anxiety, Sene can hear the world again. "I feel like I have gained my life back."

UNFPA is working in collaboration with the Turkish Ministry of Health to deploy mobile service units in five cities in Turkey, reaching thousands of refugees, migrants, and seasonal agricultural workers. These services are funded by European Union Humanitarian Aid.

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with sexual / reproductive health | 5,642 | 81% |
| Family planning consultations | 767 | 100% |
| Ante-natal care consultations | 477 | 100% |
| Post-natal care consultations | 76 | 100% |

GENDER -BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with GBV programming | 7,903 | 66% |
| People reached with Dignity Kits | 5,785 | 53% |
| People provided with GBV case management | 8 | 100% |
| People reached with GBV awareness messages | 3,569 | 80% |
| People trained on GBV-related topics | 117 | 80% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|---|-------|----------|
| People reached with youth engagement activities | 1,543 | 97% |
| People trained on youth topics | 23 | 74% |

SOCIAL INCLUSION

| | TOTAL | % FEMALE |
|---------------------------------------|-------|----------|
| People with disabilities reached | 123 | 59% |
| Number of adolescent girls reached | 1,509 | 100% |
| Number of LGBTQI+ individuals reached | 732 | 44% |



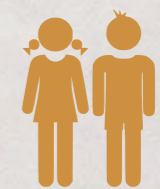
4

PRIMARY HEALTHCARE FACILITIES *



4

WOMEN AND GIRLS' SAFE SPACES



4

FUNCTIONAL YOUTH CENTRES



1,509

ADOLESCENT GIRLS REACHED



123

FUNCTIONAL MOBILE CLINICS



39

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.

Since mid-January 2021, and following the high rate of COVID-19 infections and deaths, the Government of Lebanon imposed a total lockdown. According to the Lebanese Ministry of Public Health, some 310,000 of the country's six million citizens have been infected and more than 3,300 have died. As more than 90 percent of the country's intensive care unit and regular beds were already occupied, some patients with COVID-19 were being treated in their cars in parking lots outside emergency rooms.

Subsequently, strict movement restriction measures were imposed under a 24-hour curfew, with citizens forbidden from going out to work and even to shop for groceries. Citizens who were in urgent need to commute had to submit permissions through an electronic platform.

Amid these exceptional circumstances, UNFPA partners, in line with the Government and inter-agency guidelines, shifted to remote modalities of service delivery except for essential interventions (such as the provision of life-saving medical care or for high-risk and urgent GBV cases in need of immediate support). Among the activities conducted remotely, partners continued to raise awareness on COVID-19, reproductive health, and women and well-being, in addition to facilitating individual and group mental health and psychosocial support sessions. Activities conducted in person, including the deployment of medical mobile unit that provided medical care to persons in need.

UNFPA continued to advocate to ensure in-person support and services to high-risk cases, even during lockdowns, and has developed tools to help partners provide assistance remotely, including guidelines for remote case management.

Given current restrictions on service delivery and reporting, quantitative data for Lebanon will be provided in February on a retroactive basis.

AFTER MOVING TO IRAQ, LIFE BECAME BETTER FOR A WHILE. THEN THEY BEGAN TREATING ME DIFFERENTLY. I WAS A GIRL AND OVERNIGHT I BECAME A WOMAN.

— SAZEN, a survivor of child marriage from Qamishli, Syria

IRAQ COUNTRY OFFICE

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

While Iraq continues to steadily recover from years of conflict, thousands of vulnerable families across the country remain displaced and in critical need of protection and assistance. As of January 31, 2021, 316,117 Syrian refugees (61% urban, 39% camp) and 40,875 refugees of other nationalities resided across Iraq, with over 99% of Syrian refugees located in the Kurdistan Region of Iraq (KR-I).

Across Iraq, public health facilities are available to refugees and asylum-seekers free of charge, including for many emergency services. Despite a reduction in COVID-related restrictions, financial constraints and access issues pre- and post-COVID-19 continue to impact access to healthcare.

Given diverging COVID-19 responses across governorates, service continuity differed across the country. Adapted activities have included the provision of psychological first aid at camp primary healthcare centres and awareness raising. One-to-one counselling was adapted to tele-counselling, with face-to-face for critical cases. Focus also continued on mental well-being techniques, prevention of stress and anxiety, and response to emerging needs in adapted modalities. Very limited services are available in urban areas given current conditions.

UNFPA Iraq is currently updating its reporting modalities throughout its network. As such, quantitative data will be provided in February on a retroactive basis.

JORDAN COUNTRY OFFICE

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

In January, UNFPA's GBV programme published two videos on its work on the response and prevention to GBV in both the humanitarian and development settings. The [first](#) video focused on the United Nations Joint Global Programme on Essential Services for Women and Girls subjected to violence in Jordan, and the [latter](#) discussed UNFPA's GBV response and prevention services provided in Syrian Camps in Jordan through UNFPA's supported women and girls' safe spaces.

The Importance of Support

Three years ago, Hind and her family were forced to flee their hometown of Homs in western Syria. The family headed to the Jordanian border and then to Azraq camp. At Azraq refugee camp, some 50 kilometres from the Syrian border and currently home to over 42,000 Syrian refugees, Hind, 43, lives with her disabled mother, aged 80, and her 42-year-old sister Ghazia, who has a physical disability and mental disorder.

Through the sessions conducted by the counsellor at the UNFPA-supported centre in village 2, Hind talked about her sister's situation, Ghazia, who has a physical and mental disability, and how she was exposed to bullying and verbal violence.

Hind was encouraged to attend a psychosocial support (PSS) individual session with the counsellor and to ask Ghazia to accompany her, which she did. During the session, Ghazia began expressing her feelings more freely, and discussed the bullying and lack of acceptance by others. After the fourth session, Ghazia could finally reach the centre alone. She would call by phone and ask for a cart to get to the centre, which was a turning point in her life and showed substantial growth in terms of self-confidence and communication skills.

Ghazia's family was very optimistic regarding the positive impact on her character and behaviour towards them, neighbours, and strangers, which reduced the social stigma and enabled them to accept, recognise, and respect the living conditions of people with disabilities.

The real and positive impact on Ghazia led her to share her experience with friends and neighbours and encourage them to attend PSS services. Due to her efforts, 9 beneficiaries with disabilities have joined the IRC women's centre.

Moments of Pride

"What I was most proud of in 2020 was that I was able to preserve the health of my children," says Hiba. The 26-year-old mother had to flee her family home in Dara'a seven years ago after it had been destroyed in the war.

"Dara'a was a wonderful city," recalls Hiba. "It has breathtaking plains and mountains. Our house was destroyed and we kept moving from one place to another, and after two years, we fled to Jordan."

The family headed to the Jordanian border and then to the Azraq refugee camp. At Azraq, they were taken to what is known as Village Five, a fenced-in section of the camp.



Hiba got married in Jordan, and two years ago, she was living with her husband and two children, Sondos, six years old, and Hisham, four. "My husband and I have been trying for another baby for two years, and nothing happened. One day, I heard about the IRC reproductive health clinic at Azraq, and I went there. The midwife gave me reproductive health education sessions, and they were really helpful," Hiba recalls.

After a couple of months, Hiba got pregnant and enrolled in the ante-natal care program. "We were pleased with the pregnancy and really excited to welcome our third child," she says. "I started getting monthly check-ups with Lara, the IRC midwife. She was amazing and supportive."

In November 2019, the family welcomed their new baby boy, Atheer. "It was a big event for all of us. It brought happiness to our family," says Hiba, who began receiving postnatal care right after the delivery.

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with sexual / reproductive health | 6,147 | 99% |
| Family planning consultations | 1,587 | 99% |
| Normal / assisted vaginal deliveries | 95 | 100% |
| Ante-natal care consultations | 2,759 | 100% |
| Post-natal care consultations | 289 | 100% |
| People trained on SRH-related topics | 23 | 98% |

GENDER -BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with GBV programming | 2,998 | 97% |
| People provided with GBV case management | 287 | 95% |
| People reached with GBV awareness messages | 1,193 | 95% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|---|-------|----------|
| People reached with youth engagement activities | 448 | 67% |
| People trained on youth topics | 23 | 72% |

SOCIAL INCLUSION

| | TOTAL | % FEMALE |
|------------------------------------|-------|----------|
| People with disabilities reached | 13 | 100% |
| Number of adolescent girls reached | 762 | 100% |



16

PRIMARY HEALTHCARE FACILITIES *



1

EMERGENCY OBSTETRIC CARE FACILITIES



1

FUNCTIONAL YOUTH CENTRES



13

WOMEN AND GIRLS' SAFE SPACES



2,998

PEOPLE REACHED WITH GBV SERVICES



13

PEOPLE WITH DISABILITIES REACHED

EGYPT COUNTRY OFFICE

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



Egypt remains one of the countries most impacted by COVID-19 in the region, with close to 165,951 cases reported by end of January. The restrictions on movement placed during the early months of the pandemic have since eased, but the epidemiological status of the country remains unpredictable. These measures had forced extended though temporary disruptions in various facilities supported by UNFPA, including women and girls' safe spaces.

In January, UNFPA supported safe spaces continued to offer awareness-raising and case management services for GBV survivors, with a focus on women and girls. UNFPA has invested in discussing and developing sustainability mechanisms with its implementing partners on the ground (CARE, Etijah and the Ministry of Youth and Sports) to make sure that safe spaces continue to operate beyond the programmatic cycle. While COVID-19, social distancing, and lockdowns have affected the ability of safe spaces to offer physical meetings, training programs and interactive social activities for community members, UNFPA and its implementing partners have opted for digital learning tools, developing online activities for young people while continuing to offer case management services in person.

In 2021, UNFPA Egypt will continue to support primary, secondary, and tertiary healthcare, including reproductive health and family planning services, for Syrian refugees and the Egyptian host community through equal and non-discriminatory access. In 2021, despite continuing challenges of COVID-19 and related concerns, secondary and tertiary healthcare for Syrian refugees, particularly pregnant women with complications, will be a key priority. Additionally, efforts to reduce and mitigate the impacts of gender-based violence will be made by strengthening access to legal, medical, psychosocial, and emergency shelter services. UNFPA Egypt will continue to strengthen community-based protection and community-led activities to address GBV, along with developing governmental capacities to respond and provide refugee-friendly services.

IT TOOK ME MANY YEARS TO REALISE THAT I SIMPLY CANNOT STAY SILENT ABOUT THE ABUSE I WAS EXPERIENCING AT HOME. WHILE I HAD A LOT OF TRAUMA TO DEAL WITH, THE SESSIONS AT THE CENTRE HELPED ME TO PROCESS WHAT I WAS FEELING WHILE STILL REMAINING CALM AND COLLECTED.

— AHAD, a survivor of domestic violence from Qamishli, Syria

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 January, a new Whole of Syria GBV Information Management Officer (IMO) joined the team and will support all IMO and data-related tasks to improve GBV strategic planning and coordination based on strong evidence. Meanwhile, in the framework of the Humanitarian Programme Cycle, the WoS GBV AoR finalized its HNO chapter and is proceeding with the final *Voices from Syria* report based on main findings in 2020. The GBV AoR also liaised with other sectors at the Whole of Syria level to discuss the inclusion of a gender-based violence risk mitigation objective in the HRP's inter-sectoral objectives. This would clearly increase accountability of other sectors towards GBV risk mitigation in the Syria response. The GBV AoR also worked on the preparation for the Senior Officials Meeting (SOM), including the development and review of GBV sector-specific inputs on needs, gaps, and priorities.

The UNFPA Regional Syria Response Hub and the GBV AoR received an honourable mention in the InterAction 2020 Results Based Protection Good Practices Contest for the GBV data collection approach in Syria, which feeds into the annual publication of the *Voices from Syria* report. The approach is featured in the most recent Knowledge Series publication, *Beyond Numbers*, which focuses on improving the gathering of GBV data to inform humanitarian responses.

In Turkey, a year-end review of lessons learned and achievements was conducted, concluding that coordination meetings have contributed to (i) stronger cooperation, communication, and knowledge sharing between partners; (ii) increased participation, diversity and inclusiveness via bilingual meetings; (iii) continuous protection sector needs assessments and information collection and management; and (iv) timely updates and information dissemination. Meanwhile, during the Istanbul LGBTQI+ and Key Refugee Groups (KRG) Thematic Coordination Meeting that was co-chaired by UNFPA, issues related to challenges in getting access to essential services and legal protection concerns during pandemic were discussed, along with revision of the terms of reference and planning the KRG training sessions for 2021. Lastly, as of January 2021, UNFPA has been assigned as the champion agency for the PSEA Network, and will continue to ensure co-ownership of PSEA efforts, noting, however, that it is the responsibility of each agency and UN staff members to address PSEA accordingly to the policies and procedures of their specific agency.

In Jordan, the Sexual and Gender-Based Violence Subworking Group (SGBV-SWG) held a joint meeting with the Child Protection Sub-Working Group (CPSWG), focusing on the thematic cross sectoral issue of child marriage. The meeting was held in partnership with the National Council for Family Affairs, highlighting relevant information pertaining to the issue of child marriage and recommendations to enhance the existing synergies in between the actors in both sectors as well as with the various government agencies. Meanwhile, as part of the coaching initiative launched in 2020 with the objective of raising the standards of case management among PSS actors, the first of five coaching sessions was conducted on the essential topic of mental health support and referral for survivors. Other sessions will be held in the coming months. The Gender-Based Violence Information Management System (GBV IMS) Task Force also met in January to analyse collected data on GBV IMS to produce GBV IMS annual report for 2020, due by the end of the first quarter.

DONORS & PARTNERS

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

CURRENT DONORS

Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, and the United Kingdom.

United Nations: OCHA/CERF, UNDP, SCHF, and UNFPA Emergency Funds.

IMPLEMENTING PARTNERS

In Syria: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Masyaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatoul Charity for Humanitarian Services, Islamic Charity Association – Aoun for Relief and Developments (AOUN), Monastery of Saint James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Commission for Family Affairs and Population, SCS, SEBC, OCHA / SHF, UNICEF, WFP, UNHCR, ILO, UNDP, UNHCR.

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

In Jordan: IFH (Institute for family health), MOH (Ministry of health), JHAS (Society Aid Health Jordanian), JWU (Jordanian Women's Union), the National Council for Family Affairs (NCFA), YPEER (Youth Peer Education Network), Questscope, IRC, RHAS.

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

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

In Turkey: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey; Ministry of Foreign Affairs (MoFA); Ministry of Health (MoH); Ministry of Labour, Social Services and Family; ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's 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 Masratt (Ihsan), Maram (SAMS), Women's Support Association (SEMA) and Hope Revival Organization (HRO) (SEMA).



DEVELOPED BY THE
UNFPA REGIONAL SYRIA
RESPONSE HUB

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RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://syria.humanitarianresponse.info>