



UNITED NATIONS POPULATION FUND

# REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

**ISSUE# 104**

APRIL 1-30, 2021

**In April 2021, the situation in Syria and the region remains dire and the needs high.**

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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APRIL 1-30 2021

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# UNFPA’S MISSION

THE UNITED NATIONS SEXUAL AND  
REPRODUCTIVE HEALTH AND RIGHTS AGENCY

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

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

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

NO MATTER WHAT HAPPENED TO ME BEFORE,  
COMING [TO THIS SAFE SPACE] HAS ALLOWED  
ME TO FIND NEW MEANINGS IN LIFE, AND NEW  
FRIENDS WHO CARE.

— RUBA, a survivor of family violence from rural Aleppo, Syria



# WHAT'S NEXT?

CURRENT AND UPCOMING EVENTS AND DEVELOPMENTS TO WATCH OUT FOR.



## Upcoming Knowledge Series Podcast: *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](#).

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.

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.

UNFPA will soon publish a podcast that provides an overview of the guide, the work and experiences that informed it, and the ways in which partners, donors, and other GBV actors can leverage the knowledge it contains. The podcast will feature essential background information on the various stages of performing qualitative GBV research in humanitarian settings, in addition to a variety of perspectives, lessons learned, and recommendations.

## Upcoming Knowledge Series Product: *Transcending Norms*

Women and girls safe spaces (safe spaces) are formal or informal places where women and girls feel physically and emotionally safe. The term 'safe' in this context refers to the absence of trauma, excessive stress, violence (or fear thereof), or abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm.

These spaces, often among a few limited lifelines available to those in need, provide women and girls with the opportunity to heal, socialise, and rebuild their community networks, in addition to receiving social support, cultivating life skills, accessing safe gender-based violence responses, among many other vital services.

Still, gaps remain with regards to ensuring that safe spaces are gender transformative to the services and activities offered, as identified in the last [Regional Impact Assessment](#) of the Syria crisis. In particular, the aspects related to the empowerment of women and girls through vocational trainings, skill-building, and livelihood activities often reiterate stereotyped gender norms, which is an area where improvements will have lasting benefits on both individual and community scales.

To that end, the UNFPA Regional Syria Response Hub (The Syria Hub) aims to develop a guide to help UNFPA programmes and organizations managing safe spaces ensure that all empowerment and vocational activities are transformational and do not perpetuate traditional (and harmful) social norms. To be published under the heading of *Transcending Norms*, the Syria Hub intends to liaise with UNFPA country offices throughout the region to ensure full ownership on the development and finalization of the product.

## *In Her Words: Stories by Adolescent Girls in the Arab States*

*In Her Words* is a pilot initiative that aims to support adolescent girls living in humanitarian settings to communicate their voices in as accurate and unadulterated manner as possible, and to gauge their worldviews on key subjects and issues that impact their daily lives. Building on the resilience-focused approach adopted in UNFPA's *Unbroken*, this initiative aims to underscore the depth, strength, and potential of adolescent girls, even in the midst of turmoil and especially during the COVID-19 pandemic.

Adolescent girls may face a broad range of challenges when it comes to expressing their thoughts and feelings, particularly in the Arab States region. Social restrictions on freedoms of speech (particularly on that of women and girls), taboos related to gender and sexuality, gender discriminations and inequalities, and a multitude of other factors cultivate an environment that is not conducive to individual self-expression. In humanitarian settings, these challenges are exacerbated by the impact of conflict and displacement, likely creating additional risks of gender-based violence, including forced and child marriage, which further complicates the difficulties that adolescent girls face when verbalising their often deep and insightful thoughts about various topics that impact them.

*In Her Words* is an attempt to help bring the voices of adolescent girls to the fore. This will be achieved by featuring narratives written by girls themselves, in their own words, as part of an extended mentorship programme that guides them along the process. All of the participating girls have witnessed conflict, displacement, and unimaginable violence, and yet all continue to defy their challenges by demonstrating an unyielding resilience that allows them rise above their challenges to reach their potential.

In addition to amplifying the voices of adolescent girls, the objective of this initiative is to accompany girls in an empowering journey to better explore and understand their thought processes, feelings and experiences in relation to their lives as adolescent girls in a humanitarian context. The project serves as a safe and open platform for them to narrate their stories as creatively as uninhibitedly as possible, using words, drawings, journaling, photos, voice recordings, videos, and others.

Eventually, all products developed through this initiative will find their way back to the adolescent girls themselves in order to foster a dialogue and showcase the universality of the issues impacting them across the region.



## SITUATION OVERVIEW

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

**13.4 MILLION**  
ESTIMATED IN NEED IN SYRIA**3.6 MILLION**WOMEN AND GIRLS OF  
REPRODUCTIVE AGE IN  
NEED IN SYRIA**11.7 MILLION**INTERNALLY DISPLACED OR  
LIVING AS REFUGEES  
IN THE REGION**500,000**ESTIMATED PREGNANT WOMEN  
AND GIRLS IN THE REGION

## General Overview

As of April 2021, the situation in Syria remains critical. Years of instability, an economy on the verge of collapse, funding shortfalls, and the COVID-19 pandemic have converged to place lives at risk, with women and girls continuing to bear the brunt of these challenges. With no political solution to the crisis in sight, the situation is a stark reminder that the international community must continue to support the needs with innovative programmes.

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.

## COVID-19 Updates

**As of April 30, 2021, the Syria crisis region, which encompasses the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, recorded a total of 6,373,926 cases of COVID-19, as outlined by the figure 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. 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
	JORDAN	IRAQ	EGYPT
As at February 28, 2021	711,373	1,065,099	227,552

THE WORLD IS A VERY DIFFERENT PLACE WHEN YOU ARE A WOMAN. EVEN WAR IS DIFFERENT AND HURTS US DIFFERENTLY.

— MONA, a Syrian refugee living in Jordan



FROM ALL OPERATIONS

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

REPRODUCTIVE HEALTH

People reached with sexual and reproductive health services	444,313	97%
Family planning consultations	134,712	99%
Normal and assisted vaginal deliveries	11,756	100%
C-Sections	5,600	100%
Ante-natal care consultations	198,121	100%
Post-natal care consultations	44,846	100%
People trained on SRH-related topics	870	82%

GENDER-BASED VIOLENCE

People reached with GBV programming	176,938	86%
People reached with dignity kits	43,937	80%
People provided with GBV case management	9,232	98%
People reached with GBV awareness messages	252,027	91%
People trained on GBV-related topics	1,518	68%

YOUTH SERVICES

People reached with youth engagement activities	11,792	70%
People trained on youth-related topics	265	68%

CASH AND VOUCHER ASSISTANCE

People reached with cash and voucher assistance	93,202	99%
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SOCIAL INCLUSION

People with disabilities reached	6,870	64%
Adolescent girls reached	68,845	100%
LGBTQI+ individuals reached	1,678	41%

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

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

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

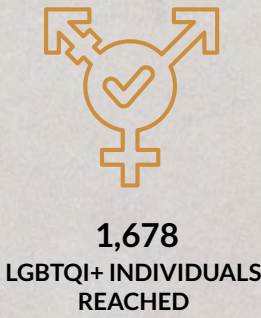
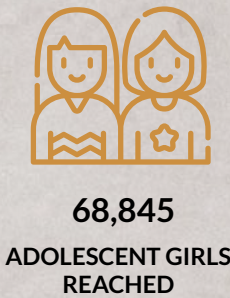
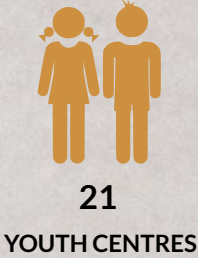
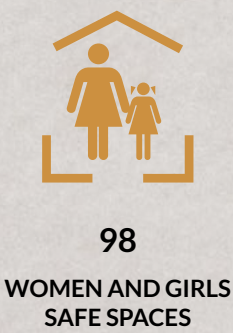
SINCE JANUARY  
% FEMALE

SINCE JANUARY  
% FEMALE

SINCE JANUARY  
% FEMALE

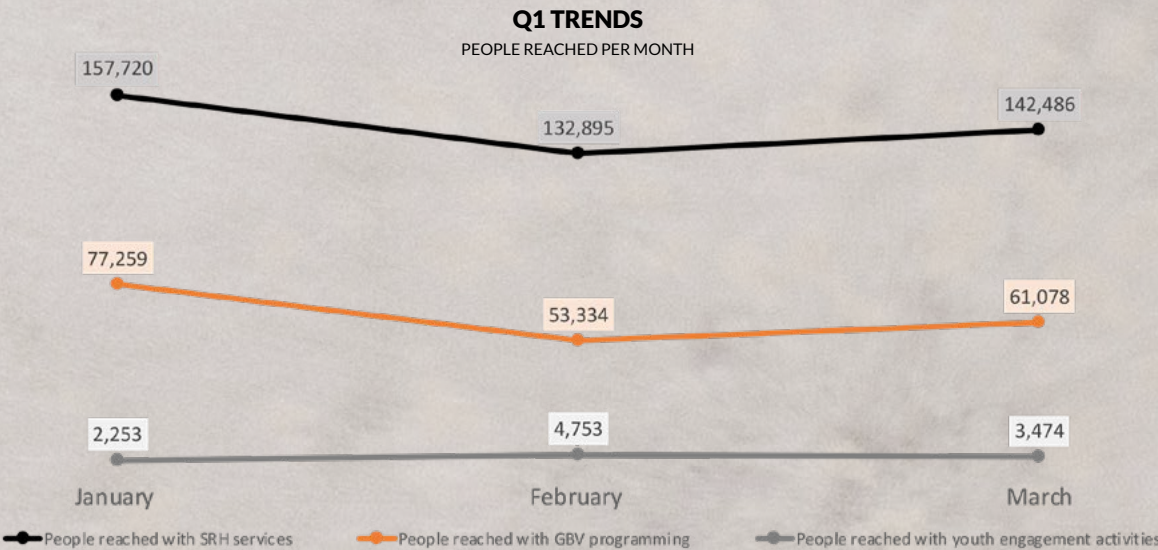
SINCE JANUARY  
% FEMALE

SINCE JANUARY  
% FEMALE



\* 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. 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.



**‘I had no idea that I had any rights as a girl or as a woman’**

*21-year-old Bayan from northwest Syria*

“I had my first child at the age of 13, followed by my second child one year later. While I had no idea that I had any rights as a girl or as a woman, I knew I was suffering every day because of my husband. My marriage was not successful, and it ended early. My husband took my two children away from me, and married another woman. The society I live in does not accept the idea of divorce. My life was destroyed - I had no one to talk to. When I heard about a centre for women that was safe, and where women could talk with other trusted women, I decided to visit. At the centre I now receive psychological support and I participate in many activities with other women and girls.”

REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	372,070	97%
Family planning consultations	119,297	99%
Normal and assisted vaginal deliveries	10,905	100%
C-Sections	5,457	100%
Ante-natal care consultations	180,949	100%
Post-natal care consultations	42,463	100%
People trained on SRH-related topics	627	85%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	125,426	88%
People reached with dignity kits	18,517	100%
People provided with GBV case management	7,137	99%
People reached with GBV awareness messages	222,534	91%
People trained on GBV-related topics	539	83%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	3,088	49%

CASH AND VOUCHER ASSISTANCE

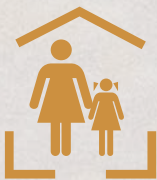
	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	93,126	99%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	5,188	63%
Adolescent girls reached	57,106	100%



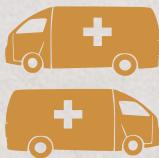
88  
PRIMARY HEALTHCARE  
FACILITIES \*



61  
WOMEN AND GIRLS  
SAFE SPACES



5  
YOUTH CENTRES



88  
MOBILE CLINICS



32  
EMERGENCY OBSTETRIC  
CARE FACILITIES



57,106  
ADOLESCENT GIRLS  
REACHED



SYRIA COUNTRY OFFICE

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

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

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

food insecure, according to the results of the nationwide food security assessment conducted in late 2020. This is by far the highest number ever recorded, and will contribute further to the risks of gender-based violence and harmful practices, such as child marriage, as families struggle to meet their basic needs. Estimates indicate that, as of early 2021, more than 13.4 million people remain in need within Syria, while more than 5.5 million continue to live as refugees in host communities throughout the region. It is estimated that over 6.1 million remain internally displaced (OCHA). Among those in need, close to 7 million are women and girls of reproductive age and close to half a million are pregnant, requiring access to quality SRH services.

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



### The birth of Tiam and the critical role of mobile clinics for rural communities

“Since the mobile clinic started coming to our town, I have been following up with them to monitor the stages of my pregnancy and receive me supplementary medication,” said Shaza, speaking to the UNFPA coordinator. Shaza is among the many people receiving sexual and reproductive health services at the UNFPA-supported mobile clinic in Maskaneh, rural Aleppo.

“We couldn’t find a way to travel to the city, so we depend on the mobile clinic in the village, which covers our needs and relieves many of our old burdens,” added Shaza.

In her village, a considerable distance from central Aleppo, health services are limited and some are not even available. The UNFPA mobile clinic served as the only lifeline for women in need like Shaza, offering safety, confidentiality, and accredited medical professionals committed to providing the best of care.

It was by total coincidence that when Shaza started having contractions this Spring,

the mobile clinic was on rotation near her village. The mobile team responded the minute they received her call for help. They transferred her to a nearby house and the lead gynaecologist on site supervised the safe delivery of her baby boy, “Taim”.

The team also provided essential guidance and information, walking her through the upcoming stages of her post-natal recovery plan. This included essential healthcare services, such as periodic monitoring, supplementary medication to ensure her and her baby’s safety, and health awareness sessions on family planning and protection from COVID-19.

“I will continue following the advice provided by the medical team to ensure my family and new-born baby are safe,” added Shaza, who expressed her gratitude for having a healthy baby without having to risk leaving her village while in labour, especially during a pandemic. The mobile clinic continues to provide reproductive health services to the women in hard-to-reach villages, where such services are most needed to prevent mothers and their infants from dying.

## REPRODUCTIVE HEALTH

	SINCE JANUARY	%FEMALE
People reached with sexual and reproductive health services	302,815	99%
Family planning consultations	101,824	98%
Normal and assisted vaginal deliveries	2,998	100%
C-Sections	3,071	100%
Ante-natal care consultations	139,018	100%
Post-natal care consultations	24,720	100%
People trained on SRH-related topics	534	88%

## GENDER -BASED VIOLENCE

	SINCE JANUARY	%FEMALE
People reached with GBV programming	81,302	96%
People reached with dignity kits	4,493	100%
People provided with GBV case management	6,290	99%
People reached with GBV awareness messages	182,559	97%
People trained on GBV-related topics	145	97%

## YOUTH SERVICES

	SINCE JANUARY	%FEMALE
People reached with youth engagement activities	3,088	49%

## CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	%FEMALE
People reached with cash and voucher assistance	90,611	100%

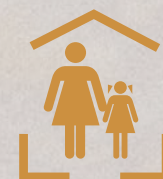
## SOCIAL INCLUSION

	SINCE JANUARY	%FEMALE
People with disabilities reached	2,462	80%
Adolescent girls reached	42,989	100%



75

PRIMARY HEALTHCARE FACILITIES \*



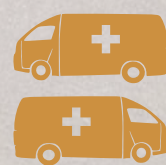
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WOMEN AND GIRLS SAFE SPACES



5

YOUTH CENTRES



81

MOBILE CLINICS



19

EMERGENCY OBSTETRIC CARE FACILITIES



42,989

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.

Civilians have continued to endure conflict across northwest Syria. Of the 4.2 million people living in northwest Syria, more than half – 2.7 million – have remained in displacement, and 3.5 million require humanitarian assistance. New and protracted IDPs share the same urgent needs, in an area that has limited shelter options, and where hostilities have caused destruction of civilian infrastructure, including health facilities, schools, and disruption of basic service provision. On 8 April, a missile hit a vehicle near front lines in Idlib governorate, which resulted in the death of two men, two women and three children.

With the continued devaluation of the Syrian Pound and protracted active conflict, the affected population has been faced with incremental challenges in addressing their basic needs. As highlighted by the UN's humanitarian chief in his intervention to the UN Security Council on 28 April, "In north-west Syria, millions of people remain pressed up against the border in an active war zone, dependent on aid that is delivered across the border from Turkey. Our data show those people are worse off now than they were nine months ago. Every month, the cross-border operation reaches some 2.4 million people who depend on it for food, medicines, shelter and other vital supplies."

Programme Update

As the sole provider of SRH medicines and supplies to northwest Syria, UNFPA has continued to use the UN Security Council-authorized cross border modality to tranship goods from Turkey into Syria. Consequently, 429 SRH kits have been recently distributed to health facilities providing SRH services in northwest Syria. These facilities included basic emergency obstetric and new-born care, comprehensive emergency obstetric and new-born care, primary health care (PHC) with SRH outpatient and mobile clinics, which serve some 1 million beneficiaries over six months. SRH cluster coordination partners have been supported with 74 specific kits to treat sexually transmitted infections in addition to family planning supplies to cover the needs for some 47,100 women and 4,000 men in the coming three months.

Women and girls with disabilities are marginalized on multiple levels and consequently face additional risks and barriers when seeking to access support or services in northwest Syria. UNFPA's implementing partners have become increasingly better equipped and positioned to ensure social inclusion of persons living with disabilities and the elderly at all SRH and GBV service delivery points. Substantial efforts have been undertaken to identify vulnerable persons through regular outreach, and subsequent measures have been taken to ensure that adequate infrastructure, including transport, has been installed at service delivery points in order to ease relevant access for those in need. Continued training and capacity building has also been a key component. 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. Over 1,500 GBV and other humanitarian workers have to date completed the course. The training has been an initial step to help equip all GBV actors with basic knowledge on best practices working with women and girls with disabilities and respective measures to make WGSSs more inclusive.



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	69,255	91%
Family planning consultations	17,473	100%
Normal and assisted vaginal deliveries	7,907	100%
C-Sections	2,386	100%
Ante-natal care consultations	41,931	100%
Post-natal care consultations	21,497	100%
People trained on SRH-related topics	93	69%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	44,124	74%
People reached with dignity kits	14,024	100%
People provided with GBV case management	847	99%
People reached with GBV awareness messages	39,975	65%
People trained on GBV-related topics	394	78%

CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	2,515	75%

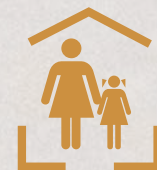
SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	2,726	48%
Adolescent girls reached	14,117	100%



13

PRIMARY HEALTHCARE  
FACILITIES



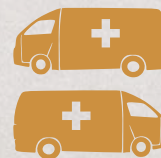
15

WOMEN AND GIRLS'  
SAFE SPACES



13

EMERGENCY OBSTETRIC  
CARE FACILITIES



7

MOBILE CLINICS



14,117

ADOLESCENT GIRLS  
REACHED



2,726

PEOPLE REACHED WITH  
CASH AND VOUCHER  
ASSISTANCE



TURKEY

COUNTRY OFFICE

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

General Update

By the end of April, Turkey had reported around 4.8 million cases of COVID-19. The number of daily (new) cases was continuously increasing, reaching its peak on April 20 with 61,000 cases per day. To stem the spread of the virus, Turkey initiated a nationwide lockdown between April 29 and May 17. According to the Health Ministry's official statements, the number of COVID-19 infections has dropped by almost 50% after 9 days of full lockdown, reaching 31,891 cases on April 30.

Since Turkey began a mass COVID-vaccination campaign on Jan. 14, more than 25 million people have been vaccinated in total according to Turkish Health Ministry statistics. Around 14.6 million people have received their first doses and second doses have been given to over 10.4 million.

Meanwhile, many refugees continue facing difficulties accessing the vaccine. Among the main reasons are (i) lack of information about vaccine availability, (ii) lack of official documentation or (iii) lack of awareness about the benefits of the vaccine in reducing the risk of spread. Humanitarian organizations are aware of these challenges and continue to adapt their response programmes to address them.

Curfew and lockdown measures continue to have a negative impact on refugees' socio-economic situation, particularly their ability to access livelihoods and basic needs. Unemployment and decreased income, together with the limited mobility and socialization, have broadly impacted refugee communities regardless of age and gender. Various surveys conducted by UN agencies also highlight the heightened risk of refugees negative coping strategies, including substance usage, child labour, domestic violence, withdrawal, and isolation.

Programme Update

UNFPA and implementing partners continue working through a mixed modality, providing online health and protection counselling and support to all people. In urgent cases, this includes accompanying clients to healthcare appointments as well as hosting face-to-face services at service units. As of April 30, due to the full lockdown in effect, all service units suspended face-to-face services and switched to solely remote service provision (with the exception of 2 safe spaces operating within migrant health centres (MHCs).

UNFPA also continues to provide capacity building and knowledge management workshops, including two workshops on provision of health services for seasonal and agricultural workers and four provincial coordination meetings to provide support to rural refugees in Mersin, Bursa, Izmir and Sanliurfa provinces. These meetings aimed to increase multi-sectoral coordination and collaboration to seek solutions to the needs and challenges of refugees living in rural areas, including seasonal agricultural migrant workers living in the tent settlements, particularly in the health and protection sectors. UNFPA also continues to support the capacity building of implementing partner staff, with 71 individuals trained on various topics.



REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	12,644	77%
Family planning consultations	1,279	100%
Ante-natal care consultations	886	100%
Post-natal care consultations	154	100%
People trained on SRH-related topics	215	73%

GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	21,574	62%
People reached with dignity kits	20,313	56%
People provided with GBV case management	22	95%
People reached with GBV awareness messages	8,421	72%
People trained on GBV-related topics	979	60%

YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	4,968	90%
People trained on youth-related topics	243	67%

SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	1,343	61%
Adolescent girls reached	3,683	100%
LGBTQI+ individuals reached	1,676	41%





LEBANON COUNTRY OFFICE

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

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	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	342	100%
Normal and assisted vaginal deliveries	76	100%
GENDER -BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	1,087	100%
People reached with dignity kits	4,622	100%
People provided with GBV case management	19	100%
People reached with GBV awareness messages	4,194	100%
YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities *	51	100%
SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached *	6	100%
Adolescent girls reached	563	100%

\* Data not available for April.



### Programme Update

As of early April 2021, and following the gradual lifting of the country's nationwide lockdown in Lebanon, malls, stores, and factories were permitted to reopen. However, a total lockdown was imposed again during Easter and Ramadan vacations. Citizens were also required to submit authorization requests through an electronic platform in order to leave their homes.

Lebanon's economic woes continue to adversely affect the population in the country, particularly in light of the significant fluctuation of Lira's exchange rate. This has far-reaching repercussions that extend well into communities in neighboring Syria and is a contributing factor in the economic crisis affecting the country. Discussions on the formation of a new government continue to stall and civilians are bearing the brunt in the form of rising poverty and greater risks of abuse and exploitation for women and girls.

During such circumstances, UNFPA partners, in coordination with the Government and in line with inter-agency guidelines, continued providing support through remote modalities of service delivery expect for life saving interventions (such as the provision of life saving medical care or for high risk and urgent GBV cases in need of immediate support). Among the activities conducted remotely, partners continued to raise awareness on COVID-19, reproductive health and women and wellbeing, and facilitate individual and groups mental health and psychosocial support sessions. Activities conducted in person included the deployment of medical mobile unit that provided medical care to persons in need.

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





# JORDAN COUNTRY OFFICE

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

### Programme Update

UNFPA, the Jordanian National Commission for Women (JNCW), and ESCWA have initiated a study on estimating the economic cost of violence. Among the initial steps has been the establishment of a steering committee, the members of which recently held a meeting to finalize the proposed methodology and coordinate nationwide consultations meetings with key stakeholders. The study will be conducted in 2021 upon receiving the required approval by the government, with the final report slated to launch towards the end of the year.

### Girls Shine: An Innovative Programme to Empower Adolescent Girls

UNFPA continues to work towards empowering adolescent girls, who not only experience unique challenges but are also often the most overlooked segment when it comes to social programming. During March, UNFPA launched an innovative training programme under the heading of “Girls Shine,” which was designed to support adolescent girls as they navigate a safe and healthy transition into adulthood, protected from gender-based

violence and nurtured by their caregivers and peers to claim their full rights. Towards the end of the month, 84 young girls completed the 19 sessions of the programme, cultivating life skills that will aid in their long-term development. “We witnessed hard times during COVID-19,” explains one participant. “I feel I am gaining my life back through the Girls Shine Program. I am back to communicating with others and plan to continue my education.”

Another participant echoed that sentiment: “I used to feel very shy about some topics discussed in the module. I didn’t even ask my mother about them. The Girls Shine facilitator presented the topic around puberty in a very easy way and I have learned a lot.”

UNFPA also continues to support the only dedicated Youth Centre in Zaatari Camp providing adolescents and youth (aged 12-30 years). The center is closed due to COVID-19 restrictions, however virtual alternatives continue to be supported, including psychosocial support, mentorship program, and healthy lifestyles awareness including SRHR and GBV.



### REPRODUCTIVE HEALTH

	SINCE JANUARY	% FEMALE
People reached with sexual and reproductive health services	28,501	100%
Family planning consultations	7,829	100%
Normal and assisted vaginal deliveries	376	100%
Ante-natal care consultations	12,460	100%
Post-natal care consultations	1,390	100%
People trained on SRH-related topics	28	93%

### GENDER -BASED VIOLENCE

	SINCE JANUARY	% FEMALE
People reached with GBV programming	15,246	89%
People provided with GBV case management	952	89%
People reached with GBV awareness messages	7,482	90%

### YOUTH SERVICES

	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	3,298	63%
People trained on youth-related topics	22	68%

### CASH AND VOUCHER ASSISTANCE

	SINCE JANUARY	% FEMALE
People reached with cash and voucher assistance	76	100%

### SOCIAL INCLUSION

	SINCE JANUARY	% FEMALE
People with disabilities reached	187	98%
Adolescent girls reached	4,405	100%



16  
PRIMARY HEALTHCARE FACILITIES \*



19  
WOMEN AND GIRLS SAFE SPACES



1  
YOUTH CENTRES



187  
PEOPLE WITH DISABILITIES REACHED



1  
EMERGENCY OBSTETRIC CARE FACILITIES



4,405  
ADOLESCENT GIRLS REACHED



# IRAQ COUNTRY OFFICE

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

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

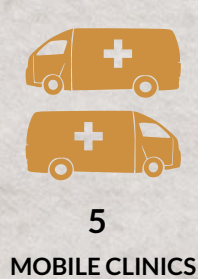
– MANAR, a survivor of family violence from Damascus, Syria

REPRODUCTIVE HEALTH	SINCE JANUARY	% FEMALE
People reached with sexual / reproductive health	29,665	100%
Family planning consultations	6,231	100%
Normal / assisted vaginal deliveries	475	100%
C-Sections	143	100%
Ante-natal care consultations	3,826	100%
Post-natal care consultations	839	100%

GENDER-BASED VIOLENCE	SINCE JANUARY	% FEMALE
People reached with GBV programming	10,802	98%
People reached with dignity kits	485	100%
People provided with GBV case management	256	100%
People reached with GBV awareness messages	8,665	97%

YOUTH SERVICES	SINCE JANUARY	% FEMALE
People reached with youth engagement activities	438	56%

SOCIAL INCLUSION	SINCE JANUARY	% FEMALE
People with disabilities reached	150	95%
Adolescent girls reached	3,064	100%



## COVID-19 Updates

Due to COVID-19, UNFPA and its partners have had to modify the modality of working and service provision to adapt to the new situation and ensure continuity of service provision at all service delivery points. Moreover, PPE has been distributed to staff, clients, and clinics, while social distancing measures continue to be observed. UNFP has focused on recreational activities, outreach, and coordination activities as a strategy to increase women's participation and address the lack of social engagement due to COVID-19 restrictions.

The pandemic is reshaping individual contexts and impacting rotation plans for staff, clients, and programming in several ways:

- The dynamics of healthcare work have changed, with greater risks of infection, demanding greater commitment by health workers to adhere to self-care guidelines.
- Social distancing measures continue to add further complication to existing programmes and initiatives. For instance, most activities are being conducted remotely, which in turn has had an impact on both the individual and programming levels.
- Meanwhile, management at all refugee camps have expressed concerns that the restrictions are preventing group activities from taking place at service centres, which may have serious consequences for certain clients in need. Despite the pressure, some activities are taking place but with a minimal number of beneficiaries.
- UNFPA implementing partners are giving greater focus to sessions with no more than six participants for all activities. Social distancing and mask wearing remain mandatory and sanitisers are also provided to participants. Social workers are also offering awareness sessions on COVID-19 to combat the spread of misinformation.

## The power to start over

After the death of her daughter, Fatima's marriage and her relationship with her children were on the verge of collapse. Her family had fled Syria after the crisis intensified, eventually being forced into extended displacement. Their paths eventually led them to take refuge in Kawergosk Camp in Erbil.

Her daughter's death caused Fatima to neglect everyone and everything around her. She describes feeling lost and unable to find meaning in the things she had cared about before. Her state was rather upsetting to her husband who, instead of offering support, turned to psychological and physical abuse.

"He became violent towards both me and the children," she recalls. "Towards the end, I was simply passing time while I grieved my daughter's death and fought off the depression that came after."

She first heard about the UNFPA-supported safe space at the camp from a neighbor who had been receiving services there. Fatima decided to give it a try, signing up for sports activities and scheduling a meeting with a social worker for a talk on women's empowerment and participation. "I attended that session and learned a lot. I spoke with her afterwards and learned that I could see her individually. I wanted to seek professional help for my situation at home."

After a few one-on-one sessions, Fatima also signed up for other sessions and continued to receive various forms of counselling, including individual sessions. "I felt that I was gradually getting better. These sessions restored my hope and my drive to rebuild my life, which I thought I had lost forever. I was advised to invite my husband to the counselling, and he joined me during the awareness sessions on gender-based violence."

Fatima's story mirrors the experiences of many others who have been displaced by the crisis in Syria. Despite the difficulties she had experienced, she still found the strength to transform her life for the better. She now works as a volunteer at the center, helping other women make the best of the services on offer.





# EGYPT COUNTRY OFFICE

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



10  
WOMEN AND GIRLS' SAFE SPACES

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.

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

UNFPA Egypt will continue to support primary, secondary, and tertiary healthcare, including reproductive health and family planning services, for Syrian refugees and the Egyptian host community through equal and non-discriminatory access. In 2021, despite continuing challenges of COVID-19 and related concerns, secondary and tertiary healthcare for Syrian refugees, particularly pregnant women with complications, will be a key priority. 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.



749  
PEOPLE REACHED WITH SRH SERVICES



2,803  
PEOPLE REACHED WITH GBV PROGRAMMING

WORKING TO SUPPORT OTHERS OVER THE PAST FEW YEARS HAS TRULY ENRICHED MY SKILLS AND EXPERTISE, AS WELL AS ABILITY TO ADAPT TO THE PANDEMIC.

– SAFAA, a case worker at a UNFPA-supported safe space

### The capacity for transformation

Manar, a 50-year-old female widow and Syrian refugee, first came to the UNFPA-supported safe space in Cairo four years ago. Her daughter had told her about the space, its intent, and the services on offer, and she decided to pay it a visit. She quickly became a regular participant in the various workshops and awareness sessions offered at the space which, as she describes it, became the “family house and the meeting space for dear friends”.

When she first joined, she was rather reserved and faced difficulties engaging in conversations, particularly with strangers. During her visits to the safe space, she was invited to attend a public speaking workshop, which she found incredibly challenging. The experience pushed her to overcome these limitations by creating opportunities for engaging with many other individuals using different activities, including one where they talked about themselves, their memories, and interests. Afterwards, the participants were asked to read aloud some of the inputs they had provided over the course of the workshop, and she was surprised at how quickly her ability to communicate had improved. She continues to benefit from these workshops on a regular basis.

Manar identifies that moment as a breakthrough point in her personal development and confidence, as it helped her overcome many other challenges that she faced in her life. She is grateful for the positive impact that the safe space and its community has had on her life and her ability to reach her full potential.

# 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.

During April, the Whole of Syria GBV AoR published [Voices from Syria 2021](#), which paints an accurate picture of the GBV situation in Syria. For the first time this year, the Whole of Syria GBV AoR developed an ‘easy-read’ version of the report, which can be downloaded as well, supporting our commitment to the provision of disability friendly materials. The WoS GBV AoR continued to support the HRP process, including with dedicated meetings with GBV coordinators to discuss the process and the responsibility of each hub’s coordinator.

Meanwhile, the GBV Sub-Working Group in northeast Syria, led by Relief International in the framework of the Whole of Syria GBV AoR, also worked on the development of standardized Case Management (CM) tools, SOPs and an Information Sharing Protocol (ISP). It is also developing the ToR for the creation of a case management TF in order to support the roll out of the CM SOPs.

The UNFPA Regional Syria Hub is leading on the development of a series of two podcasts to support the dissemination of its publication Beyond Numbers, to encourage other countries to replicate the Voices from Syria assessment model. The Hub had recently supported Sudan in reviewing the first draft of their own *Voices from Sudan* report and hopes to see more adaptations of this approach in other contexts.

In Turkey, UNFPA co-chaired the Istanbul GBV sub-working group and the South-eastern Turkey (SET) Region GBV sub-working group. Members provided updates from the field regarding GBV-related prevention and protection activities and presented the GBV identified needs and priorities. The Southeastern Turkey (SET) Region GBV sub-working group also finalized the work plan for 2021. Meanwhile, UNFPA and UNICEF will co-lead the development

of an inter-agency complaint referral pathway and SOPs for information sharing on complaints and operationalization of the UN Victim Support Protocol for Turkey. Both agencies are planning to recruit an external PSEA Expert to make this a priority.

In Jordan, the [2020 GBVIMS Report](#) was finalized and published along with its dissemination plan, which will be taking place during the next months. This report provides information on incidents of GBV reported by survivors in Jordan during 2020. The information was gathered with the consent of survivors who received psycho-social support (through the case management approach) via seven member organizations of the Gender Based Violence Information Management System (GBV IMS) Taskforce, responsible for drafting reports, providing strategic directions to GBV programmes based on identified gaps and trends.

Meanwhile, phase one of a coaching initiative that was started in 2020 to boost the standards of case management services to GBV survivors among PSS actors i has been completed. The initiative included four monthly learning sessions and one specialized training for 30 case managers and supervisors; that is in addition to technical support that have been provided in the form of coaching, mentoring, training, and other capacity building activities in addition to supporting the internal GBVIMS annual data analysis for each task force organization. End line Assessment of the coaching initiative has revealed that all participants perceived benefit to be above expectation (20%), excellent (72%) or good (6%) and all participants expressed that the training materials were practical and applicable. Recommendations from the final report highlighted that future efforts of capacity building and coaching shall continue in order to strengthen the response and result in higher quality service provision for all types of survivors. Emphasis can be however also placed on future efforts to provide adequate staff care, remote supervision and further exploration of how case management should be accommodated and informed for survivors of all diverse backgrounds.



# 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 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 Masrrat (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](http://www.unfpa.org)  
[www.ocha.org](http://www.ocha.org)  
[www.unhcr.org](http://www.unhcr.org)  
<http://syria.humanitarianresponse.info>