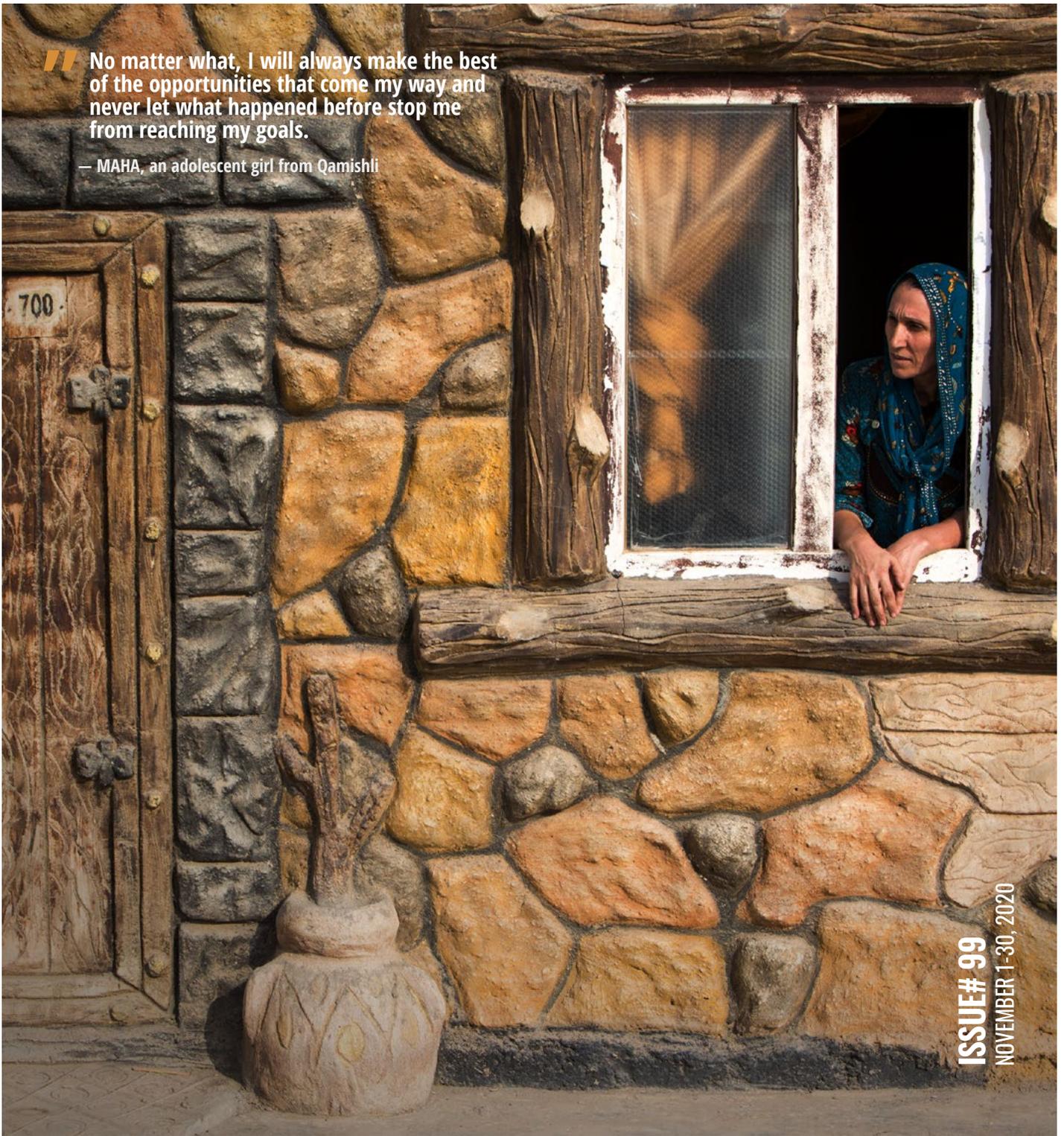


“ No matter what, I will always make the best of the opportunities that come my way and never let what happened before stop me from reaching my goals.

— MAHA, an adolescent girl from Qamishi



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UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA 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 Syria, Jordan, Lebanon, Turkey, 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, the 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.



THE MISSION OF UNFPA

The United Nations sexual and reproductive health and rights agency.

UNFPA's core mission 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 Syrian woman and girl 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, including 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 2020 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 mobilise its resources and expertise to maintain the availability of quality SRH and GBV services to people in need throughout the region.





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The crisis in Syria has been globally recognised as one of the worst humanitarian crises of our time. More than 11.2 million people inside Syria are in need, while close to 5.6 million have taken refuge in neighbouring countries throughout the region. They continue to suffer the effects of nearly a decade of conflict, including disruption of community networks, safety nets, and rule of law. This is particularly true in the case of women and girls due to the deep-rooted complexity of the issues they continue to face on a daily basis. Moreover, as the COVID-19 pandemic continues to impact communities throughout the region, women and girls face ever-growing risks in terms of access to quality sexual and reproductive health services and protection from various forms of gender-based violence.

All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Syria Response Hub. Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. Real names of survivors have been changed for confidentiality.

SITUATION OVERVIEW

Within the Syria crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq and Egypt, there have been a total of 124,553,69 confirmed cases of COVID-19 as of November 30, 2020. The highest number of confirmed cases came from Turkey (1,431,648), followed by Iraq (552,549), Jordan (219,430), Lebanon (127,944), Egypt (115,911), and Syria (7,887).

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, which highlights the potential for the nation's already fragile and overstretched healthcare capacity to be further compromised. 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 that 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. This is particularly relevant given that recent estimates suggest that 22.4 percent of households in Syria are headed by women, up from 4.4 percent in 2009. This means that over 4.5 million people are currently living in female-headed households (FHH), representing a highly vulnerable portion of the population.

UNFPA continues to work with key line ministries and implementing partners (IPs) to ensure continuity of sexual and reproductive health (SRH) and gender-based violence (GBV) services, while ensuring that both health and social workers and beneficiaries are protected from COVID-19. UNFPA's response includes provision of maternal and SRH services for pregnant and lactating women, operation of women's and girls' safe spaces (WGSS), distribution of SRH and dignity kits (both male and female), distribution of hygiene kits, an e-voucher system for hygiene supplies, community awareness raising, and referrals to both SRH and GBV services.

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 stricter measures introduced in certain regions in September. The government is also considering wider-scale restrictions to stem the second wave of infections during the fall and winter seasons. Despite these challenges, UNFPA Turkey has continued to support populations in need, such as vulnerable women and girls and Syrian refugees, throughout the outbreak.

In Lebanon, the aftermath of the Beirut Port Explosion that occurred on in August continues to exacerbate the array of crises facing the country. Infection rates have since seen a marked increase largely due to relapses in social distancing and other precautionary practices. Intermittent lockdowns, curfews, and other restrictions are expected to continue indefinitely.

Jordan, who fared much better than its neighbouring countries during the initial months of the outbreak, continues to see a marked increase in the number of daily reported cases, with the the pandemic entering a more aggressive community transmission stage. As a result of the unpredictability of the country's epidemiological status, UNFPA Jordan operations continue to be limited to time-critical, essential, life-saving components that must be continued regardless of programme and operational continuity. UNFPA Jordan has maintained its focus on ensuring continuity of essential sexual and reproductive health and gender-based violence services, particularly within the Zaatari and Azraq refugee camps.

Meanwhile, despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have maintained a relaxed approach towards the restrictions previously imposed. While UNFPA-supported sexual and reproductive health and gender-based violence facilities continue to offer services in most areas, gender-based violence is nonetheless believed to be increasing due to higher tensions in households as a result of confinement, posing new risks and potentially fuelling pre-existing forms of gender-based violence, particularly violence in the home perpetrated by intimate partners or other family members. UNFPA is working with the Government of Iraq and the Kurdistan Regional Government to ensure that essential services are still being provided.

The COVID-19 pandemic also continues to have a serious impact on the people of Egypt. The country has faced disruptions similar to those in neighbouring countries, which have forced a substantial number of UNFPA-supported WGSS to close. These facilities, however, continue to offer services remotely, meeting survivors only in emergency cases. Sexual and reproductive health services are still operational as part of the key partnership with the Ministry of Health and Population. UNFPA has supported the development of COVID-19 standard operating procedures for service providers for antenatal, delivery and postnatal services at primary healthcare centres and hospitals, including isolation hospitals.

Despite the challenges faced by beneficiaries, service providers, and staff, UNFPA remains committed to providing essential services in sexual and reproductive health and gender-based violence, and to reaching the Three Zeros of zero preventable maternal deaths, zero unmet need for contraception, and zero GBV and harmful practices. The UNFPA Regional Syria Response Hub has been closely coordinating with country offices in the region to ensure that response plans and priorities are clearly established. Continuity plans are being regularly updated as the situation evolves, and regular situation reports are being disseminated to all stakeholders.



**TOTAL
CONFIRMED
CASES**

As at November 30, 2020

SYRIA	TURKEY	LEBANON
7,887	1.14 MILLION	127,944
JORDAN	IRAQ	EGYPT
219,430	552,549	115,911

RESPONSE FROM ALL OPERATIONS

Delivering life-saving sexual and reproductive health and gender-based violence services to communities in need inside Syria and throughout the region.

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 Egypt, Iraq, Jordan, Lebanon and Turkey. The crisis has permanently altered the fabric of society in the nation, with far-reaching ramifications for its future resilience.

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 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.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,989,996
Family planning consultations	729,855
Normal / assisted vaginal deliveries	63,944
C-Sections	41,640
Ante-natal care consultations	698,969
Post-natal care consultations	111,764
People trained on SRH-related topics	2,984

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	980,199
People reached with Dignity Kits	423,098
People provided with GBV case management	22,833
People reached with GBV awareness messages	840,843
People trained on GBV-related topics	4,077

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	60,630
People trained on youth-related topics	1,545



* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 954 primary healthcare facilities are being partially supported through the Ministry of Health.



WHOLE OF SYRIA RESPONSE

SYRIA COUNTRY OFFICE

Delivering emergency and long-term assistance to Syrian communities in need throughout the country.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,524,741
Family planning consultations	644,030
Normal / assisted vaginal deliveries	40,948
C-Sections	35,308
Ante-natal care consultations	534,546
Post-natal care consultations	63,389
People trained on SRH-related topics	1,042

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	617,577
People reached with Dignity Kits	94,978
People provided with GBV case management	13,743
People reached with GBV awareness messages	669,197
People trained on GBV-related topics	823

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	35,550



* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 954 primary healthcare facilities are being partially supported through the Ministry of Health.

UNFPA is ensuring that implementing partners' (IPs) staff members adhere to precautionary and preventive measures against COVID-19, by using personal protection equipment, including hand gloves and masks, and that the environments where services are delivered are properly sanitized. UNFPA continues coordination with the Ministry of Health (MoH), other key line ministries, and actively advocates for efforts to provide SRH services during COVID-19 pandemic. UNFPA Syria's response includes provision of maternal and reproductive health services for pregnant and lactating women, operation of women and girls safe spaces, distribution of SRH and dignity kits (both male and female), community awareness raising and referrals to both RH and GBV services. UNFPA also continues to engage young people as partners and key agents of change and has been working hand in hand with IPs to support young people aiming to empower them to play vital roles in their communities during COVID-19 pandemic.

Two key areas of concern are rising rates of COVID-19 infections among healthcare workers, which threatens to further compromise the already strained healthcare system in the country, as well as the economic ramifications of the crisis. With a poverty rate at over 90 percent and a rise in the costs of staple goods, the economic crisis is further compounding health and protection risks among people in need.



Overcoming trauma through hard work

“I really didn’t know if I had any rights or access to support of any kind,” explains Khadija, a mother of five. “All I knew at the time is that I needed help.”

Khadija was admitted to the UNFPA-supported AL-Halbouni health clinic in Damascus after she had been severely beaten by her husband. This is a clinic managed by the Syrian Family Planning Association (SFPA), mandated to provide services such as medical examination, social services and vocational training for survivors of Gender-Based Violence (GBV).

One look at Khadija, 45, is enough to convey the depth of her suffering. The red and blue bruises on her face tell the grim story of extended abuse, while her inability to verbalize her experiences shows the extent to which they have traumatized her.

“I welcomed Khadija and tried to reassure her that she is not alone, that we are here to listen to and support her in every way, medically and psychologically,” recalls Izdiyar, the psychosocial support provider at the clinic, of their first meeting.

With the integrated package of services provided at Al- Halbouni, Khadija felt more motivated to deal with her emotional trauma. In line with UNFPA’s approach of involving men in search of durable solutions to issues of gender-based violence (GBV), Khadija’s husband was contacted by the mobile team and offered psycho-social consultation and services. His sessions revealed that he, too, had been struggling with severe emotional issues as a result of the crisis and the looming threat of violence. As he describes it, “I simply lost control.”

During the session, he was made aware of the serious ramifications of his actions as well as the protection rights available to women and girls who are mistreated at home. He was also counseled on the need for a couple to support each other and derive mutual strength from one another, particularly during times of strife.

Three months after accessing numerous services at Al Halbouni, Khadija feels alive and empowered. She reports that relations with her husband have never been better and that her husband’s violent behavior is now a thing of the past. Today, she lives for two primary hopes: that the economic crisis in Syria come to an end and that her own relationship with her family continues to grow. “I feel more aware than ever of my rights and I am also more capable of finding help when I need it now.”

Even now that she is back with her family and husband, Khadija now visits the clinic regularly to improve her general psychological well-being and to attend vocational training courses at the clinic, which have helped her grow new skillsets to further improve her livelihood.

“ I feel more aware than ever of my rights and I am also more capable of finding help when I need it now.

— KHADIJA, who attended vocational training courses at a UNFPA-supported facility

CROSS-BORDER TURKEY

Ensuring that all communities inside Syria have access to quality sexual and reproductive health and gender-based violence services.

Communities in northwest Syria have continued to be exposed to bombardment, especially south of the M4 highway and around the M5 highway. Casualty figures, reported by local sources, have been on the rise as hostilities have increasingly encroached on population centres. On 4 November, intense shelling has been reported across Ariha and Idleb, harming scores of civilians and killing two Syrian NGO staff. Of the 4.1 million persons in northwest Syria, 2.7 million persons have remained in displacement with 2.8 million persons in continued need of basic humanitarian assistance. Out of the 1.5 million people living in displacement camps, 79% of those are women and children (OCHA sitrep no. 22 – November, 2020).

The identification of COVID-19 cases in northwest Syria has been significantly accelerating with over 15,000 cumulative cases in November. Humanitarian partners have been in the process of setting up the first quarantine centre, which would provide an isolation option for people who have been exposed and for whom isolating amid a crowded everyday may not be possible. With some 8 percent of identified COVID-19 cases in camps, and rising, the need for this has been particularly acute.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	17
Health facilities that provide Emergency Obstetric Care (EmOC)	16
Functional mobile clinics	10
People reached with sexual/reproductive health services	217,073
Family planning consultations	44,189
Normal / assisted vaginal deliveries	20,666
C-Sections	6,020
Ante-natal care consultations	123,793
Post-natal care consultations	40,658
People trained on SRH-related topics	431

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	179,304
People reached with Dignity Kits	273,656
People provided with GBV case management	1,055
People reached with GBV awareness messages	93,705
People trained on GBV-related topics	1,859

The distribution of 12,763 dignity kits to women and girls in November has continued to provide an effective entry point to the provision of other lifesaving GBV services. The content of the dignity kit has been updated and tailored to the current needs on the ground in light of COVID-19 and now includes hand sanitizers and bleach.

During November, clean delivery kits were distributed in northwest Syria to cover the needs of 100,000 pregnant women and 10,000 birth attendants. Postnatal care guidance in Arabic, developed by the SRH Working Group, has been shared among relevant health providers in northwest Syria, where the Neonatal Mortality Rate has been currently estimated (among reporting partners) at 7.48. No maternal deaths have been reported by partners during the month of November.



The power to change one's life.

'I now understand that every woman has the ability and power to change her life for the better as long as she has support!'

'I come from a place where customs and traditions control behaviours. One day a young man proposed to marry me, and my family accepted without hesitation. They believed it was an opportunity for me as I was reaching an age of no longer being wanted. I personally thought my age would not allow for marriage so I was pleased that this would be my gateway to achieving my dreams. It quickly became clear that this would not be the case. My husband, who was controlling and greedy, would barely give me enough food to get by. Days, weeks and months passed by and I gave birth to three girls. My husband continued to deny us all of basic conditions for life. He shouted abusively at me every time I begged for basic needs for our daughters. Leaving him was not an option given my community's view towards divorced women.

'Life became very bleak and I felt that there was no hope for me to escape from my suffering. But then a neighbour encouraged me to visit a 'Safe Space'. I felt very comfortable there, and I started to attend psychosocial sessions. My caseworker listened to my story and I could empty all of my inner pain to her. In the 'Safe Space' I also connected with other women in my community who also had similar stories. Through vocational training I learned hairdressing and I was given cash support to buy the materials to start my own work. I was also lucky to have the support of one of my brothers who had opposed my marriage from the very beginning. I was able to make a new start - without returning to my husband. I now understand that every woman has the ability and power to change her life for the better as long as she has support!'

— Amina, who recently received support from a UNFPA-supported safe space in northwest Syria

” Life became very bleak and I felt that there was no hope for me to escape from my suffering.

— AMINA, a survivor of gender-based violence from Idleb, Syria



EGYPT COUNTRY OFFICE

UNFPA Egypt continues to provide assistance to syrian refugees in the country, focusing on issues related to gender-based violence.

Egypt remains one of the countries most impacted by COVID-19 in the region, with close to 115,911 cases reported by end of November. The restrictions on movement placed during the early months of the pandemic have since eased, however the epidemiological status of the country remains unpredictable. These measures had forced temporary and extended disruptions in various facilities supported by UNFPA, including women and girls' safe spaces.

However, these facilities continue to offer the life-saving package of care and case management services remotely and by meeting survivors in emergencies. A total of 13 UNFPA-supported WGSS are still open at a limited capacity that offer only the essential GBV case management service. SRH services are still operational as part of the key partnership with the Ministry of Health and Population.

The Government of Egypt has launched an adaptation plan that includes re-opening of youth centers and facilities to the communities, taking into consideration COVID-19 preventive measures of social distancing, using masks and practicing hand hygiene. UNFPA Egypt developed a re-opening plan to progress towards partial phase-based re-opening of the youth centres that are hosting UNFPA safe spaces in 5 governorates, offering integrated GBV and SRH services to women and girls from the Syrian community.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

Functional mobile clinics	2
People reached with sexual/reproductive health services	2,412
Family planning consultations	168
People trained on SRH-related topics	5

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	13
People reached with Dignity Kits	14,975
People reached with GBV programming / services	2,689
People provided with GBV case management	3,265
People reached with GBV awareness messages	2,864
People trained on GBV-related topics	57

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Beneficiaries reached with youth programming	367
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IRAQ COUNTRY OFFICE

UNFPA Iraq continues to provide essential support to more than 245,000 Syrians currently taking refuge in the country.

Iraq reported its first case of COVID-19 on February 24, 2020. As of 30 November 2020, a total of 552,549 cases had been reported, with 10,910 deaths. According to the Ministry of Health and WHO data, nearly half of cases reported are women, the largest age bracket testing positive for COVID-19 is 30-39 years and the largest number of deaths reported is for patients between 60-69 years old.

Despite a continuing rise in infections across Iraq and the Kurdistan region, both governments have relaxed the restrictions previously imposed. While UNFPA-supported sexual and reproductive health and gender-based violence facilities continue to offer services in most areas, gender-based violence is nonetheless believed to be increasing due to higher tensions in households due to confinement, posing new risks and potentially fuelling pre-existing forms of gender-based violence, particularly violence in the home perpetrated by intimate partners or other family members. UNFPA is working with the Government of Iraq and the Kurdistan Regional Government to ensure that essential services are still being provided.

UNFPA, in collaboration with WHO, continues to support the Ministry of Health in the development of national guidelines for the management COVID-19 during pregnancy and childbirth. UNFPA also continues to support the Ministry of Health with the online training of health service providers, midwives, nurses and doctors on the mitigation measures in the delivery rooms and reproductive health clinics in response to COVID19 pandemic.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	4
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	43,439
Family planning consultations	4,580
Normal / assisted vaginal deliveries	1,072
C-Sections	312
Ante-natal care consultations	8,363
Post-natal care consultations	2,927
People trained on SRH-related topics	485

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	4
People reached with GBV programming / services	4,473
People reached with Dignity Kits	8,279
People provided with GBV case management	360
People reached with GBV awareness messages	4,427

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	1
Beneficiaries reached with youth programming	5,582



JORDAN COUNTRY OFFICE

With 1.3 million Syrians nationwide, UNFPA Jordan continues to provide essential services to refugee and host communities nationwide.

Jordan reported its first case of COVID-19 on March 2, 2020, followed by a 24/7 curfew and lockdowns restricting people from leaving their homes. While the kingdom's early response to the outbreak was hailed internationally as a success story, the situation has since relapsed significantly, with a total of 219,430 cases reported as of November 30. Authorities have officially acknowledged that the epidemic has now entered uncontrolled community transmission.

In November, group activities that were suspended due to COVID-19 during the months previous resumed in Azraq camp, with social distancing measures being applied consistently to avoid potential risks. Adolescent groups enrolled in Girl Shine curriculum continued in person. Meanwhile, on the occasion of the 16 Days of Activism Campaign, UNFPA Jordan produced 4 podcast episodes under the national theme "Eliminating all forms of Domestic Violence against Women and Girls" in collaboration with Sovt podcast. The podcasts were shared during the time of the campaign and were shared in different platforms, such as Soundcloud, Anghami, Spotify, Google Podcasts, Apple Podcasts, etc.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	16
Health facilities that provide Emergency Obstetric Care (EmOC)	1
Functional mobile clinics	4
People reached with sexual/reproductive health services	105,136
Family planning consultations	31,304
Normal / assisted vaginal deliveries	1,258
Ante-natal care consultations	29,551
Post-natal care consultations	4,027
People trained on SRH-related topics	45

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	19
People reached with GBV programming / services	42,805
People reached with Dignity Kits	2,754
People provided with GBV case management	3,971
People reached with GBV awareness messages	25,087
People trained on GBV-related topics	99

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Beneficiaries reached with youth programming	9,661
Number of functional youth centres	1
People trained on youth-related topics	233



The effects of empowerment

"My only wish is to go to school and complete my education, like all girls in the world," says 15-year-old girl Nedaa.

Nedaa had many hopes for the future. She wanted to see herself prosper academically, grow, and live a purposeful life. But because of the crisis in Syria, Nedaa's family were forced to leave Syria. The family had no choice but to pack their few belongings and say goodbye to their beautiful village in Homs in 2016 when the situation became worse. "I was afraid of the bombs," she explains.

They arrived at Azarq camp in Jordan, where Nedaa kept pursuing her dream and joined the school. Since day one, she was exposed to a slew of verbal harassment on her way to school, which affected her self-esteem. The obscenities they launched at her made her feel guilt, driving her to blame herself for how she dresses, walks — even the shape of her body. After sharing her feelings with her family, the issue grew, and she was taken out of school.

Nedaa was devastated. Fortunately, a few days later, her friends convinced her to join an awareness session on gender-based violence, which was to be conducted by one of IRC's counselors in cooperation with Relief International. Nedaa heeded their advice and liked the session, making the choice to share her thoughts and experiences with the counselor on site, especially about the abuse to which she was exposed.

After the assessment, Nedaa and the counselor developed an action plan to rebuild her confidence and overcome the negative experiences she had. She was very committed to attending the individual sessions and also participated in the adolescent girls' life skills group.

Finally, after experiencing significant improvements in her wellbeing, Nedaa decided to go back to school again, this time stronger and more willing than ever to break the patterns of harassment and support other girls who may be going through this.

“ My only wish is to go to school and complete my education, like all other girls in the world.

— NEDAA, who has been receiving services at a UNFPA-supported women and girls' safe space

LEBANON COUNTRY OFFICE

Despite the escalating political and economic instabilities in Lebanon, UNFPA will continue to provide life-saving services to people in need.

Lebanon continues to grapple with a wide array of issues, including the aftermath of the Beirut Port explosion and an economy on the verge of collapse. These have created yet another large-scale crisis in a country that is in the midst of a serious surge in COVID-19 cases. In recent months, economic contraction, increasing poverty and rising prices of staples have compounded needs among both Lebanese and non-Lebanese communities, including the approximately 1.5 million refugees being hosted in the country – the highest refugee population per capita.

UNFPA has activated its own emergency response plan to the crisis, working to ensure that the SRH and GBV needs of those impacted are met. Plans are ongoing to integrate cash and voucher assistance into the response to facilitate access to SRH services and to contribute to GBV prevention and response.

UNFPA is urgently [appealing for US\\$ 19.65 million](#) to provide lifesaving assistance and meet the emerging needs of those impacted by this crisis.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	3
Health facilities that provide Emergency Obstetric Care (EmOC)	1
People reached with sexual/reproductive health services	24,870
Family planning consultations	4,076
Normal / assisted vaginal deliveries	5
Ante-natal care consultations	1,141
Post-natal care consultations	324
People trained on SRH-related topics	261

GENDER-BASED VIOLENCE

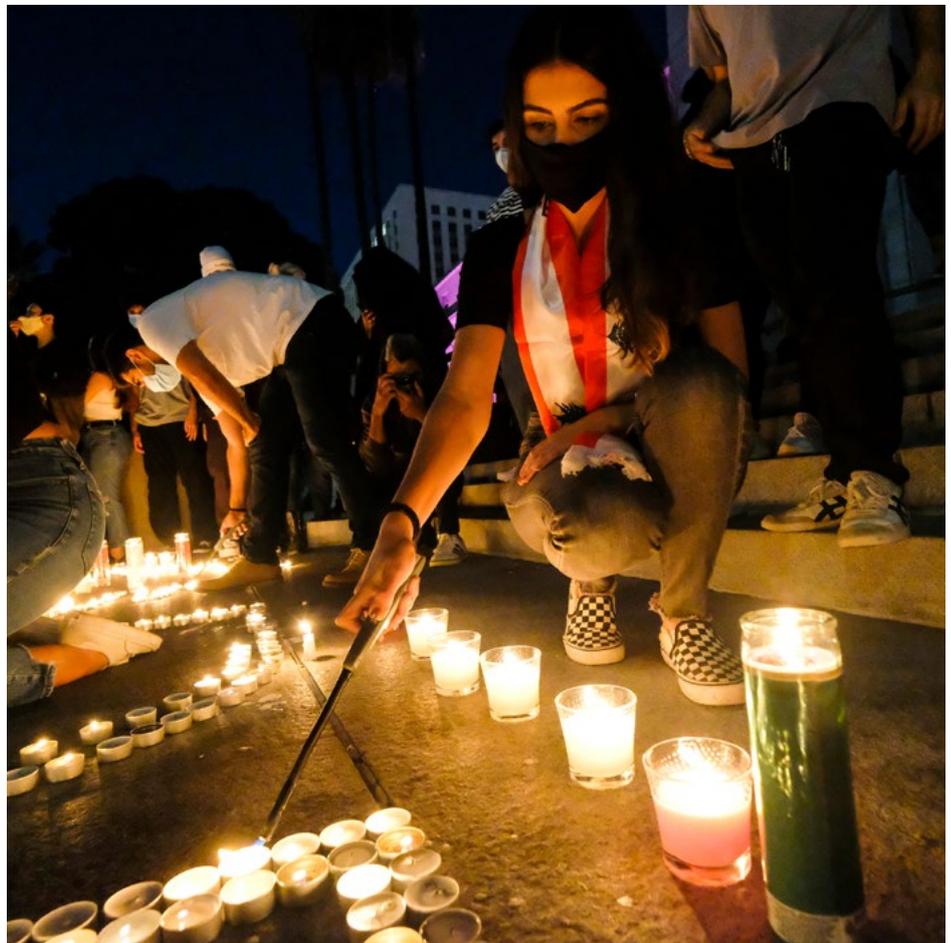
INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	1,884
People reached with Dignity Kits	10,467
People provided with GBV case management	144
People reached with GBV awareness messages	22,590
People trained on GBV-related topics	188

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	2
Beneficiaries reached with youth programming	1,278



Awareness Matters

Rawan admitted herself to the mental health department at Karagheusian Primary Healthcare Center. She came due to recent distress. She has been feeling very moody and irritable with a difficulty sleeping and poor appetite.

It all began last year when they found out her baby daughter had a health condition related to her heart. Rawan began feeling better as her daughter's condition gradually improved on its own. However, earlier this year, Rawan had a miscarriage followed by a serious surgery. After this ordeal, her overall sense of wellbeing took a turn for the worse; she felt constantly tired and had little drive to do anything. She was told she had iron deficiency and was prescribed supplements, and her family doctor also prescribed an antidepressant. Still, she was not feeling better, at which point she came to us for help.

After the first couple of sessions, it was clear that she was depressed and had suicidal tendencies. Rawan had been feeling down and irritable and had a very short temper — to the extent that she sometimes could not even be patient with her daughter. In addition, she impulsively hurt herself several times, driving her case supervisors at the center to increase the frequency of her sessions to twice per week, referring her to a psychiatrist just to be safe.

For the following weeks, Rawan attended her psychotherapy sessions and taking her medication as prescribed. When improvements came, they were intermittent, but they were there, and she took that as an indication that she was on the right track.

In our sessions, we worked with Rawan on pinpointing the main stressors in her life and finding ways to stop or limit them. We also worked on changing her attitude and thought patterns towards certain situations that are out of her control. She had an advantage in her case in the form of her supportive environment. Her husband and other family members did everything to make her feel as comfortable as possible. Upon her request, I had a couple of meetings with them to explain Rawan's condition and they were both understanding and accommodating. They made sure to follow my recommendations at home, which played a big part in her recovery.

For the past two to three weeks, Rawan has been feeling happy and comfortable most of the time. Her suicidal thoughts have dissipated. We carried on with one session per week. Her irritability has improved, and she can now find the frame of mind to play with her daughter again and take better care of her. She also sleeps better now, feeling generally more energized and motivated, which made it possible for her to undertake her responsibilities. She even feels better about seeing and talking with people again. She seems more resilient and able to withstand stressors that would have previously debilitated her.

— A case manager working at a UNFPA-supported safe space

TURKEY COUNTRY OFFICE

With the largest number of refugees worldwide, Turkey continues to provide much needed assistance to displaced Syrians throughout the country.

The COVID-19 outbreak in Turkey began with the first reported case on 11 March 2020, and has increased to more than 1.4 million cases as of 30 November, 2020. The country has been under social distancing and movement restriction requirements from March 2020, which have resulted in business closures and challenges in accessing essential services.

UNFPA Turkey has been supporting a total of six WGSSs in 2020 specifically targeting Syrian refugees. Due to the COVID-19 outbreak, some adjustments have been made in the modality of service provision in all six centres. While service provision has continued, three WGSSs (two in Hatay and one in Sanliurfa), which are integrated to the Migrant Health Centres of the MoH, continued providing services physically from the centres; while the other three in Istanbul, Eskisehir, and Diyarbakir have been telecommuting for two months.

Since the outbreak started in Turkey, UNFPA Turkey's service providers prioritised awareness raising activities on COVID-19 among beneficiaries through regular information sharing, primarily via phone. UNFPA has also started conducting bi-weekly online supervision and coordination meetings for personnel of the six WGSSs as well as IP managers to enable experience and information sharing between all partners and strengthen their capacities for better service provision during the outbreak.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	6
People reached with sexual/reproductive health services	73,372
Family planning consultations	1,508
Ante-natal care consultations	1,575
Post-natal care consultations	439
People trained on SRH-related topics	715

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	119,181
People reached with dignity kits	30,275
People provided with GBV case management	295
People reached with GBV awareness messages	22,973
People trained on GBV-related topics	1,491

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	9,342
People trained on youth-related topics	81

OTHER SERVICES

INDICATOR

	SINCE JANUARY
Number of social service centers (SSC)	27
Number of Key Refugee Service Units (KRG)	9
Number of functional mobile clinics	12



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 body 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 November, The Whole of Syria GBV AoR finalised the 2021 draft of *Voices from Syria* and developed an accompanying overview to present main findings to GBV actors at the hub level. As in years previous, the Whole of Syria GBV AoR also worked on an Advocacy Brief outlining the key findings of the GBV HNO. In the framework of the HNO, the Whole of Syria GBV AoR participated in a workshop organized by OCHA to discuss the findings of the multi-sectoral needs assessment (MSNA) and contributed to the discussion around the inter-sector severity calculation. The Whole of Syria GBV AoR also organized meetings with the Whole of Syria PSEA network coordination team to discuss main HNO findings related to SEA. In the arena of capacity development, the Whole of Syria GBV AoR conducted three trainings on GBV basics and risk mitigation to 35 REACH staff members across the Whole of Syria. Lastly, the WoS GBV AoR contributed inputs to the annual Global report on Conflict Related Sexual Violence.

In preparation for the kickoff of the 16 Days of Activism against GBV, the UNFPA Regional Syria Response Hub prepared an activity to be conducted in person or remotely with adolescent girls and women (and if possible with men and boys). The objective of the activity was to give an opportunity to adolescent girls to exchange messages with their peers living in similar situations in other contexts and to develop a sense of community between individuals who are geographically distant but nonetheless share similar challenges, hopes, daily struggles, and dreams. The activity is also meant to encourage adolescent girls to think about their own stories, inspired by the messages of others, and to identify factors that may be important for their wellbeing and protection, framed as suggestions for their peers. The activity was shared with GBV actors across the Syria Regional Hub for implementation.

In Jordan, the SGBV WG met to discuss and finalize the 2020-2022 Operational Strategy with an online Consultation workshop. The November activities focused on the celebration of 16 Days of Activism against Gender-Based Violence Campaign, and the working group formed a taskforce to lead the organization of the campaign. The main achievements included a joint calendar of events and common messages as well as a joint video to raise awareness on domestic violence, the topic of the campaign. UNFPA Jordan, as Co-chair of the SGBV SWG with UNHCR, organized a drawing competition that was launched on November 25 under the heading of What does safety at home mean to you? The objective was to ensure the involvement of people from the community from the ages of 10 - 35 years old to raise awareness on combating all forms of Domestic Violence. Winners were announced on 10 of December on UNHCR's Facebook Page and won tablets.

In Turkey, the South-East Turkey (SET) GBV SWG meeting was co-chaired by UNFPA on November 11, with the agenda composed of GBV programming updates from the members, access to livelihood opportunities for refugee survivors of GBV, and GBV best practices during the COVID-19 pandemic. Meanwhile, the Key Refugee Group Coordination meeting was co-chaired by UNFPA on November 17 to discuss the effects of the Covid-19 pandemic on current programmes, to evaluate the practices of migration management authorities and the removal centers, to plan the LGBTI / KRG themed trainings, and to share the development in the field and to determine the needs and priorities for 2021. The UNFPA PSEA Country Focal Point also attended the PSEA network meeting to provide updates on the current actions led by UNFPA, in addition to attending the task team meeting on November 18 to support the development of the agenda for the upcoming PSEA Network meeting.



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The essential services being delivered to Syrians region-wide would not have been possible without the generous support of our donors and partners.

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

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RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

www.unhcr.org

<http://syria.humanitarianresponse.info>

