



// Gender equality and women's rights are essential to getting through this pandemic together.

— ANTONIO GUTERRES
Secretary General of the United Nations

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REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS



UNITED NATIONS POPULATION FUND
REGIONAL SYRIA RESPONSE HUB

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 11.7 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 Arab States Regional 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.

THE SYRIA CRISIS IN 2020

SITUATION OVERVIEW

In light of the COVID-19 pandemic, UNFPA mobilizes its resources to ensure continuity of SRH and GBV services to Syrians in need throughout the region.

Within the Syria crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq and Egypt, there have been a total of 12,745 confirmed cases of COVID-19 as of March 30, 2020. The highest number of confirmed cases came from Turkey (10,827), followed by Egypt (656), Iraq (547), and Jordan (268). Only 9 cases were reported in Syria. By March, UNFPA country offices throughout the region had already been preparing and readjusting programmes, putting short and long-term plans in place to ensure continuity of operations despite expected challenges.

In Syria, though the situation remains fluid, all crossing points from Lebanon, Jordan and Damascus International Airport have been closed, and the UN has also limited its internal travels/missions to only critical ones. These measures have had an immediate impact on the capacity to deliver and monitor current activities. As a result, all UNFPA programme components implemented in groups have been stopped until further notice, while partners have minimized their operations, maintaining only individual services to be provided in facilities. At present, critical services for reproductive health (RH) are still operational. UNFPA's cross-border operations from Turkey continue, with implementation and transshipment levels remaining fairly stable, while additional measures have been taken to ensure continuity of operations. A COVID-19 Task Force has been established by the Health Cluster under WHO leadership. Cluster members have been organized to address the pillars of the response: coordination, risk communication, surveillance and case definition, point of entry, laboratory support, case management, and Infection Control Programme (IPC).

Throughout the region, curfews, lockdowns and movement restrictions continue to present similar challenges. In Turkey, as of 23 March 2020, women and girls' safe spaces (WGSSs) and youth centres (except for those integrated with Migrant Health Centres) are closed until further notice, so face-to-face GBV and SRH services in the centres are on hold. UNFPA also reduced its staffing footprint, particularly for vulnerable personnel (those with co-morbidities or who are immunocompromised), though offices remained open during the month. Social distancing was practiced and group activities were canceled. Prior to these closures, UNFPA collaborated with implementing partners and service providers on the development and implementation of a variety of preparedness plans and trainings to ensure continuity of operations as the situation evolves.

In Lebanon, UNFPA began shifting its programmatic interventions to focus on COVID-19 as early as February, providing comprehensive guidance to implementing partners on SRH and GBV prioritisation protocols. While activities related to COVID-19 containment, prevention, or response are being prioritised, life-saving GBV interventions continue in order to ensure critical GBV response services are available for those who are in need, while non-life-saving activities with a large number

of people (e.g., community sensitisation/outreach, group education/awareness raising, capacity development) are being temporarily held off and/or redesigned in a way to minimise the risks of infection (e.g. shifting to remote modalities/online sessions where possible).

Jordan saw similar shifts take place after the government announced a nationwide curfew and the imposition of Jordanian Defence Law (1992). As a result, UNFPA Jordan operations are now limited to time-critical, essential, life-saving components that must be continued regardless of programme and operational disruptions. International and governorate borders have been closed, with military and/or police enforcing the curfew and movement restrictions. As a result of these measures, UNFPA Jordan is focusing on ensuring continuity of essential SRH and GBV services, particularly within the Zaatari and Azraq refugee camps.

In Iraq, a lockdown was declared in several cities, which has affected UNFPA Iraq's programme access and delivery of services, including the humanitarian programme. Service provider movement has also been reduced, as has movement of supplies and commodities. UNFPA Iraq is currently working with IPs to raise staff awareness about the measures they should take to protect themselves and those receiving the services, in addition to supporting the government and IPs to procure the supplies needed for protection, cleaning, and infection prevention control. While some services have been disrupted, UNFPA is working to ensure that essential GBV and SRH services are available.

Egypt has faced similar disruptions after the government announced the decision to suspend schools, universities, and government offices for two weeks, forcing a substantial number of UNFPA-supported WGSS to close. These facilities, however, continue to offer services remotely, meeting survivors only in emergency cases. SRH services are still operational as part of the key partnership with the Ministry of Health and Population.

UNFPA recognizes that outbreaks like the COVID-19 pandemic affect women and men differently, potentially exacerbating existing inequalities both between genders and with other vulnerable communities like persons with disabilities, youth, and the elderly. Despite the challenges faced by beneficiaries, service providers, and staff, UNFPA remains committed to providing essential services in sexual and reproductive health (SRH) and gender-based violence (GBV), 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. The primary objective is to ensure that the delivery of life-saving services continues despite the many restrictions on movement that this situation has introduced. Continuity plans are being regularly updated as the situation evolves and regular situation reports are being disseminated to all stakeholders.

UNFPA recognizes that outbreaks like the COVID-19 pandemic affect women and men differently, potentially exacerbating existing inequalities both between genders and with other vulnerable communities like persons with disabilities, youth, and the elderly.



TOTAL CONFIRMED CASES

As at March 30, 2020

SYRIA	TURKEY	LEBANON
9	10,827	438
JORDAN	IRAQ	EGYPT
268	547	656

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	652,293
Family planning consultations	212,237
Normal / assisted vaginal deliveries	19,177
C-Sections	13,290
Ante-natal care consultations	208,578
Post-natal care consultations	2,513
People trained on SRH-related topics	422

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	329,842
People reached with Dignity Kits	77,714
People provided with GBV case management	4,818
People reached with GBV awareness messages	241,906
People trained on GBV-related topics	805

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	5,707
People trained on youth-related topics	49



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



Photo by UNFPA Syria

WHOLE OF SYRIA RESPONSE

SYRIA COUNTRY OFFICE

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

Syria announced its first COVID-19 case on 22 March 2020. UNFPA Syria has been preparing and readjusting programmes throughout the country in a number of initiatives, including contributing to the national preparedness plan led by the Health Cluster; developing a series of rolling plans to be implemented by the UN Country Team (UNCT); establishing a Crisis Coordination Committee led by the Resident Coordinator; updating the business continuity plan to include specific scenarios pertaining to the COVID-19 pandemic; issuing guidance notes to all IPS to ensure compliance with infection control procedures; among others.

As per the measures taken by the Government of Syria, ministries were tasked to reduce staffing levels while maintaining basic services and ensuring that production continues in all public and private sectors. Further restrictions were introduced towards the end of March, including the shutdown of all shops and social gathering sites except food stores and pharmacies, as well as the shutdown of Damascus airport, inter-city transportation, border crossings from Lebanon and Jordan.

As a result, all UNFPA programme components implemented in groups have been stopped until further notice. The list of these activities includes, but it is not limited to, the operations of WGSS and youth programmes. IPs have minimized their operations, maintaining only individual services to be provided in facilities (case management, psychosocial support (PSS) individual counselling, individual health consultations). While critical SRH services are still operational, the situation is changing rapidly as the outbreak evolves.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	531,650
Family planning consultations	193,620
Normal / assisted vaginal deliveries	13,276
C-Sections	11,796
Ante-natal care consultations	162,827
Post-natal care consultations	18,436
People trained on SRH-related topics	278

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	222,382
People reached with Dignity Kits	36,612
People provided with GBV case management	3,219
People reached with GBV awareness messages	207,283
People trained on GBV-related topics	86

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	3,424



* No youth centres are operational as the 2020 work plans have not been endorsed. Youth activities in January took place at Women and Girls' Safe Spaces.
** 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.



Photo by UNFPA Syria

"It was frightening — giving birth during a full-blown pandemic," explains Afraa, a 19-year survivor of child marriage from Homs. She had moved to Al-Rukban camp in 2016, where limited livelihood opportunities presented yet another growing challenge. Less than a year into her marriage, she became pregnant, which further compounded the uncertainty of her situation. Unable to afford the food at the camp, she also struggled to maintain a healthy diet to keep her growing baby nourished, and she feared the worst. Then COVID-19 came, adding further unprecedented challenges to an already difficult situation.

After consulting with UNFPA, she was transported to a UNFPA-supported hospital in Homs under rigid isolation — a process that took 14 days to ensure her protection, and during which she was hosted in a temporary shelter. Once she finally arrived at the hospital, she underwent a C-section that resulted in the safe birth of her daughter, Jude, whose name translates to *generosity* in Arabic.

"Somehow, in spite of everything, we have welcomed new life into our family," explains Afraa. "I am beyond grateful."

“ Somehow, in spite of everything, we have welcomed new life into our family. I am so grateful.

— AFRAA, a survivor of child marriage who recently received SRH services 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.

The month of March saw no confirmed cases of COVID-19 in northwest Syria, which does not necessarily indicate an absence of the disease. A key factor in the low number of cases reported to date has been the many significant mitigation and precautionary measures put in place by humanitarian organizations in Gaziantep to manage the risks of the outbreak. Apart from the broader psychological impact on staff and partners, social distancing and restricted movements have affected the number, frequency, and participation in coordination meetings. This is currently being addressed by migrating these forums to take place virtually.

Meanwhile, implementation of UNFPA's cross-border programme inside Syria has remained largely functional to date, with minimal impact on overall levels of operation. UNFPA is consistently coordinating with partner agencies and implementing partners to ensure delays in transshipments remain under control despite the fluctuating restrictions on movement. Moreover, a number of GBV and SRH service delivery points were able to resume function in light of the improved security situation on the ground. UNFPA has put in place a variety of preparedness plans in light of the COVID-19 pandemic, with a focus on sustaining life-saving GBV and SRH services. This has included establishing infection prevention and control measures at UNFPA-supported service delivery points, increased sterilisation and disinfection, and the provision of personal protective equipment (PPEs) to all staff involved. Guidance on triage system establishment has also been provided to relevant staff.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	13
Health facilities that provide Emergency Obstetric Care (EmOC)	13
Functional mobile clinics	10
People reached with sexual/reproductive health services	83,688
Family planning consultations	12,452
Normal / assisted vaginal deliveries	5,548
C-Sections	1,494
Ante-natal care consultations	37,202
Post-natal care consultations	7,546

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	62,362
People reached with Dignity Kits	35,805
People provided with GBV case management	312
People reached with GBV awareness messages	25,250
People trained on GBV-related topics	354

With the announcement of a ceasefire on 6 March 2020, airstrikes in northwest Syria had reportedly come to a halt, while instances of shelling were reported along the frontlines. Nevertheless, the immense humanitarian needs in the area persisted given the preceding months of violence and large-scale displacement, which is estimated at 940,000 since the escalation in December, 2019. The high level of needs on the ground was evident by the fact that March 2020 saw more UN facilitated aid crossing the border than any other month since the establishment of the UN operation in 2014. Due to protracted conflict and significant loss life, GBV partners have reported an increased number of unaccompanied girls and single women in need of shelter, health services and family reunification, among others.





A premature infant was admitted to our hospital to be placed in an incubator. However, the infant's condition worsened and she needed to be admitted to an Intensive Care Unit for newborns. We contacted all the hospitals in the district which have ICU for newborns. Unfortunately, nothing was available and referrals to Turkey had been temporarily suspended due to COVID-19. Fearing losing the infant, we had to quickly come up with a solution to save her life. We used the ventilator in our ambulance and connected it with the incubator and oxygen cylinder. The infant was intubated and placed on a temporary ventilator until a ICU vacancy was secured at another hospital and the infant could be transferred. We were all so relieved!

As told by a senior surgeon at a UNFPA-supported health facility in Idlib.

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

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

Egypt reported its first case of COVID-19 on February 14, 2020. By end of March, cases had surpassed 1,000. On March 15, the Government of Egypt announced the decision to suspend schools, universities, and government offices for two weeks, forcing eight of the WGSS operated by the Ministry of Youth and Sports (MOYS) and three operated by UNFPA's implementing partner, CARE, to close.

However, these facilities continue to offer the life-saving package of care and case management services remotely and by meeting survivors in emergencies. Two 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.

In its COVID-19 emergency response plan, UNFPA Egypt focused on three main pillars; supporting the national healthcare system in responding to COVID-19; ensuring that case management and referral pathways accommodate the needs of pregnant women with COVID-19; and addressing the immediate SRH and GBV needs emanating during and as a result of the pandemic.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

Functional mobile clinics	2
People reached with sexual/reproductive health services	256
Family planning consultations	65

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	13
People reached with GBV programming / services	1,981
People provided with GBV case management	409
People reached with GBV awareness messages	220

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Beneficiaries reached with youth programming	76
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COUNTRY OVERVIEW

IRAQ COUNTRY OFFICE

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

UNFPA Iraq has been working on observing the COVID-19 outbreak in the country and reacting as things evolve. Given the rate of infections thus far in the country, the proximity to and frequency of travel between Iran, and confusion around the government response toward the containment of the virus, the impact on programmes and operations is still being assessed. A lockdown was declared in several cities, which has affected UNFPA Iraq's programme access and delivery of services, including the humanitarian programme. Service provider movement has also been reduced, as has movement of supplies and commodities. In the past week, however, the government policies have become more clear, and a process is being put in place to grant permission for movement for the UN and IPs to ensure continuity of essential services, especially in humanitarian settings.

UNFPA Iraq recently launched its third Country Programme Document (CPD) for 2020-2024. The CPD, which was developed in collaboration with the Government of Iraq, United Nations agencies, human rights institutions and civil society organizations, is in harmony with the country's priorities as outlined in the Iraq Poverty Reduction Strategy, the Iraq National Development Plan (2018-2022) and the Iraq Vision 2030. It also focuses on the four outcomes of the UNFPA Strategic Plan, 2018-2021, and the United Nations Sustainable Development Cooperation Framework for Iraq (2020-2024). Given current workflow challenges and the fact that programme and reporting modalities are still being set in place, data for March is as yet unavailable.



COUNTRY OVERVIEW

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. As of March 21, a 24/7 curfew restricting people from leaving their homes began, with only registered diplomats and individuals carrying mobility permits (such as health care professionals) allowed to move around Amman. International and governorate borders have been closed, with military and/or police enforcing the curfew and movement restrictions. As a result of these measures, UNFPA Jordan staff is working from home and focusing on ensuring continuity of essential SRH and GBV services, particularly within the Zaatari and Azraq refugee camps.

Due to the current situation, operations are now limited to time-critical, life-saving components that must be continued regardless of programme and operational disruptions. UNFPA Jordan has been working with WHO and the Ministry of Health to support the country's preparedness and response plan for COVID-19 and will provide essential supplies requested by the MoH. Almost all SRH services at the national level have been suspended due to the curfew and the restriction of movement. The population can only seek health services by calling emergency services. For GBV programmes, all WGSSs are currently closed, though remote GBV case management and hotlines are functioning.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
Number of primary health facilities	17
Health facilities that provide Emergency Obstetric Care (EmOC)	2
People reached with sexual/reproductive health services	27,623
Family planning consultations	4,996
Normal / assisted vaginal deliveries	353
Ante-natal care consultations	7,945
Post-natal care consultations	1,388
People trained on SRH-related topics	28

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	8,949
People provided with GBV case management	412
People reached with GBV awareness messages	4,882
People trained on GBV-related topics	28

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Number of functional youth centres	1
People trained on youth-related topics	9



Not so long ago, my alarm would go off every morning at 5:30 am. I would get dressed and, by the time I got ready, the sun would be up, and so would my three little ones, who would be standing by the door for their daily dose of hugs and kisses. I leave home and head to the UNFPA-supported reproductive health clinic at Zaatari Camp. It's a 90-minute drive, but I like to think of it as a form of meditation.

As I arrive to the clinic to assume my duties as a gynaecologist, I'm always greeted by the lovely nurses and dedicated midwives, while the children accompanying their mothers run around in the waiting area. My eight-hour shift is distributed between examining patients, delivering babies, and checking on the mothers and their new-borns. It may sound mundane, but it has come to mean a great deal to me.

Things, however, took a drastic turn when the threat of the novel coronavirus became real. Our midwives would tirelessly conduct back-to-back awareness sessions to educate patients about this pathogen; how quickly it could transmit from one person to another, sparing no one if precautions were not taken seriously. Before long, the Jordanian government announced a curfew, limiting the movement of people in non-vital sectors, and prohibiting transportation among governorates. Nonetheless, I was asked to be the on-call doctor at the clinic for 72 hours instead of my normal eight-hour shift. My commute was interrupted by numerous checkpoints, at each of which I had to present my badge. When I finally arrived, the place seemed drastically different; it was so quiet that you could hear a pin drop, and everyone was keeping a safe distance from one other. The laughter of children, so commonplace before this pandemic, was substituted by the silence of uncertainty.

As a frontline health worker, I am at a higher risk of contracting the virus since I interact with dozens of people daily. Preventive measures have meant that the number of staff working at the clinic had to be halved, so our team is now working twice as hard to compensate. We work around-the-clock to ensure the delivery of critical reproductive health services that tend to be overlooked in times of crisis. Given the ease of contagion and the potential deadliness of this disease, putting on a brave face is not always feasible. It is, however, an oath that I have taken; to care of my patients, many whom see the world through my eyes and my strength.

It's already 9:00 a.m., and I must start attending to my patients until my next 72-hour shift. I am so exhausted, and my thoughts frequently wander to home. A few hours ago, I delivered a baby to a mother, and her words still resonate in my mind: "It's the little things that matter the most," she said. "You and the rest have done so many little things for me. It shows how much you and your staff care about patients. I'm immensely grateful."

The way home seemed longer than usual, with more checkpoints to go through. Eventually, I arrived, and I could hear my children racing towards the door to see who gets to hug me first. COVID-19 has killed those precious moments. As a front-liner, I cannot be around my children without a mask, for their own protection. Even worse, I am forced to maintain at least a one-meter distance between us at all times; no hugs, no cuddles, and no kisses.

The sun is up again. It's a new day, and the alarm sounds off at 5:30. I get ready, but this time, I wave goodbye to my children from afar. I admit — I do have fears, sometimes. Still, when I look into the eyes of every healthy baby I deliver, my doubts dissipate, and I feel a burst of hope and strength that make me believe we are going to overcome this and return to our normal lives, eventually.

— DR. EMAN, A GYNECOLOGIST, WORKING AT THE UNFPA-SUPPORTED REPRODUCTIVE CLINIC IN ZAATARI CAMP

Given the ease of contagion and the potential deadliness of this disease, putting on a brave face is not always feasible. It is, however, an oath that I have taken; to care of my patients, many whom see the world through my eyes and my strength.



COUNTRY OVERVIEW

LEBANON COUNTRY OFFICE

Despite the ongoing instabilities in Lebanon, UNFPA will continue to provide life-saving services to people in need.

As of March 2020, UNFPA Lebanon has shifted priorities to focus on COVID-19, which has affected continuity of ongoing programmes and projects. Although assessments and selection of IPs, signing of work plans with targets and geographical coverage, agreements on training plans, recruitment of IP staff were completed for programmes, yet implementation is now on hold in view of the total lockdown of the country and imposed restriction on movement. Additionally, a series of interventions with the national women machinery were agreed for 2020, including advocacy and policy dialogue, operations research on socio-cultural norms, and reviewing GBV and gender courses in university curricula are also postponed until further notice. As a result, there will be an impact on the implementation of work plans, delivery of planned results, and the ability to disburse funds as initially planned and agreed upon with donors and IPs. While activities related to COVID-19 containment, prevention, or response are being prioritized, life-saving GBV interventions continue in order to ensure critical GBV response services are available for those who are in need, while non-life-saving activities with a large number of people (e.g., community sensitization/outreach, group education/awareness raising, capacity development) are being temporarily held off and/or redesigned in a way to minimize the risks of infection (e.g. shifting to remote modalities/online sessions where possible).

This situation has been compounded by the fact that Lebanon has been facing political, security, and financial instability, which has hindered the work of UNFPA across the country. On January 22, following several months of protests, a new government was formed, which will allow UNFPA to begin implementing its activities. UNFPA has received funding from the Governments of Sweden, Canada, Norway, and Italy, to reach women and girls with SRH and GBV prevention-related services, and preparations are underway.

TURKEY COUNTRY OFFICE

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

Turkey reported its first case of COVID-19 on 11 March, 2020. As of March 30, confirmed cases had passed the 10,000 mark, with no additional clarity on how the trajectory of the outbreak will affect the refugee community in Turkey in terms of infection risk or access to healthcare.

UNFPA Turkey has been following the guidelines of the Ministry of Health and 3-Phase Response Activation System of the UN in providing a response and making decisions regarding the programmes. As of March 20, Turkey Country Office's Business Continuity Plan entered its third stage, with several measures enacted. Operations of WGSSs that have been integrated into MoH Migrant Health Centres will continue until further instructions are given by the government, while both WGSS that are operating independently (not integrated in Migrant Health Centres) and youth centers have started providing their services remotely as of 23 March 2020. Service points are closed until further notice.

In addition, in line with the Government's official letter stating that civil servants who are pregnant, lactating, or have chronic diseases will be given administrative leave, UNFPA has informed the IPs to follow the same approach for WGSSs and Youth Centre service providers. Before the closure of the centres, UNFPA prepared and distributed a preparedness guidance note for IPs about the personal and protective measures to be taken on hygiene, how to prepare for remote working while continuing to provide SRH and GBV services, and how to prepare the office for closure. Service providers (midwives/nurses, psychologists, and social workers) identified the beneficiaries who needed follow up, who were informed of the remote service provision modality and provided with contact information. They developed their plans to follow up with these beneficiaries regularly, and set distance counselling dates.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	6
People reached with sexual/reproductive health services	8,770
Family planning consultations	1,093
Ante-natal care consultations	604
Post-natal care consultations	285
People trained on SRH-related topics	116

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	6
People reached with GBV programming / services	33,830
People reached with dignity kits	5,297
People provided with GBV case management	245
People reached with GBV awareness messages	4,113
People trained on GBV-related topics	335

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	4
People reached with youth programming	478

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.

UNFPA leads the GBV coordination mechanisms. Through its Damascus-based operation, UNFPA is the main lead, while in its Turkey Cross Border operation UNFPA co-leads with Global Communities. In its 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 March, in the framework of responding to COVID-19 response, the Arab States Humanitarian Response Hub developed a [donor advocacy brief](#) on critical GBV services during COVID-19, with emphasis on the need to continue prioritising all types of GBV interventions and the necessity of flexibility when adapting services. The brief also underscores the importance of leveraging innovative methods to support GBV survivors and women and girls at risk throughout the crisis, particularly in light of lockdowns and movement restrictions, which place women and girls at a greater risk of GBV. The GBV AoR is also developing a guidance note on GBV service provision during COVID-19 to support frontline GBV service providers in delivering timely, dignified and safe GBV service provision during the pandemic. Meanwhile, a comprehensive [donor update](#) was also published in March to provide an overview of the situation and the various steps taken by UNFPA country offices in the region to ensure continuity of operations.

The WoS GBV AoR also finalised the Voices from Syria – Humanitarian Needs Overview (HNO) Report 2020. A final draft is now available in both [English](#) and [Arabic](#), with the final product slated for publication in line with the HNO. The report provides a concise and easily accessible snapshot of the current GBV situation in the country, including persistent and newly-reported trends.

Moreover, within the framework of the Humanitarian Programme Cycle (HPC), the Humanitarian Response Plan (HRP) was developed through the vetting of projects and development of the HRP narrative. The WoS GBV budget for 2020, as approved by humanitarian leadership, corresponds to 64.4M, with a total of 45 appealing organisations. Discussions with the GoS on the protection and AoR's chapter is ongoing. Additionally, the GBV AoR developed and shared a guidance note for third party monitoring entities and donors on handling external M&E and verification processes for GBV programmes. One meeting with the Global GBVIMS+ team was also organised to explore opportunities to roll out this information management system.

In Jordan, the SGBV Working Group organized an ad hoc meeting in March to discuss the impact of COVID-19 on women and girls and on GBV services. The coordination body focused on aligning the emergency response and updating the referral pathways with remote services for survivors seeking help. Referral pathways are available through the Amaali mobile app, and they include hotlines; CMR services available in clinics; the Family Protection Department; and access to Shelters.

In Turkey, the Syria Task Force meeting was attended on March 5 in Ankara with a focus on preparations for the COVID-19 outbreak and an update by UNHCR on key preparedness issues. The South-East Turkey (SET) SGBV SWG meeting was co-chaired by UNFPA on 11 March in Gaziantep, with the agenda focused on the endorsement of 2020 SET Sub-Working Group work plan, staff well-being, self-care and prevention of sexual exploitation and abuse. Moreover, UNFPA provided an intensive, five-day training to the staff of Youth Centers in Turkey which included guidelines on reviewing Standard Operational Procedures (SOPs), and awareness raising sessions on GBV, SRH and Women's Empowerment. Lastly, the National GBV Expert co-chaired an ad-hoc Istanbul SGBV SWG meeting in Istanbul on COVID-19, particularly on GBV service provision, prevention and response. Another Ad-hoc National Protection Working Group meeting was held on 27 March to discuss changing priorities due to the pandemic, with updates made to work plans accordingly.



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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, 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: Ihsan RD, Syrian Expatriate Medical Association (SEMA), Syrian American Medical Society (SAMS), Shafak.

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RELEVANT RESOURCES

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