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EU REGIONAL TRUST FUND IN RESPONSE TO THE SYRIAN CRISIS

COVID-19 SPECIFIC RESULTS

Data from the 9th results report



DECEMBER
2021



1. Context and methodology

Syria and its neighbouring countries, targeted by the **EU Regional Trust Fund in Response to the Syria crisis** -herein after, the Trust Fund- continue to go through a humanitarian and economic crisis linked to the Syrian war. Last year, the COVID-19 pandemic has added another layer of complexity to those challenges.

The impact of the pandemic in the region is deepening hardship for those most in need, i.e. Syrian refugees, Palestinian refugees from Syria, Palestinian refugees residing in Lebanon and Jordan, vulnerable host communities and Internally Displaced People (IDPs). The World Health Organisation (WHO) reports that *'since a peak in incidence in both cases and deaths in early August this year, weekly cases and deaths have continued to decline in the Eastern Mediterranean Region'*.¹

From the countries where the Trust Fund works, Iraq experienced the greatest decline in COVID-19 infection rates during this reporting period. The **current**

incidence of COVID-19 measured by the weekly number of **new cases** by 100,000 people is as follows: Lebanon (60), Jordan (60), Iraq (47), Syria (12) and Egypt (5). Turkey has a higher incidence with 243 new cases per 100,000 showing an upward trend since August (tentative October data reflect a new decline in cases). In terms of **new deaths**, and in line with COVID-19 incidence, Turkey shows 195, while Iraq (32), Jordan (14), and Lebanon (6) have reported a downward trend since the summer.²

Lockdowns have been lifted in the region and **public health measures** remain in place in most countries, such as wearing of masks in indoor spaces, use of Personal Protective Equipment (PPE), and some limitations in public gatherings. In September 2021, some physical school closures still applied in Jordan, Iraq and Lebanon.

In the region, there is a concerning inequity in the distribution of **vaccines**. While **Turkey** leads in terms of number

→ 1. https://reliefweb.int/sites/reliefweb.int/files/resources/20211005_Weekly_Epi_Update_60.pdf and <http://www.emro.who.int/images/stories/coronavirus/19.pdf?ua=1>

→ 2. <http://www.emro.who.int/health-topics/corona-virus/dataand-statistics.html#accordionpane3> and Turkey data, at: <https://covid19.who.int/region/euro/country/tr>





of **people vaccinated** with two doses (56%), and Jordan (33%) and Lebanon (22%) follow; Iraq (7%), Egypt, (6%) and Syria (2%) show low vaccination coverage.³ After assessing evolving trends during recent months, the WHO comes to the conclusion that “countries with a high vaccination coverage and adequate implementation of public health and social measures report shorter waves of COVID-19 and fewer cases”⁴.

Although the COVAX facility has facilitated access to vaccines in the region, especially targeting those most at risk, such as health workers, and highly vulnerable people with severe diseases (e.g. elderly), the region faces challenges. Critical shortages in supply, logistical issues related to cold chain storage and public hesitancy towards vaccines remain the main barriers to contain the pandemic. The Trust Fund is supporting WHO to address some of these challenges in the region.

A further social and economic recovery will depend on combining a **high vaccination coverage, adequate public health measures and sufficient social support measures**.

→ 3. <https://covid19.who.int>

→ 4. <http://www.emro.who.int/media/news/who-regional-directors-statement-on-covid-19-15-september-2021.html>

→ 5. https://lebanon.un.org/sites/default/files/2021-09/VASyR_2021_Preliminary_Results_28_Sep_v2.pdf

The situation in **Lebanon** is particularly critical. Apart from the pandemic, the severe economic, financial, and now fuel crisis with implications on access to internet and electricity, are negatively affecting the functioning of hospitals, primary health care centres, pharmacies, provision of food and other basic services. This leads to reduced **access to quality health care** and less affordability. Moreover, there are negative consequences in the **education sector**, with the deepening of inequalities among students, depending on their ability to attend to school.

According to the recently published vulnerability assessment of Syrian refugees in Lebanon, the economic and the COVID-19 crisis ‘*pushed almost the entire refugee population to below the Survival and Minimum Expenditure Basket (SMEB)*’. Not only refugees, but the majority of people -two thirds, according to United Nations- in Lebanon are living now in poverty.⁵

During this reporting period, the Trust Fund has continued to implement its comprehensive portfolio in the region accompanied by the **COVID-19 response**.

At the beginning of the pandemic in March 2020 and as part of the **EU’s global Team Europe response**, the Trust Fund has deployed a two-pronged strategy encompassing:

1) adaptation and redirecting activities in ongoing projects; and

2) allocating additional funding to specifically address COVID-19 related needs.

Acknowledging the multi-dimensional nature of the crisis, **the Trust Fund allocated EUR 165.7 million** to readjust relevant health and WASH actions and to fund additional projects in Education, Livelihoods, Protection and Social Cohesion sectors in the region. This investment included the ‘**Corona package**’⁶, a series of health and WASH actions for Lebanon and Jordan funded with EUR 54.7 million.

It is important to note that all ongoing Trust Fund projects have included mitigation strategies to address the impact of the pandemic in their intervention approaches, for example, with remote delivery of some activities (e.g. basic and higher education, protection), delaying others (e.g.

advocacy), and ensuring social distancing measures (e.g. in face to face training sessions). Delays and some cancellations of face-to-face activities have been inevitable and the implementing partners had to readjust interventions accordingly.

This report focuses on those projects explicitly delivering results linked to the pandemic, not only in the health sector (such as COVID-19 vaccinations, training of health personnel on pandemic related issues, or Personal Protective Equipment -PPE- provision of hospitals and primary health care centres), but also in Education, Livelihoods, WASH, Protection, Social Cohesion.

Following the Trust Fund’s results reporting methodology using Quarterly Information Notes (QINs), this report analyses information of twenty-five projects in Health, Livelihoods, Protection, WASH and Social Cohesion (*Annex 1*) until end of June 2021.

Nineteen Key Performance Indicators (KPI) of the Trust Fund have been disaggregated by their COVID-19 dimension to monitor the pandemic response to date (*Annex 2*). Following the approach used in the 9th Results Report of the Trust Fund, these results are

→ 6. For more information on the Corona Package, please visit: https://ec.europa.eu/trustfund-syria-region/state-play_en?page=1%2C2





presented in three categories, access to services; local capacities, strengthening (training) and local infrastructure improvements.

Additionally, and in line with WHO recommendations, three COVID-19 specific indicators, on PPE, technical

guidance and COVID-19 incidence have been used (*Annex 2*). Due to the rapidly evolving nature of the pandemic, these specific COVID-19 results are reported separately from the general Trust Fund results, primarily to prevent any distortion of targets.

2. The Trust Fund's response to the COVID-19 pandemic

The Trust Fund, the implementing partners and the EU Delegations in the region are continuously working jointly to address the challenges caused by the COVID-19 pandemic. In the previous reporting phase, until September 2020, projects have been largely coming to terms with new lockdown periods and COVID-19 related restrictions with alternative delivery strategies.

During this reporting period, most countries in the region have lifted some restrictions and have focused on vaccination campaigns, such as Turkey, Lebanon and Jordan. The Trust Fund projects, in general, continue to implement mitigation strategies to cope with limitations in accessing goods, equipment or services, lack of availability of public authorities and partial restrictions in gatherings. These mitigation strategies include remote delivery of activities via online platforms or phone, some delays and, as a last resort, eventual cancellations of face-to-face activities.

In general, actions funded by the Trust Fund aim at improving **health** outputs in relation to the pandemic, with

focus on facilitating **access to health** consultations (Medair), medicines (YMCA), COVID-19 related screening, self-isolation beds (IMC), as well as health education campaigns (Medair).

The Lebanese Red Cross (LRC) has also provided emergency transport to people with COVID-19 in Lebanon. Particularly in Lebanon, health systems are under enormous pressure due to the current fuel and financial crisis.

Most of the actions help to procure **PPE, medical and laboratory supplies and equipment**. WHO has also procured COVID-19 vaccines and tests in Jordan with Trust Fund support.

Many of these projects include **training of health personnel** on COVID-19 prevention, interpersonal communication skills, or on general COVID-19 related guidance (AISPO, IMC, Medair, UNICEF, WHO, YMCA). The WHO-led project in Jordan also provides comprehensive institutional support to strengthen disease surveillance and routine immunization data entry at central, governorate and district levels.





Health infrastructure strengthening

has been part of several actions, such as the provision of isolation spaces in hospitals and in the community (IMC, YMCA, UNICEF, UN Habitat), the support of those facilities with PPE, or treatment and disposal of COVID-19 waste.

Psychosocial support and protection

services have been reinforced in this period, particularly for pupils at school (UNRWA), young people (YMCA) or the elderly (Austrian Red Cross) with mental health needs. Mental health continues to pose a challenge, especially in women and young people who are experiencing anxiety and depression due to the pandemic.

During this period, projects particularly contributing to **WASH outputs** worked to improve access to water in the camps in Jordan (UNICEF) and in Iraq (UNDP) through the rehabilitation of public water networks. Regarding awareness on specific hygiene issues related to the pandemic, projects have included a wide range of WASH campaigns (WAI, Medair, UNICEF, UN Habitat) in Lebanon, Jordan and Iraq.

The Trust Fund actions supporting **livelihoods** have focused on **cash assistance** in Lebanon and Jordan (UNRWA), so that people secure basic

needs and can cope with increasing food prices, a problem particularly affecting Lebanon.

UNDP is still delivering support to **micro, small and medium enterprises** (MSMEs) in Iraq, with training, coaching and funding of local projects to specifically address challenges caused by the pandemic.

As regards **education** specific outputs, UNICEF has worked on strengthening school infrastructure and teaching capacity, including through the provision of economic incentives to teachers and teaching assistants in Jordan refugee camps. Other implementing partners, such as UNRWA and AVSI, continue delivering on enrolment and retention targets, and on training of teachers with a blended learning approach.

During this period, **social cohesion** related outputs have been delivered as horizontal component in different areas. Crucially, municipalities have been supported in their effort to mitigate the spread of COVID-19 in Jordan (AFD), in Turkey (UNDP), Iraq and Lebanon (UNDP and UN Habitat). **Training** of personnel in the Makani centres (UNICEF Jordan) on how to provide first aid facilitation, has been also part of the support.

Awareness campaigns continue to be important in the messaging about COVID-19 prevention (IMC, UNDP Iraq, UNICEF), vaccination, but also water, sanitation and hygiene (Medair, ACTED,

UN Habitat), psychosocial support and Gender Based Violence (GBV) services (UNICEF), access to vocational training (UNDP), or formal and non-formal education (AVSI).

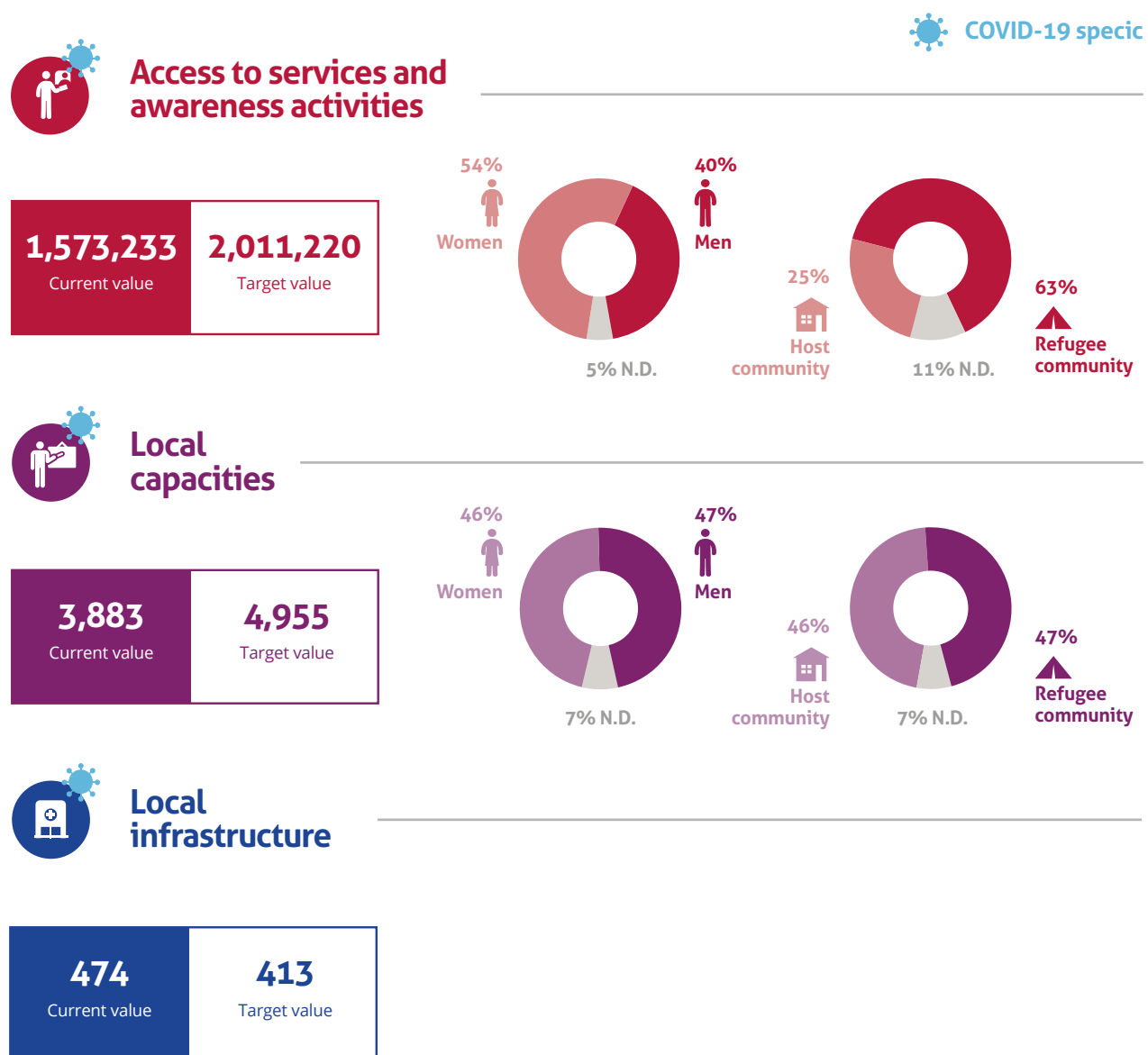


Figure 1: COVID-19 related outputs by category, sex and community of origin.

3. COVID-19 specific results

General results

In terms of performance, the **three categories of results**, access to services, capacity building and local infrastructure improvements **have all increased their number of outputs delivered**.

At the level of indicators, most outputs have also shown progress towards their targets compared to the previous period (*Annex 2 shows values for previous period*). However, there are some exceptions: **MSMEs' support** and **GBV** services show the same level of progress as no new projects have entered implementation during the reporting period. On **awareness**, targets for one project have been revised to make the indicator more relevant.

Primary health care consultations in Lebanon show the highest achievements in absolute terms in the category **access to services** (*Figure 1*) in health (*Figure 3*). This refers mainly to the number of cases screened for COVID-19.

Awareness campaigns, as part of the **social cohesion** sector, have also reached a high number of people with tailored information on COVID-19 prevention and vaccination, WASH and hygiene, protection and education.

As the figure below shows, to date, services have been mainly delivered in Lebanon (69%), especially in relation to the above mentioned COVID-19 screenings (*Figure 2*).

In terms of **local capacities' strengthening**, the emphasis has been on training health personnel on COVID-19 guidance, largely in Lebanon and Turkey.

Local infrastructure improvements have been delivered mainly in Lebanon and have focused on isolation and quarantine facilities for hospitals and in other community spaces.

From the disaggregated information available, **women had accessed services substantially more than men, while many more refugees had benefitted from those results compared to host populations.** Men and women had been

trained to a similar extent in health, while more women have been trained in social cohesion-related skills. Refugees and host community members were equally targeted with training.

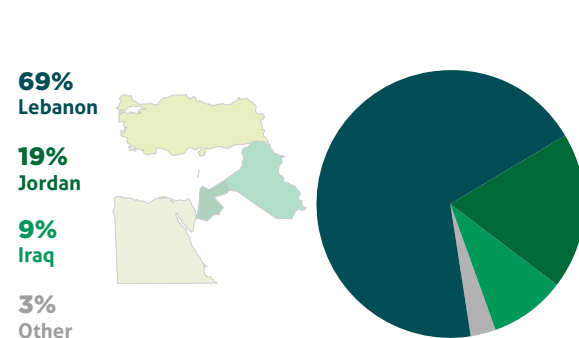


Figure 2: Access to COVID-19 related services (and awareness activities) by country

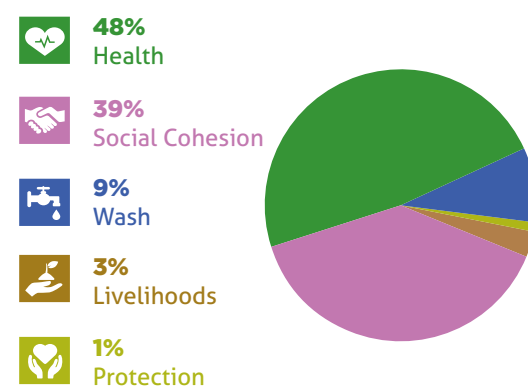


Figure 3: Access to COVID-19 related services by sector

HEALTH



The main challenges in this sector are mostly related to the pandemic and its direct effects on health systems. In Lebanon, the lack of fuel is also affecting the functioning of hospitals, community centres and availability of medicines.

The focus of the results has been on **primary health care consultations**, which include COVID-19 screenings. The IMC-led action in Lebanon has mainly contributed to the wide outreach of screenings in primary health care centres. YMCA has enabled access to isolation facilities in hospitals and in some community spaces.

Emergency services associated with COVID-19 cases continue to be delivered by LRC, providing transport to people with suspected or confirmed COVID-19 infection. UNRWA's project supported by the Trust Fund has helped to fund hospitalisations for refugees in Lebanon.

Capacity building in health with a specific focus on COVID-19 has been widely supported by the Trust Fund. While WHO has trained **health personnel** in Turkey, IMC, YMCA/WHO, UNICEF and Medair assumed a similar role in Lebanon, providing COVID-19 sessions

inter alia on prevention and case management. AISPO has also delivered training sessions on COVID-19 prevention in Iraq.

Wider **institutional support** to strengthen epidemiological surveillance, the vaccine and test procurement, as well as supply chain has been provided by YMCA/WHO in Lebanon and WHO in Jordan, respectively.

In terms of **health education campaigns** specifically on COVID-19, only Medair, in Lebanon, has implemented *ad-hoc* activities and these have exceeded their initial target.

Regarding **health infrastructure improvements**, hospitals, primary health care centres and other community settings have received support in offering isolation and quarantine facilities, apart from distribution of PPE, medical kits, waste collection or provision of mental health services in Lebanon and Turkey (IMC, UNDP, UNICEF, YMCA/WHO). UNICEF, for example, has provided PPE, infection prevention and control kits to frontline health workers, cleaners and patients across 15 isolation centres, primary health care centres

and dispensaries, including to UNRWA centres, which provide waste collection services to public hospitals.

As part of the health infrastructure improvements foreseen by UN Habitat's action to respond to COVID-19 in Iraq, the community has prioritised the rehabilitation of schools.

In line with **WHO recommendations**, three indicators have been added to this report: two related to outputs - on PPE distributed among the target population and on technical guidance documents produced - and one linked to incidence - referring to reported cases.

Almost all funded actions support the provision of **PPE** across countries: 12 of the current projects are providing this equipment in Lebanon (Medair, IMC, UNICEF, UNRWA and LRC), Jordan (UNOPS, WHO), Iraq (UN Habitat and VNG International), Turkey (WHO and UNDP) and Armenia (Austrian Red Cross). Most of the PPE units have been distributed in Jordan (48%), Turkey (25%) and Lebanon (21%).

WHO in Jordan has been actively engaged in the **procurement of vaccines and tests**, and in providing support to strengthen the vaccination campaign. Some of the introduced changes -e.g. establishment of mobile teams and

improvement of the cold chain - are already having positive effects in the ongoing vaccination campaigns. It is important to note that Jordan is also offering vaccinations to refugees.

UNICEF in Jordan has notably supported the **vaccination campaign** through awareness, as well as offering transportation to and from the vaccination centres to vulnerable population attending the **community friendly-spaces**, 'Makani Centres'.

To date, there are no additional **technical guidance** documents related to **COVID-19** apart from the one on public advice already reported in Lebanon by UNDP, named '*The Independent Municipal Fund (IMF) 2018 and 2019 allocations in*

COVID-19 RELATED INDICATORS
(IN LINE WITH WHO RECOMMENDATIONS)

639,991 - Cases reported in Lebanon and Iraq through Trust Fund projects (June 2021)

8,481,663- PPE pieces distributed, including surgical and N95 masks, gloves, gowns, goggles, face shields and sanitation equipment in all countries

1 - Technical guidance document on public advice produced in Lebanon

the COVID- 19 crisis'. Nevertheless, ACF, working on mental health in Iraq has identified **training** topics and modules to be implemented in the near future. ACF is also working on developing a **guide for COVID-19** in addition to the **WHO mental health Gap** (mhGAP) **community toolkit**.

In Lebanon, Medair had monitored the overall number of COVID-19 infections, having reported 544,866 of **confirmed cases**, out of which 27,679 were in Zahle, 8,500 in west Bekaa, and 28,588 Baalbak, the Lebanese districts where its project operates.

UN Habitat reported 22,221 cases in Ninewa, Iraq (December 2020). According to LRC, despite the decrease registered at the beginning of the year, there had been an increase in the number of cases detected due to new variants in June 2021. UNRWA also includes in its reporting 12,404 confirmed cases of COVID-19 among Palestine refugees.



EDUCATION



In the education sector, the main challenge posed by schools closures during the pandemic, has been the engagement in online and blended forms of education. This includes difficulties of parents to support home schooling and other infrastructure limitations. In Lebanon, the financial crisis has led to strikes of teachers and headteachers due to unpaid wages, further disrupting education provision.

During this reporting period, the main action that continues to deliver **education outputs** as part of the Corona Package is led by UNRWA in Lebanon and Jordan.

The Trust Fund support to UNRWA in **Lebanon** has allowed to work with a blended modality from November 2020 to December, before switching to remote learning from January until May 2021, when schools reopened on weekly shifts. Most school activities, such as the *Gap Camp* or the art and poetry event to cope with the experience of lockdown, were delivered online. The same applied to recreational activities.

Attendance rates had remained relatively stable considering a reviewed definition of the term (i.e. attending one class per

week or sending one assignment per week). In this context, the project has reinforced wider support for families. In the context of the economic crisis and the pandemic, transportation and communication assistance, cash transfers, school material, psychosocial support, group counselling, and parents' awareness sessions were provided for refugee families in order to overcome barriers to education retention.

In **Jordan**, schools closed in March 2021 and all grades shifted to distance learning until the end of the school year. UNICEF, supporting the Ministry of Education, has facilitated access to home learning. The project was anticipating the registration process of children in camps for this school year. On referrals, children enrolled in Makani centres were able to catch up and not repeat the year. The project was preparing the Safely Back to School campaign at the time of reporting. Learning Support Services were also delivered remotely by Makani centres. UNICEF reinforced enrolment with additional activities, such as literacy classes for mothers, access to stationery and hygiene kits for students.

Capacity building of teachers in Lebanon (UNRWA) was undertaken in this period with focus on referrals and psychosocial support, while Syrian assistant teachers received an economic incentive to engage in supporting education services in the camps in Jordan (UNICEF). During this period, they started to receive IT training but this was suspended due to COVID-19 restrictions. Makani staff have also been trained on COVID-19 protocols and management skills. Teachers have been encouraged to get vaccinated through the Vaccines' Marathon in Lebanon (AVSI).

In terms of **school infrastructure improvements**, UNICEF Jordan had planned to **upgrade some schools in the Azraq camp with greywater systems**, but due to COVID-19 related delays, the project is still working on the design and will start its implementation with additional funding at a later stage. Other schools continue to be refurbished and the electrification project in Za'atari and Azraq camps were handed over to the Ministry of Education.

On the other hand, UN Habitat having included **rehabilitated municipal infrastructure** as part of the COVID-19 response, has now consulted with the community who overwhelmingly prioritised **schools** to be rehabilitated.





LIVELIHOODS



The economies of the region are facing additional challenges due to the pandemic. Lebanon is experiencing a financial and fuel crisis that is affecting both the public and private sectors by limiting the provision of goods and services, and more generally, the creation of new income generating opportunities.

During this period, livelihoods outputs comprised the provision of **cash transfers and cash for work opportunities** mainly in Lebanon and Jordan, and the support of MSMEs in Iraq. The emergency cash transfers delivered by UNRWA in Lebanon continue to be crucial during this period to cope with increased food prices and the lack of alternative income sources. Refugees in Lebanon continue to rely on cash transfers as main income source. In addition, some were able to get into the cash for work scheme to rehabilitate shelters, maintain installations or work in waste collection services.

In Jordan, **emergency grants** have helped refugees to cope with basic needs, utilities, documentation related issues, eviction or even death in their families.

As part of an integrated local economic strategy that incorporates COVID-19 as one key vector, UNDP has supported **MSMEs and start-ups** in Iraq with training, coaching and funding. Through a grant scheme -closed in February 2021- the project promoted ideas on how to respond to the pandemic in an innovative way. **Job opportunities** had been created, and 447 people were still employed by the businesses in the three governorates at the reporting time.

It is important mentioning the work UNDP is doing in **Turkey** that resulted in the successful **production and delivery of one million masks, and 6,553 personal protection sets and medical equipment**. As part of the same project, workers also received COVID-19 related courses to learn about disaster preparedness, complemented by online training on a range of career and life skills. In addition, this project has a livelihoods component that supports municipal capacity development. The technical support to municipalities to develop, implement and replicate projects in response to the Covid-19 outbreak and potential crises is ongoing and will deliver ten projects for the creation of further livelihoods opportunities.

WASH



In this sector and due to the pandemic, restrictions of movement, difficulties in delivering equipment for improvements and availability of public authorities for project activities, had been the main challenges.

WASH results encompass **access to safely managed water, hygiene campaigns** with focus on COVID-19, and **improvement of public water networks**.

Improved access to water and sanitation services has been achieved in the Za'atari, Azraq and King Abdullah Park camps in Jordan through a UNICEF-led action, and in the municipalities of Erbil, Duhok, Sumel, Mosul and Sinjar (Iraq) with the support of UN Habitat. In both cases, the number of people connected to new water networks and/or having access to water and sanitation has substantially increased.

Improvements in water and wastewater infrastructure have accompanied both actions. The operation and maintenance of those water and wastewater systems in Jordan have been ensured, including the water systems in

the camp schools. The municipalities and their Water Directorates actively engaged on the WASH rehabilitation projects in Iraq.

Training of WASH providers has been delivered in Iraq. UN Habitat is initiating the implementation of an urban recovery project where three additional WASH facilities will be rehabilitated.

Hygiene sessions have been used to articulate COVID-19 **awareness messages and prevention measures at community level**. During this period, UNICEF has continued to deliver specific campaigns in Jordan and UN Habitat has planned similar events for the recently initiated action in Western Ninewa province, in Iraq.

In addition to the implementing partners already active during the previous reporting period (AFD, DRC), other awareness-related actions in the area of WASH were delivered by WAI in Jordan and Medair in Lebanon. ACTED has recently began a WASH assistance project in Lebanon, where water accountability awareness and household water management activities will be a central part.





SOCIAL COHESION



The deep inequalities across the region have been reinforced by the pandemic affecting vulnerable communities such as refugees, IDPs and host communities. General restrictions in mobility, which affect access to facilities (e.g. for municipalities), and difficulties in the remote delivery of some of the awareness and peer-to-peer activities, were the main challenges in this sector.

Projects reinforcing **social cohesion** in the region included **support to municipalities'** services and infrastructure; **training of public servants and people in the community** on different topics, including social cohesion; and **awareness campaigns**, also on different themes.

During this period, AFD in Jordan and UNDP in Turkey have supported various **municipalities** in their effort to mitigate the spread of the pandemic, e.g. with remote management and monitoring equipment.

In Lebanon, UNDP has continued to provide institutional support to strengthen the municipal coordination of emergency response through a decentralised coordination platform. Staff from the municipalities of three

districts (Metn, Tyre, and Tripoli) and the three unions of municipalities, are being trained as part of this effort. Additionally, a hotline has recently been launched with the support of the Bourj Hamoud Municipality and the Ministry of Interior and Municipalities. In Turkey, UNDP is preparing ten projects to support municipalities in delivering specific projects in response to the COVID-19 outbreak.

In terms of other **capacity building** initiatives, UNICEF continued training staff from the Makani centres in Jordan in first aid services management, monitoring or implementation of COVID-19 related training to help online delivery and first aid facilitation. These centres have been crucial during this period to ensure that children were referred to formal education.

Regarding the crosscutting activity of **awareness raising**, in this period, health and COVID-19 related campaigns have continued with the help of the Trust Fund partners, such as IMC, and UNICEF in Lebanon. In particular, ACF, working on mental health in Iraq, has developed a TV clip about the effects of COVID-19 on mental health which was commissioned

by the Erbil Directorate of Health. This has helped to reach a wider audience as part of the mental health awareness campaign.

Some implementing partners have reinforced **national vaccination campaign** efforts and explicitly facilitated **teachers** (AVSI in Lebanon), **communities** (UNICEF in Jordan) and **young people** (World Vision in Lebanon) to get vaccinated and understand the vaccination process. As result of its engagement activities and consultation with young people, World Vision, distributed hygiene and food kits. **COVID-19 awareness campaigns** have been run to complement WASH (Medair, AFD, UNICEF Jordan, UN Habitat in preparation) or protection messaging (UNRWA, UNICEF Jordan, DRC). As part of **wider social cohesion activities**,

the Trust Fund has also supported training events on COVID-19 as part of employability actions (UNDP Turkey).

In general, social cohesion related results complement what other Trust Fund funded actions are delivering to address the devastating effects the pandemic and the underlying crisis are having on health, education, livelihoods opportunities, access to WASH, protection and social cohesion.

Although during this reporting period, the countries in the region have lifted most COVID-19 related restrictions, all the mentioned wider effects remain. The lessons learned regarding alternative strategies to deliver support and services to specifically address the pandemic and its effects are highly valuable for the Trust Fund in times to come.





Annex 1

PROJECT CODE	START DATE	IMPLEMENTING PARTNER	TITLE	COUNTRY
T04.27	31.12.17	WAI	Improved access to water, water distribution performance and related sewerage disposal in Irbid Governorate for host communities and Syrian refugees.	Jordan
T04.30	31.12.17	DRC	Addressing Vulnerabilities of Refugees and Host Communities in Five Countries Affected by the Syria Crisis	Iraq
T04.31	01.01.18	Medair, Tearfund, ACCTS	Strengthening Protection Mechanisms for Syrian Refugees and Vulnerable Host-Communities in Jordan and Lebanon	Lebanon
T04.4 /&50	01.01.18	AICS/AFD	Resilience & Social Cohesion Programme (RSCP)	Jordan, Lebanon, Iraq
T04.58	01.04.17	WHO	Improved access to health services for Syrian refugees in Turkey	Turkey
T04.74	06.04.18	YMCA, WHO	Provision of Chronic Medications at Primary Health Care Centers for vulnerable syrian Refugee and Lebanese Host Communities	Lebanon
T04.76	01.02.18	UNDP	UNDP Turkey Resilience Project in response to the Syria Crisis (TRP)	Turkey
T04.96	15.05.18	UNICEF	Securing access to essential medical commodities for most vulnerable population in Lebanon	Lebanon
T04.105	22.03.18	UNOPS	Expanding and Equipping Ministry of Health Facilities (MoH) Impacted by the Syrian Crisis in Jordan	Jordan
T04.119	04.07.18	Austrian Red Cross	IRIS – Increased Resilience of Syrian Armenians and Host Population	Armenia

Table 1 (1/3): List of Trust Fund projects informing COVID-19 specific results to date.

PROJECT CODE	START DATE	IMPLEMENTING PARTNER	TITLE	COUNTRY
T04.121	07.07.18	ACTED, PAH, WHH, PIN	Supporting resilience for host communities, returnees and internally displaced persons (IDPs) in Iraq	Iraq
T04.130	01.09.18	EFI (EUROMED Feminist Initiative), BDC, Tamkeen	Strengthening access to protection, participation and services for women refugees, IDPs and host communities	Lebanon
T04.132	01.01.20	United Nations Development Programme (UNDP) and United Nations Human Settlements Programme (UN-Habitat)	Strengthen the long-term resilience of targeted subnational authorities and their host/refugee populations in countries affected by the Syrian and Iraqi crises	Iraq
T04.134	01.01.19	DRC, Mercy Corps, NRC, Oxfam	Strengthening Resilience and Income Generating Opportunities and Supporting Early Recovery and Stabilization in Areas of Return in Iraq	Iraq
T04.136	19.12.18	VNG International, PCPM and KL	Maintaining Strength and Resilience for Local Governments in Lebanon and Iraq (MASAR)	Iraq
T04.147	01.03.20	WHO	EUTF Jordan Health Programme for Syrian Refugees and Vulnerable Jordanians	Jordan
T04.170	01.03.19	ASAM and RSC	Social Cohesion of Refugees in Turkey (SCORE)	Turkey
T04.172	09.07.19	UNICEF	Education and Makani ("My Space") Programmes for Vulnerable Syrian and Host Community School-aged Children in Jordan	Jordan
T04.181	01.08.19	AISPO	Support to mother and child and critical care services in Duhok province (phase 2)	Iraq
T04.198	24.06.20	AVSI, TDH, WCH	Back to the Future II: A protective and nurturing environment to increase Access to School, Inclusion and Retention for Children impacted by the Syrian Crisis in Lebanon and vulnerable Lebanese	Lebanon

Table 1 (2/3): List of Trust Fund projects informing COVID-19 specific results to date.



PROJECT CODE	START DATE	IMPLEMENTING PARTNER	TITLE	COUNTRY
T04.202	01.03.20	WHO	EUTF Jordan Health Programme for Syrian Refugees and Vulnerable Jordanians	Jordan
T04.210	01.03.20	IMC UK/PU-AMI	REBAHS II	Lebanon
T04.212	01.01.20	UNRWA	Strengthening the resilience of Palestine refugees from Syria in Jordan and Lebanon (phase III)	Lebanon and Jordan
T04.227	01.05.20	Lebanese Red Cross	Improving access and effectiveness of pre-hospital emergency care and blood transfusion services in Lebanon	Lebanon
T04.247	01.09.20	UN Habitat	Support for Urban Recovery and Peacebuilding in Western Ninewa, Iraq	Iraq

Table 1 (3/3): List of Trust Fund projects informing COVID-19 specific results to date.

Annex 2

COVID-19 RELATED INDICATORS*	8th RR		9th RESULTS REPORT		Disaggregated by sex		Disaggregated by community of origin		N.D.* By sex	N.D.* By community of origin	LEBANON		JORDAN		IRAQ		TURKEY		EGYPT		ARMENIA	
	Current value	Target	Current value	Target	Women	Men	Refugee	Host community			Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value
5	39	46	53		0	0	0	0	0	0	7	46	46	0	0	0	0	0	0	0	0	0
8	342	368	368		135	233	70	298	0	0	0	0	0	368	368	0	0	0	0	0	0	0
10	135	135	135		0	0	0	0	135	135	0	0	0	0	135	135	0	0	0	0	0	0
11	44,420	45,163	44,457		23,522	21,641	45,163	0	0	0	27,587	26,912	17,576	17,545	0	0	0	0	0	0	0	0
12	228,195	719,303	717,137		447,734	270,724	384,809	333,649	845	845	719,303	717,137	0	0	0	0	0	0	0	0	0	0
13	4,618	28,442	500		1,639	26,803	206	28,236	0	0	28,442	500	0	0	0	0	0	0	0	0	0	0
17	2,111	3,810	4,882		1,718	1,822	1,826	1,714	270	270	1,592	1,961	0	0	674	750	1,544	2,171	0	0	0	0
18	18,868	40,269	14,800		17,459	17,595	26,734	8,320	5,215	5,215	30,469	5,000	5,215	5,215	0	0	2,785	2,785	1,800	1,800	0	0
19	91	293	222		0	0	0	0	0	0	293	219	0	0	0	3	0	0	0	0	0	0

Table 2 (1/3): COVID-19 related indicators

COVID-19 RELATED INDICATORS*	8th RR		9th RESULTS REPORT		Disaggregated by sex		Disaggregated by community of origin		N.D.: By sex	N.D.: By community of origin	LEBANON		JORDAN		IRAQ		TURKEY		EGYPT		ARMENIA		
	Current value	Current value	Target	Women	Men	Refugee	Host community	Current value			Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value
20	18,608	132,518	122,000	65,995	66,523	126,989	5,529	0	0	0	0	121,460	113,000	11,058	9,000	0	0	0	0	0	0	0	0
	0	0	3											0	3			0	0	0	0	0	0
22	0	0	3											0	3			0	0	0	0	0	0
24	11,665	15,737	14,687	8,275	7,462	15,539	198	0	0	14,751	14,136	0	0	0	0	251	251	0	0	735	300		
25	433	433	300	433	0	253	180	0	0	0	0	0	0	433	0	0	0	0	0	0	0	0	0
30	0	26	24									22	20			4	4	0	0	0	0	0	0
32	77	73	73	53	20	0	73	0	0			73	73					0	0	0	0	0	0
35	896,362	619,810	1,097,839	293,407	250,164	398,803	52,760	76,239	168,247	286,548	261,613	161,045	117,196	129,946	682,307	42,271	36,723	0	0	0	0	0	0

Table 2 (2/3): COVID-19 related indicators

- *COVID-19 related indicators encompass COVID-19 specific indicators (38-41) and some of the Trust Fund Results Framework indicators that are being disaggregated by its relation to COVID-19.

COVID-19 RELATED INDICATORS*	8th RR		9th RESULTS REPORT		Disaggregated by sex		Disaggregated by community of origin		N.D.: By sex	N.D.: By community of origin	LEBANON		JORDAN		IRAQ		TURKEY		EGYPT		ARMENIA		
	Current value	Current value	Target	Women	Men	Refugee	Host community	Current value			Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value	Current value	Target value
38	1,272,408	8,481,663	8,379,325	0	0	0	0	0	0	1,801,172	1,711,538	4,065,902	4,065,902	492,459	481,635	2,121,880	2,120,000	0	0	250	250		
39	83,644	639,991	639,991	0	0	0	0	639,991	639,991	617,770	617,770	0	0	22,221	22,221	0	0	0	0	0	0	0	0
40	1	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
41	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Table 2 (3/3): COVID-19 related indicators

- *COVID-19 related indicators encompass COVID-19 specific indicators (38-41) and some of the Trust Fund Results Framework indicators that are being disaggregated by its relation to COVID-19.

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