

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.

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We live by two different rules. The men have all the freedom they want; they can travel, they can fall in love, and they can marry when and who they choose. For us girls, things are never that simple. Going to school and planning our future is a privilege for us. Sometimes staying alive feels like a privilege, too.

Aseel, a survivor of family violence from Qamishli, Syria

THE MISSION OF UNFPA

THE UNITED NATIONS SEXUAL AND REPRODUCTIVE HEALTH 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.

As the Syria crisis enters its ninth year, UNFPA believes that every Syrian woman and girl has the right to have access to affordable sexual and reproductive healthcare and be effectively protected from gender-based violence. UNFPA and its partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities inside Syria and in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.





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The crisis in Syria has been globally recognized as one of the worst humanitarian crises of our time. As of 2019, more than 11.7 million people inside Syria are in need, while close to 5.7 million have taken refuge in neighbouring countries throughout the region. They continue to suffer the effects of nearly nine years of conflict, including disruption of community networks, safety nets and rule of law. Even as some parts of Syria stabilize, the crisis has long since passed a critical point in terms of generational change, and its effects will undoubtedly continue for many years to come. 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.

THE SYRIA CRISIS IN 2019

OVERVIEW OF THE SITUATION

DARAA, AL-HASSAKAH, DEIR-EZ-ZOR, LATTAKIA, HAMA, ALEPPO AND IDLIB GOVERNORATES REMAIN PRIMARY HOTSPOTS.

The security situation in Syria remains volatile and unstable. Idlib, Aleppo, Daraa, Al-Hassakah, Deir-ez-zor, North Latakia and North Hama governorates remain primary hotspots.

The most recent data by the World Health Organization (WHO) shows that between December 2018 and July 2019, the number of people in need has increased by more than 534,000 to reach 13.72 million due primarily to the impact of hostilities.

The current situation has put the lives of women, men, girls and boys at risk every day and has significantly impacted their psychosocial well-being with reportedly high levels of trauma. According to a rapid needs assessment conducted by REACH, safety and security concerns severely restricted freedom of movement, while damage to civilian infrastructure prevented access to essential services. This exacerbates the vulnerability of communities, making the provision of humanitarian assistance in these areas even more critical.

Access to healthcare continues to be an essential need for newly-displaced individuals and for host communities, including pregnant women and adolescent girls. Multiple displacements and lack of access to basic services further exacerbate the needs of individuals and communities, in addition to significantly increasing the risks of gender-based violence (GBV). Additional displacements further strain already-stretched coping mechanisms of individuals and families, leading to desperate measures that further increase the likelihood of protection threats, such as sexual exploitation, forced and early marriage, amongst others.

In response to these dire needs, UNFPA continues to provide services to people in need of sexual and reproductive health (SRH) and GBV integrated services, with a focus on the needs of women and adolescent

girls. A variety of SRH services are being delivered, including antenatal care, family planning, normal delivery services, postnatal care, referrals, treatment of reproductive tract/urinary tract infection, treatment of trauma, and others. UNFPA also addresses the needs of women and adolescent girls by providing GBV response services such as case management, psycho-social support, clinical management of rape, and referrals.

Meanwhile, recent months have seen additional displacements to Al Hol camp in Al Hasakah due to instabilities in Deir-ez-zor governorate. The population at the camp today stands at 73,654 people, 90 percent of whom are women and children. Escalating violence and displacement often exacerbate women's vulnerability to higher risks of maternal mortality and morbidity, and increase the threat of gender-based violence and harmful practices. Over 50 percent of maternal deaths occur in humanitarian and fragile settings. Additional displacements further strain already-stretched coping mechanisms of individuals and families, leading to desperate measures that further increase the likelihood of protection threats, such as exploitation and early marriage.

UNFPA aims to provide integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services, including family planning supplies, personal hygiene items, counselling, gynaecological consultations, ultrasound diagnostics, ante-natal care, post-natal care, psychological first aid, psychosocial counselling, referral for safe deliveries, comprehensive emergency obstetric and neonatal care, legal assistance, and case management.

RESPONSE FROM ALL OPERATIONS

DELIVERING LIFE-SAVING 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.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,488,211
Family planning consultations	591,461
Normal / assisted vaginal deliveries	51,337
C-Sections	34,993
Ante-natal care consultations	588,364
Post-natal care consultations	13,792
People trained on SRH-related topics	2,717

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	769,034
People reached with Dignity Kits	132,718
People provided with GBV case management	14,078
People reached with GBV awareness messages	688,239
People trained on GBV-related topics	2,302

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	106,022
Beneficiaries trained on youth-related topics	365



* Above figures reflect fully-supported service-delivery points. Inside Syria additional 838 primary healthcare facilities are being partially supported through the Ministry of Health.



SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES NATIONWIDE.

UNFPA Syria continues to provide emergency and long-term support to communities in need inside Syria. As part of the cooperation between UNFPA and the Ministry of Health, five mobile hospitals will start providing health services in the governorates of Hama, Homs, Daraa, Raqqa and Deir-ez-Zor, which will include four normal delivery hospitals and one C-section hospital.

UNFPA also continues to provide integrated SRH services, including ante-natal care, family planning, normal delivery services, post-natal care, referrals, treatment of reproductive tract/urinary tract infections, treatment of trauma, and others. UNFPA also delivers GBV services that span psychological first aid, referrals to public health institutions and GBV awareness raising. For the protection of health, hygiene and to preserve dignity, UNFPA also distributes female dignity kits, sanitary napkins, protection kits for adolescent girls, kits for pregnant/lactating women, and male dignity kits. Since January, UNFPA has distributed 46,962 female dignity kits, 6,059 male dignity kits and 200,297 sanitary napkins.

UNFPA services are being provided in partnership with its implementing partners and in coordination with other UN agencies to meet the needs of IDPs and those affected by the crisis in Syria.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with sexual/reproductive health services	1,145,292
Family planning consultations	508,712
Normal / assisted vaginal deliveries	38,233
C-Sections	31,129
Ante-natal care consultations	476,336
Post-natal care consultations	58,621
People trained on SRH-related topics	1,106

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	429,104
People reached with Dignity Kits	60,672
People provided with GBV case management	9,015
People reached with GBV awareness messages	470,142
People trained on GBV-related topics	722

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	45,853



* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 838 primary healthcare facilities are being partially supported through the Ministry of Health.





HIGHLIGHT

FAR FROM ANY ROAD

AFTER ESCAPING THE VIOLENCE IN HER HOMETOWN, RAMA, A SURVIVOR OF EARLY MARRIAGE, WELCOMES HER FIRSTBORN DAUGHTER.

The situation for Syria's youth population is dire and the crisis has had a pervasive impact in the lives of young people. Many young people lack meaningful ways of contributing to their communities, with limited access to learning, positive engagement opportunities, and high unemployment rates. This is a particular challenge for young girls, one that could result in harmful coping strategies such as child marriage and long-term economic, psychological and health consequences.

Often, girls face distinct protection risks, including restriction of movement, harassment, sexual violence, and early and forced marriage. Additionally, humanitarian crises are accompanied by an increase in harmful coping mechanisms such as survival sex and serial and temporary marriages, which results in young people being unable to reach their highest potential.

Rama is one such young person who, like many others living in rural Tal Hamis (located in Al-Hasakah governorate), have not had an opportunity to pursue their education due to financial constraints and considerable social pressures. In the area, very few young people will pursue their education; Rama's village has been severely impacted by the crisis and all its inhabitants had to flee their homes to Qamishli. Rama is only 14 and is the youngest pregnant girl in the village. She lived with her family: her father, mother, her stepmother and 11 siblings before she moved to her new home with her husband.

"Everybody gets married early, especially when there is nothing else to do and no money to go to school," commented Yaser, Rama's Husband, who had dropped out of law school before turning 20 and moving back to the village to work as a teacher. That was when he met Khadija. Unfortunately, following the marriage, Yaser also had to leave his job and, given their displacement and the considerable expenses resulting

from Rama's pregnancy, their living conditions have worsened.

It was five months into the pregnancy that Rama first realized she was with child, at which point she sought support from a UNFPA-supported facility in Tal Hamis. The medical team had concerns about Rama's overall health, given her very young age and the countless challenges associated with early pregnancy. They immediately scheduled regular monthly checkups to ensure that both the mother and her unborn child receive optimal care and that any potential complications are detected as early as possible. During the final month of her pregnancy, complications arose that would have made it potentially fatal for Rama to undergo vaginal birth, and the doctors recommended an emergency C-section.

"I'm a child trying to have another child, and I'm terrified," explains Rama, tears streaming down her face. "I'm scared that my child will not make it to this world alive."

Fortunately, with the care and support of the UNFPA team, Rama and her husband welcomed their newborn daughter, Ahlam. "Despite the difficult situation we are living in and my husband not being able to cover most of the expenses, I'm relieved to see my daughter. Thanks to all the efforts of the medical team," said Rama to the UNFPA coordinator a few minutes after her successful procedure.

The UNFPA medical team continued to provide Rama and her family with a full array of sexual and reproductive healthcare services, in addition to counseling on family planning and sexually transmitted infections. After her return home, they were regularly visited by the medical mobile team and both mother and daughter have been given a clean bill of health.

CROSS-BORDER TURKEY

ENSURING ACCESS TO LIFESAVING SERVICES FOR ALL COMMUNITIES INSIDE SYRIA.

The humanitarian situation in northwest Syria has witnessed a continuous deterioration during this month. More than 640,000 people have been displaced and hundreds have been killed or injured due to airstrikes and shelling since late April. In August, more than 147,300 displacement were reported due to the prevailing insecurity (a significant increase from July). Displacement patterns remain the same, as most of the displaced continue to head towards already densely populated areas of northern Idlib governorate, with the Dana sub-district still receiving the largest share. Protection concerns in the areas of displacement remain high. Attacks on health care facilities and schools have continued. At the request of the UN Secretary General, a board of inquiry (internal to the UN) has been formed to investigate the targeting of civilian facilities since the beginning of the escalation.

UNFPA and partners continued to respond to the evolving needs of Internally Displaced Persons through outreach teams and mobile clinics, which provided essential services such as sexual and reproductive health, psychosocial first aid, dignity kits distribution, referrals and other services.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	13
Health facilities that provide Emergency Obstetric Care (EmOC)	13
Functional mobile clinics	8
People reached with sexual/reproductive health services	154,833
Family planning consultations	38,672
Normal / assisted vaginal deliveries	10,605
C-Sections	3,298
Ante-natal care consultations	70,856
Post-natal care consultations	9,982
People trained on SRH-related topics	274

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	93,860
People reached with Dignity Kits	39,508
People provided with GBV case management	795
People reached with GBV awareness messages	62,711
People trained on GBV-related topics	417



HIGHLIGHT

RECLAIMING ONE'S WORTH

When Rasha's father passed away, her prospects in life suddenly collapsed, particularly in the throes of the instabilities still afflicting Syria nine years into the crisis. Like many in her community, she was forced to leave school and entertain the possibility of an early marriage, particularly after receiving two proposals: one from a family member and another from a distant acquaintance. She chose the latter in an attempt to avoid potential complications and hopefully make up for the financial void left behind by her father.

"Marrying a relative always brings trouble. Instead, if I marry a man outside my family, it will spare me a lot of potential problems, and I would be more likely to lead a problem-free life and complete my education," she explains.

Unfortunately, the marriage brought with it more challenges than she had anticipated. For one thing, her husband's financials proved to be far worse than originally thought, and the family was forced to move into an IDP camp, at which point and her husband's behaviour started to change. In addition to restricting her movements, her husband had an unpredictable and violent temper, with regular outbursts that put her wellbeing at risk. At some point, what began as a threat transformed into the most heinous forms of physical and emotional abuse, often in front of others in her community.

"At some point, it simply became unbearable," explains Rasha. "I became increasingly embarrassed to show my face to my neighbours and family, and the sense of isolation from those I loved continually worsened my mental state. I became a different person, continually fearful and withdrawn."

Months later, the family was able to move into a house outside of the camp. While the move was much welcomed, it had little effect on her husband's abuse, which continued to put her at risk. This was when she heard of the awareness activities being conducted at a women and girls safe space near their house.

During her first visit, Rasha registered to receive case management services and was able to share her story with the team at the center. As she puts it, "this was the box in which I managed to empty all my feelings, my sad experiences and my desire to be saved from this nightmare."

After the first session, Rasha was referred to attend a variety of psychosocial support services, which are designed to keep women and girls engaged, widen their social networks and provide an array of fundamental skills that can significantly improve the prospects of the participants, such as communication, language and problem-solving. She was also encouraged to develop short-term life goals that she can achieve by attending various programmes at the safe space and to work with her case manager on an action plan to make her participation as forward-thinking as possible. In addition to attending hairdressing courses at the safe space, Rasha's psychological state improved dramatically shortly after her counselling sessions started.

"I realized that life is much bigger than the house in which I live," explains Rasha. "Now that I have a wider network of support, these sessions have been crucial in helping me regain the confidence I've lost in myself and my value as a human being."

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

WITH NEARLY HALF A MILLION SYRIANS LIVING ALONGSIDE EGYPTIANS, UNFPA CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY, FOCUSING ON ISSUES RELATED TO GENDER-BASED VIOLENCE.

Egypt remains a destination and transit country for refugees and asylum-seekers, most of whom live in urban areas. The country continues to generously host Syrian refugees, despite the absence of a land border with Syria. Currently, there are 127,414 Syrian refugees registered with UNHCR Egypt.

Egypt constitutes a successful model with regards to the social inclusiveness dimension. The country hosts nearly half a million Syrians who live alongside Egyptians in various areas, sharing public services, resources and many of the privileges afforded to local citizens.

Among refugees in Egypt, women and girls, boys, adolescents, and unaccompanied and separated children face disproportionate risks. According to UNHCR, 94 percent of the Syrian population in Egypt have been identified as either highly or severely vulnerable. UNFPA Egypt continues to provide essential services to Syrians, focusing on prevailing social predicaments associated with forced migration such as various forms of gender-based violence.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
People reached with sexual/reproductive health services	5,662
Family planning consultations	860
Ante-natal care consultations	203
Functional mobile clinics	2

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	11,476
People provided with GBV case management	1,901
People reached with GBV awareness messages	5,642
People trained on GBV-related topics	179

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
People reached with youth programming	657
People trained on youth-related topics	63



IRAQ COUNTRY OFFICE

WITH HUNDREDS OF THOUSANDS TAKING REFUGE IN THE COUNTRY, UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES IN BASIRMA, DRASHAKRAN, KWRGOSK, AND QWSHTAPA CAMPS.

Currently, around 250,000 Syrian refugees are seeking safety in camps and host communities in Iraq. UNFPA supports seven women community centres, eight health facilities, one delivery room, and five youth centres serving the refugee population in the Kurdistan region of Iraq.

UNFPA ensures that antenatal, postnatal, and emergency obstetric referral services are offered. In addition, UNFPA provides reproductive health kits in six maternity hospitals and supports referral services. UNFPA in Iraq continues to coordinate with other gender-based violence (GBV) prevention and response service providers targeting refugees. Staff from the SRH Units have been trained on the GBV Standard Operating Procedures for the Kurdistan Region, reporting an increased ability to identify GBV cases, provide information, and make referrals to service providers using a survivor centred approach.

Response activities are targeting refugees in the eight primary camps in Iraq: Basirma, Darashakran, Kawergosk, and Qwshtapa in Erbil Governorate, Domiz 1, Domiz 2, Gawilan in Dohuk Governorate and Arbat in Sulaymaniyah Governorate with programmes that span vocational training, awareness sessions, lectures on topics related to sexual and reproductive health and gender-based violence, peer education sessions on reproductive health and life skills sessions for youth, in addition to various community engagement activities.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Primary health facilities	7
People reached with sexual/reproductive health services	22,371
Family planning consultations	3,923
Normal / assisted vaginal deliveries	837
C-Sections	351
Ante-natal care consultations	4,617
Post-natal care consultations	1,543
People trained on SRH-related topics	594

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	7
People reached with GBV programming / services	13,703
People reached with dignity kits	779
People provided with GBV case management	177
People reached with GBV awareness messages	23,482
People trained on GBV-related topics	101

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
People reached with youth programming	49,564
Number of functional youth centres	4



JORDAN COUNTRY OFFICE

WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEE AND HOST COMMUNITIES THROUGHOUT THE KINGDOM.

Jordan is currently hosting more than 1.3 million Syrians, including 655,000 registered refugees, who face increasing vulnerability as their savings, assets and resources are long exhausted. Providing for their needs and ensuring their access to basic sexual and reproductive health and gender-based violence services is among the top priorities of UNFPA Jordan.

According to the 2015 population census, the total population of Jordan was estimated at 9.531 million, including 1.265 million Syrians, who represent 13.2% of the overall population.

Approximately 79% of Syrian registered refugees, representing 516,000 people, live in host communities in urban and rural areas of Jordan. The remaining 21% is settled in camps, either in Azraq, Emirati Jordanian Camp, or Za'atari. The highest concentration of refugees is found in the northern governorates of Amman, Irbid, Mafraq and Zarqa.

UNFPA Jordan has been providing essential sexual and reproductive health and gender-based violence prevention services to Syrian refugees throughout the kingdom, whether in refugee camps or in host communities.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	17
People reached with sexual/reproductive health services	74,661
Family planning consultations	16,609
Normal / assisted vaginal deliveries	1,504
Number of C-sections	101
Ante-natal care consultations	25,982
Post-natal care consultations	3,296
Health facilities that provide Emergency Obstetric Care (EmOC)	2

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	17
People reached with GBV programming / services	21,018
People provided with GBV case management	1,658
People reached with GBV awareness messages	9,322

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	1
People reached with youth programming	5,512
People trained on youth-related topics	243



HIGHLIGHT

SAJIDA'S JOURNEY

Sajida, a 17-year-old refugee from Palmyra, took refuge in the Zaatari Camp six years ago during the early years of the crisis in Syria. The stark reality of life in a refugee camp, with uncertain prospects and minimal opportunities, led her family to consent to her marriage at age 15. Shortly after, she became pregnant with her first child and was compelled to drop out of school.

"I needed help," explains Sajida, an energetic young girl whose manner and confidence far surpass her years. "Being pregnant at that age was a challenging ordeal for which I was quite unprepared. Dr. Siham, the gynecologist in the clinic, was simply amazing. She answered all my questions with a smile on her face and was so good to me."

Foregoing education did not come easily to Sajida. "I am smart," she explains proudly, her face beaming with confidence. "I am third in my class and I love to learn."

Close to her sixteenth birthday, Sajida gave birth to her daughter Jameela at the reproductive health clinic in Zaatari. Still, her passion for learning did not leave her entirely. After recovering from childbirth, she managed to return to school to resume her high school education, determined to make up for lost time and pursue her dream.

"I am committed to finishing school and going to college to study my favorite subject, history," explains Sajida, who today is five months pregnant with her second child at the age of seventeen.

Studies have shown that more than a third of marriages among Syrian refugees in Jordan involve adolescent girls, most of whom believe that the normal age for marriage is under 18 years. Moreover, around 20 percent of women who seek antenatal care at UNFPA facilities are adolescents, meaning that they are most likely survivors of early and forced marriage or abuse.

LEBANON COUNTRY OFFICE

WITH THE HIGHEST PER CAPITA NUMBER OF SYRIAN REFUGEES IN THE WORLD, UNFPA LEBANON CONTINUES TO PROVIDE VITAL SERVICES TO SYRIANS NATIONWIDE.

Since the onset of the Syria crisis in 2011, Lebanon has continued to be a generous host, welcoming around 1.5 million displaced Syrians – the highest per capita number of refugees in the world.

Given the significant refugee-per-capita ratio and the undue strain the crisis has placed on Lebanon's economy and services, UNFPA Lebanon continues to provide a wide array of programmes and services to displaced Syrians in Lebanon.

More than 75 percent of refugees in Lebanon are women and girls, making it all the more vital to provide them with essential sexual reproductive health services as well as programmes to respond to and prevent gender-based violence.

Since the beginning of the crisis, UNFPA Lebanon has continually worked on enhancing coordination, expanding partnerships, and assessing needs in close collaboration with key humanitarian actors including pertinent agencies within the United Nations.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
People reached with sexual/reproductive health services	5,550
Family planning consultations	1,135
Normal / assisted vaginal deliveries	158
C-Sections	114
Ante-natal care consultations	1,837
Post-natal care consultations	223
Functional mobile clinics	3
People trained on RH-related topics	53

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	18
People reached with GBV programming / services	20,391
People provided with GBV case management	1,270
People trained on GBV-related topics	151

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	3
People reached with youth programming	1,050
People trained on youth-related topics	40



HIGHLIGHT

ON GENDER EQUALITY

Salam, 15, is one of the 24 adolescent girls who joined the UNFPA project for the mitigation of early marriage in 2018 as a peer educator. During the month of August, she received eight days of intensive training on topics ranging from gender equality and gender-based violence to communication and leadership skills. Originally from Syria and now living in Tripoli, North Lebanon, gender equality has never been a concept familiar to her. On the first day of training, she raised her hand and asked, "What does gender equality mean?"

On the second day of training, while on a break between two training sessions, Salam approached the trainer and indicated that she had been thinking about gender equality and how it related to her own life experiences. "One day, when I have children, I want them to grow up differently," she said. "I want them to grow up knowing that their mother can take decisions as much as their father can. I want them to know that women are as strong as men. I want them to grow up in an environment where they know about gender equality and live it."

TURKEY COUNTRY OFFICE

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

Turkey hosts the largest number of refugees and asylum-seekers in the world, which includes more than 3.5 million Syrians registered with UNHCR.

Most refugees in Turkey are situated in host communities around the country, which has stretched the absorptive capacities of many host communities and resulted in tensions between refugees and host community members.

As the refugee crisis in Turkey becomes more protracted, delivering support to national and local systems, with a strong focus on supporting women, children and youth, is more vital than ever to reinforce the country's resilience.

UNFPA Turkey continues to provide essential sexual and reproductive health and gender-based violence services to Syrian communities in need, addressing assistance gaps and organizing far-reaching programs that serve to protect vulnerable members of the community.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

Number of primary health facilities	30
People reached with sexual/reproductive health services	79,157
Family planning consultations	21,550
Ante-natal care consultations	8,533
Post-natal care consultations	1,986
People trained on SRH-related topics	631

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Number of women and girls' safe spaces (WGSS)	30
People reached with GBV programming / services	179,482
People reached with dignity kits	30,489
People provided with GBV case management	530
People reached with GBV awareness messages	52,435
People trained on GBV-related topics	616

YOUTH SERVICES

INDICATOR

SINCE JANUARY

Number of functional youth centres	4
People reached with youth programming	3,386

OTHER SERVICES

INDICATOR

SINCE JANUARY

Number of social service centers (SSC)	27
Number of Key Refugee Service Units (KRG)	7



HIGHLIGHT

A SIMPLE CONVERSATION

AFTER EXPERIENCING THE PRESSURES OF DISPLACEMENT, IMAN DISCOVERS THE IMPORTANCE OF COMMUNICATION WHEN IT COMES TO MENTAL WELLBEING.

At 26, Iman has seen her fair share of struggles. A high school graduate with three children, she, her husband Luay and mother-in-law relocated to Turkey shortly after the violence in Syria erupted, seeking refuge in Ankara. She had watched countless members of her family and her community lose their lives to the war, which has had a considerable toll on the family.

“Some did not die, but that doesn’t they lived,” explains Iman. “War changes everything, and some had to make difficult choices on the way; whom to leave behind, whom to trust, and even whom to marry to survive. Luckily, our road proved easier than many others.”

The transition proved extremely challenging, with their finances pushed to their limits and their children struggling with the ramifications of having their lives suddenly uprooted. This put a considerable strain on Iman’s relationship with her husband, particularly given his tendency toward violent outbursts.

“My husband has always been difficult, but this situation has pushed him to the edge,” explains Iman. “He has become increasingly more unpredictable and violent, and it was starting to harm the children. I had to seek help.”

When Iman learned of the counselling services provided by a UNFPA women’s centre nearby, she immediately applied, detailing her situation to the case manager during her first visit. She spoke about her problems at home, her fears for her children, and the many restrictions plaguing her life since the war broke out.

“That simple conversation was everything,” explains Iman. “Sometimes, all you need is to be heard by someone who understands.”

The conversation took turns that somewhat surprised Iman at first. She and her counsellor discussed her childhood, the war, the people she had lost, her children, and her husband, and for the first time in her life she felt as though there were no limitations or taboos in a discussion. The counsellor also helped her create an action plan to tackle each and every one of her concerns, beginning with her strained relationship. At the conclusion of the first session, it was concluded that a joint session with Luay was the most productive step moving forward.

“He was hesitant at first, but he came with me for the second session, and it was even better than the first,” recalls Iman. After discussing

their relationship, children, and types of parenting, Luay was moved, to the extent that he requested a private session with the counsellor. While pleasantly surprised, Iman was tremendously relieved, as this meant he was open to alternative approaches.

During his session, Luay opened up about the many traumas he had experienced as a result of the conflict and the impact this has had on his emotional state. He also broached the subject of his mother, whom he knew had a negative effect on the children due to her tendency to verbally abuse them, admitting to the fact that he felt powerless to stop her. The counsellor continued to inquire about the mother and some of the situations in which he felt she had crossed a line, and the session ended with a brief discussion about modes of parenting and children’s development.

Days later, the counsellor invited Luay’s mother to a mandala art workshop taking place at the centre, during which the two had an interesting discussion about child-rearing, the war, and her grandchildren. The conversation delved deep into the stresses facing the mother and how life as a refugee has had a toll on her.

“The mother explained to me that she felt old and helpless,” explained Miray, Iman’s counsellor, who proceeded to have multiple sessions with the mother over the next few weeks. “Displacement can have a lasting impact on an individual, and her actions were driven by frustration, not deliberate abuse.”

Weeks after her first session, Iman reported that troubles at home had diminished significantly, with the three adults in the household learning to communicate more effectively with one another. “Before these counselling sessions, I had become convinced that my problems were beyond solutions. Today, life at home is continually improving and I can see the effect this has had on my children. I wish I had attended the counselling sessions much sooner.”

Iman’s situation highlights the complexity of the challenges facing Syrian women and girls, whose lives are usually severely impacted by members of their wider community. It also underscores the importance of providing services to women and girls and working with other members of the family and the community to ensure a holistic and far-reaching approach.

COORDINATION UPDATES

UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY (GBV AOR), 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 Syria, a joint protection/child Protection and GBV meeting took place in Damascus, the main purpose of which was to reinforce partners' capacity to apply to the Syria Humanitarian Fund (SHF). As such, OCHA facilitated a four-hour session on the Gender Age Marker that partners need to include in their project proposal. Meanwhile, the negotiations with the GOS regarding the protection sector assessment are still ongoing. The sector is still working on getting the endorsement of the National GBV SOPs, asking for additional meetings with relevant ministries.

In Aleppo, a training workshop on GBV mainstreaming was held, bringing together 25 participants from different sectors. This was followed by a PWG meeting that included a briefing on the SHF, an update on the situation in northwestern Syria, among others. In Homs, a joint protection, child protection and GBV subsector meeting took place, bringing together 25 focal points from NGOs, INGOs, government and UN agencies. The main agenda included an update on Rukban as well as the current development on returns to Homs.

In Turkey, two supervisory visits were conducted with the participation of all service providers (psychologists, social workers, nurses/midwives, doctors and translators) in order to review the trainings they have received, their level of satisfaction, success stories and best practices. Ways forward for the remainder of 2019 were discussed in detail in order to identify the support system that could be provided from UNFPA Office. Meanwhile, the Protection Working Group meeting was held in Istanbul on 11 August 2019, followed by the ad-hoc protection working group meeting on the latest developments involving unregistered refugees. Lastly, the national GBV expert co-chaired the SGBV SWG meeting in Gaziantep on the same issue.

In Jordan, the SGBV working group met regularly to discuss the next Jordan Response Plan and GBV service mapping in the South of Jordan. A research on sexual violence against Syrian men was discussed, with a review of services available and recommendations. The GBV IMS taskforce released a mid-year dashboard showing GBV trends in the first half of 2019 in Jordan, with a focus on denial of resources affecting 10 percent of reported cases (denial of inheritance, earnings, access to school or contraceptive) and the risks facing adolescent girls. Adolescent girls are mostly reporting being survivors of child marriage and physical violence perpetrated by their husbands or male relatives. Sexual harassment in public spaces is severely impacting the lives of adolescent girls, limiting their movement and access to services. Moreover, online sexual harassment is also being increasingly reported, while incidents of virginity testing (also a form of GBV) are being reportedly conducted in some health facilities.



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THE WORK WE DO WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS, MANY OF WHOM HAVE BEEN SUPPORTING OUR OPERATIONS SINCE THE BEGINNING OF THE SYRIA CRISIS.

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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, Lebanon Family Planning Association for Development & Family Empowerment (LFPAD), Amel Association, KAFA (“Enough Violence and Exploitation”), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba’a, RET Liban, Lebanese Order of Midwives, Lebanese Society of Obstetrics and Gynecology.

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: Ministry of Health and Population (MOHP), Ministry of Youth and Sport (MoYS), Arab Medical Union (AMU), Care International.

In Turkey: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey, Ministry of Foreign Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (MoFSP), ASAM (Association for Solidarity with Asylum Seekers and Migrants), HÜKSAM (Hacettepe University Women’s Research and Implementation Center), KAMER (Women’s Center Foundation), CVF (Community Volunteers Foundation), Osmangazi University, PYD (Positive Life Association), Bilgi University, Red Umbrella, MUDEM, Harran University.

Turkey Cross-Border: Ihsan RD, Syrian Expatriate Medical Association (SEMA), Syrian American Medical Society (SAMS), CARE International, Shafak.

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RELEVANT RESOURCES

www.unfpa.org

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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.