

UNITED NATIONS POPULATION FUND

# REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS



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“ We know that adolescents and youth are a major resource for sustainable development. They can be catalysts for social change, economic growth and technological innovation. Investing in their education and skills development, employment and entrepreneurship, health and wellbeing is essential to unleash their power and potential to drive progress.

**UNFPA Executive Director, Dr. Natalia Kanem**

Arab Regional Conference on Population and Development

October 30, 2018

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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 in Syria through cross-border modalities from Jordan\* and Turkey.

In addition to providing aggregated quantitative updates 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 reproductive health, gender-based violence, youth, and others.

\* Cross-border operations from Jordan have ceased as of July 2018 due to the change in control of the area.



SNAPSHOT

# THE SYRIA CRISIS

RESPONSE EFFORTS FROM ALL OPERATIONS.

## REPRODUCTIVE HEALTH

### INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	1,840,782
Family planning consultations	722,013
Normal / assisted vaginal deliveries	51,126
C-Sections	67,656
Ante-natal care consultations	510,557
Post-natal care consultations	20,975
People trained on RH-related topics	2,996

## GENDER-BASED VIOLENCE

### INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with GBV programming / services	676,614
Population reached with Dignity Kits	292,323
Beneficiaries provided with GBV case management	16,224
Beneficiaries reached with GBV awareness messages	347,215
People trained on GBV-related topics	3,193

## YOUTH SERVICES

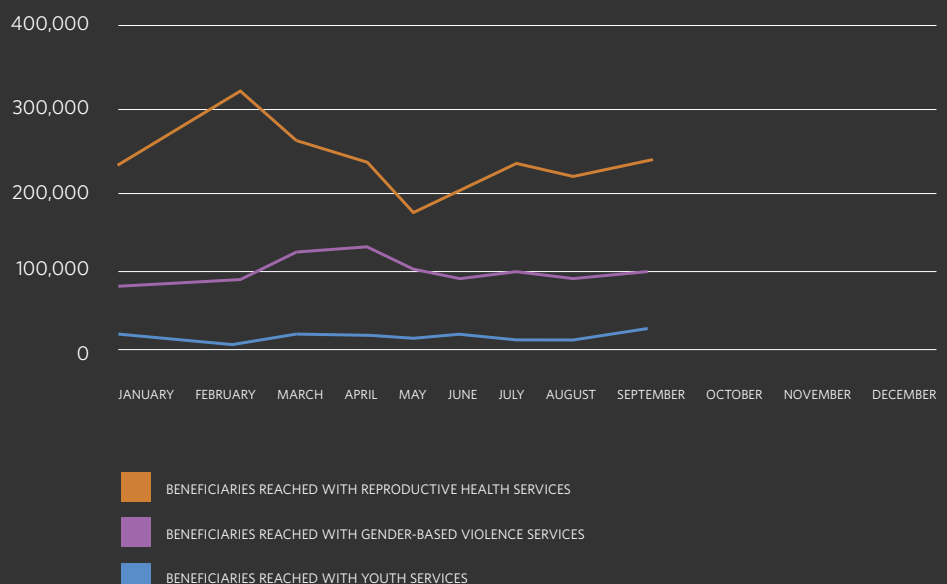
### INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	125,840
Beneficiaries trained on youth-related topics	2,461



\* Above figures reflect fully-supported service-delivery points. Inside Syria additional 917 primary healthcare facilities are being partially supported through the Ministry of Health.

### LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



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.

**Even in these circumstances, UNFPA believes that every Syrian woman, adolescent girl and child has the right to 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 hubs in Amman, Jordan\* and Gaziantep, Turkey for respective cross-border operations.

\* Cross-border operations from Jordan have ceased as of July 2018 due to the intensifying conflicts in Southern Syria.

SNAPSHOT

# THE SYRIA CRISIS

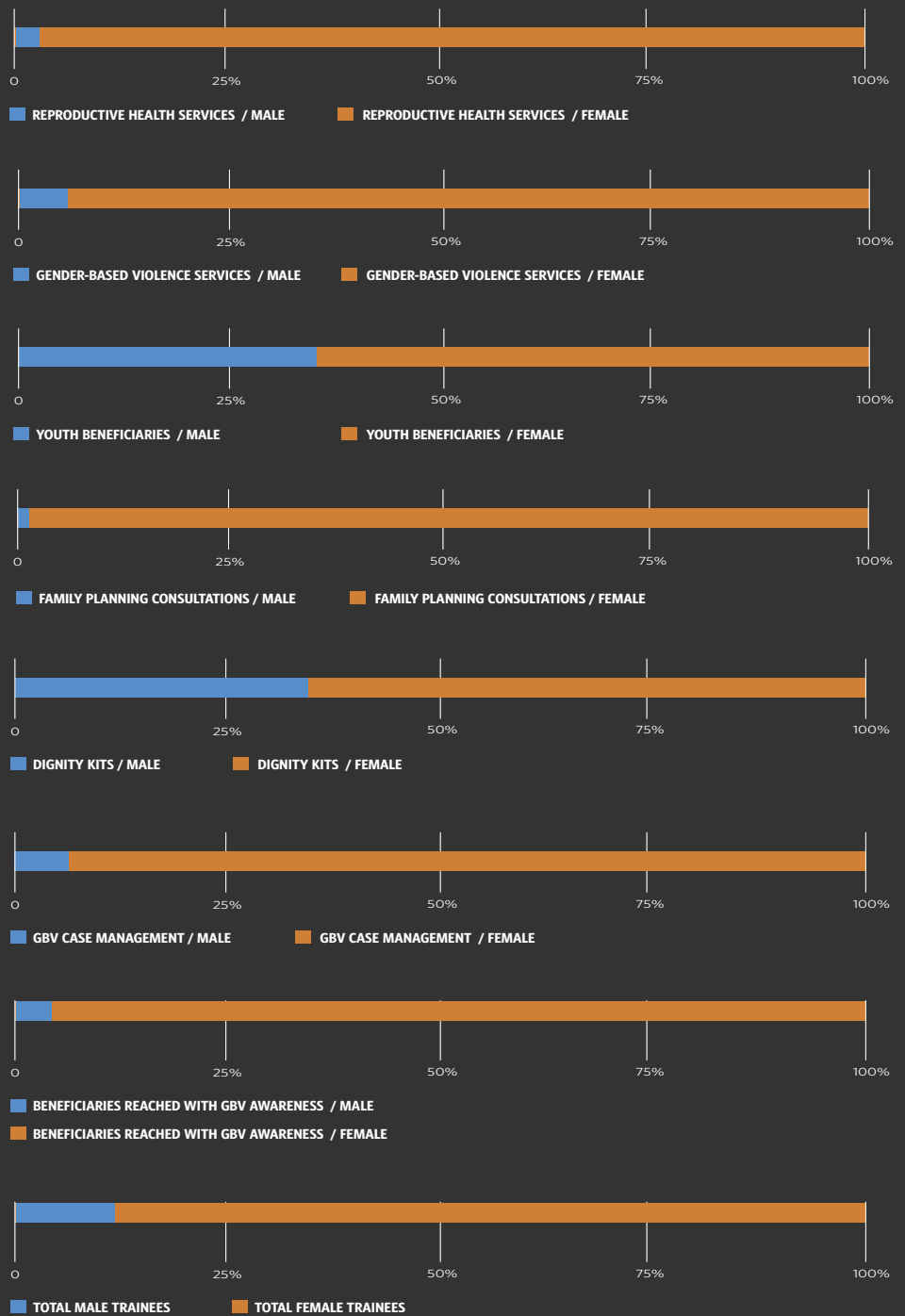
RESPONSE EFFORTS FROM ALL OPERATIONS.

Through its 126 Women and Girls Safe Spaces, 132 primary healthcare facilities, and 41 youth centers, UNFPA continues to provide essential reproductive health and gender-based violence services to women, girls, men and boys impacted by the Syria crisis.

While most beneficiaries reached by RH and GBV services are female, up to 15 percent of beneficiaries are males. Meanwhile, around 70 percent of youth beneficiaries and 60 percent of Dignity Kit recipients are females, while around 85 percent of beneficiaries receiving training services covering RH, GBV and youth topics are females.

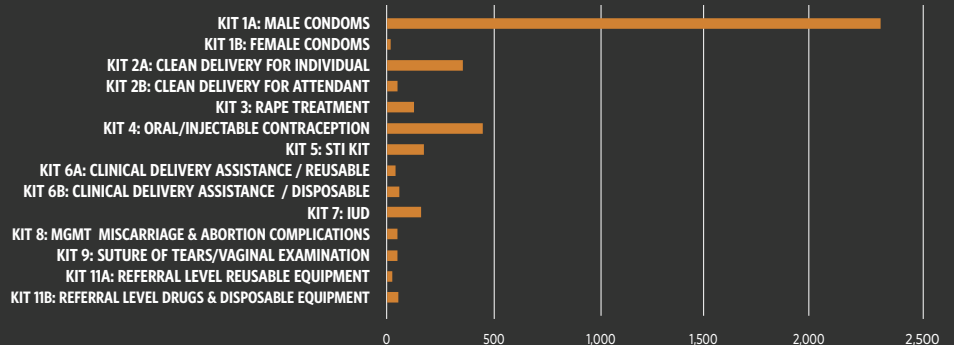
## KEY INDICATORS DISAGGREGATED BY SEX

(cumulative since January)



## TOTAL REPRODUCTIVE HEALTH KIT DISTRIBUTION

(cumulative since January)



**Note on kit distribution:** UNFPA remains the largest provider of reproductive kits in the region. The kits listed above contain essential drugs, supplies and equipment to be used for a limited period of time and a specific number of people, and are procured based on estimates related to population data. For example, kits 11 and 12 serve the needs of a population of 150,000 over the period of three months.

## HIGHLIGHT

# THE NEED FOR A PARADIGM SHIFT

## LEVERAGING THE POWER OF JOURNALISM TO ERADICATE GENDER-BASED VIOLENCE.

Humanitarian actors around the world have always underscored the fundamental role journalists play in amplifying the voices of women and girls and tackling the many forms of gender-based violence plaguing our communities. This role becomes even more critical during humanitarian crises.

Unfortunately, journalists can inadvertently become part of the problem when they fail to adhere to the basic principles of reporting on gender-based violence, particularly when they prioritize the pursuit of sensational stories.

Since 2014, the UNFPA Regional Syria Response Hub has been directly engaging with members of the media and press to build capacities of journalists reporting on the Syria crisis. The core focus of this strategy has been to address potential shortcomings in the reporting standards implemented by traditional and modern media outlets covering the Syria crisis. As of 2018, more than 250 journalists have been reached with these efforts.

In September 2018, the UNFPA Regional Syria Response Hub partnered with the Center for Women's Global Leadership (CWGL) — a part of Rutgers University in the United States, who initiated the 16 Days of Activism against Gender Based Violence campaign — to host a consultation meeting with journalists in the region covering gender-based violence. The objective of the consultation was to receive insights and feedback from journalists that will feed into the development of a standard-setting, user-friendly tool that will contribute to the professional development of journalists (print, broadcast, and web-based media) reporting on GBV.

Both CWGL and UNFPA have a number of shared strategic goals, including the eradication of gender-based violence and a focus leveraging the influence of the media in achieving this goal. Since its launch over 25 years ago, CWGL's 16 Days of Activism Against Gender-Based Violence Campaign has contributed to increasing awareness of GBV as a violation of women's human rights. Countless participating organizations, institutions, and grassroots activists have focused on the structural, legal, and attitudinal changes necessary to ending gender-based violence.

After the consultation, we sat with Krishanti Dharmaraj, the executive director of CWGL, to discuss the core subjects covered during the consultation. Dharmaraj is a feminist and human rights activist with over 25 years of experience working to advance the rights of women and girls. She is the founder of the Dignity Index, a human rights measurement tool utilized to ensure equity and inclusion to reduce identity-based discrimination. Previously, she was the Western Regional Spokesperson for Amnesty International



USA, and she is also the co-founder of WILD for Human Rights (Women's Institute for Leadership Development) and the Sri Lanka Children's Fund.

**Please give us a brief overview of who you are as a person, a woman and an activist.**

I aim to work for the life I want to have for my daughters and live the life for which I work.

**What in your view is the overarching goal of the Center for Women's Global Leadership?**

Drawing on feminist values, the CWGL strengthens and bridges voices for human rights, toward social justice and self-determination. Working at the intersection of gender, human rights and economic policy, the CWGL utilizes an intersectional approach to strengthen the collective impact of its capacity-building, advocacy and thought-leadership activities in efforts to transform civil society.

To this end the CWGL Convenes those closest to the struggle to explore and exchange ideas and solutions; Advocates with, and for, those traditionally excluded from decision-making; and Conducts Research with an action-oriented lens, guided by partners and constituencies around the world who are committed to realizing rights for themselves and others.

We have three primary goals: to achieve substantive equality there by ending gender-based discrimination and violence against women in the world of work; to advance structural reform through the redefinition and measurement of peace and security in order to ensure peace is realized beyond the absence of war; and to amplify feminist thought, standards and leadership to transform civil society and institutions.

Under the above, we globally coordinate two initiatives — the 16 Days campaign to end gender-based violence, which is in over 180 countries among 6000+ groups and organizations, and the Feminist Alliance for Rights (FAR), which currently spans more than 300 regional and national organizations aiming to build a feminist architecture on the ground to shift global policy on women with leadership of the Global South.

**Over the span of your career, have you witnessed a substantial shift in public awareness when it comes to gender-based violence? What are the remaining gaps and how do you propose the humanitarian community should address them?**

I can speak to this through our 16 Days campaign — it's only 25 years ago that gender-based violence against women was globally acknowledged as a human rights violation. Since then, the awareness has increased among most, including the public. We have seen many government and international initiatives engaging in

increasing awareness.

As for the gaps, systems of accountability for GBV against women still lack political will; they are weak and almost non-existent. Meanwhile, public opinion on GBV against women has shifted only slightly and continues to place blame (directly or indirectly) on the woman. More often than not, GBV against women is not addressed in a comprehensive manner; it is taken out of context and isolated when analyzing and resolving the issue.

It is always important to underscore that because women and girls remain vulnerable and face discrimination and violence in societies at 'peace,' they inevitably become the most vulnerable in times of war and conflict along with other marginalized groups and children.

The humanitarian community has a large and a powerful role to play — to ensure all humanitarian responses integrate a gendered approach; to include women at all levels of decision-making and engage them when developing solutions; to combine humanitarian and human rights norms when seeking solutions; to ensure that adequate resources are allocated for services to protect women and other marginalized groups against the vulnerability and violence within humanitarian settings; and to guarantee that those who violate the rights of women in humanitarian settings are held accountable.

#### **What role in your opinion do journalists have to play in combating gender-based violence?**

Journalists have a powerful role to play in addressing GBV against women as they are often in a position to shift the public opinion. How they interview a survivor, what they report and how they tell the story can either perpetuate stereotyping of women or transform society by shifting the paradigm.

#### **Tell us about the GBV digital reporting tool currently being developed by CWGL. What inspired this project and what impact do you expect it will have?**

Countless participating organizations, institutions and grassroots activists have focused on the structural, legal and attitudinal changes critical to ending GBV around the world. Many have identified the role of the media as being critical to shifting attitudes on violence against women. Similarly, scholars of journalism, researchers and media advocates have increasingly emphasized the importance of language, voice, terminology, semantic choices, and issue-framing in the context of media reporting, government accountability and strategic advocacy around fundamental human rights concerns.

This proposed project to strengthen journalistic coverage of GBVAW stems from a need voiced by participant-activists around the world in CWGL's 16 Days campaign for a standard-setting guide for journalists on reporting GBVAW. The call for such a tool reflects recognition on the ground that journalistic reporting helps to shape the

narrative and perceptions surrounding GBV, which in turn have a crucial impact on how society and policymakers respond.

#### **Why did you decide to partner with UNFPA on this consultation?**

Firstly, both CWGL and I personally deeply appreciate how UNFPA has taken on ending GBV as a core objective, and we respect UNFPA for its vision and integrity in advancing the rights of women and girls. The regional media strategy developed by the Regional Syria Response Hub is a forward-thinking initiative that promotes prevention, recognition and results. We found great synergy in our work and are grateful that we could partner.

#### **One of the core topics tackled during this consultation was the protection of female journalists. Why is this topic of particular importance to you?**

The role of a journalist is sacred because s/he makes it possible to speak truth to power and provides the space for those most vulnerable to be heard without compromising their dignity.

Unfortunately, this job is now a dangerous one for both women and men. However, due to the gender-based discrimination that penetrates all spheres, the way women journalist face violence is different to men. Like men, they face violence by the state and non-state actors, however they also face harassment and violence to which men are not typically subjected, including physical, sexual and psychological abuse by their colleagues and sometimes at home. They also face discrimination based purely on their gender.

At the moment, we have the opportunity to highlight the protection of journalists — particularly women journalists — through the ILO's current standard setting process to address harassment and violence against women and men in the world of work. CWGL is engaged in the process and are deeply committed to ensuring the protection of women journalists in the world.

#### **What were the major conclusions and recommendations of this consultation in your opinion?**

Every consultation expands our thinking and the convening in Jordan did the same and more. CWGL is engaged in conducting seven consultations with journalists reporting on GBV, five of which will be regional. The consultation in Jordan was our third meeting in this process.

The consultation highlighted how GBV against women in times of conflict is a reflection of how women are treated and portrayed during time of 'peace,' further underscoring that a paradigm shift is critical. Moreover, it showed that journalists have a critical role to play in times of conflict or war to highlight these issues, which also stresses the importance of having more women journalists covering stories.

Equally important is to train journalists on how to approach survivors for their stories; after all, speaking truth to power cannot compromise the life and dignity of the survivor. Last but not least, the consultation highlighted the fact that the protection of women journalists is inextricably linked to reporting on GBV against women.

#### **HELPING JOURNALISTS HELP SURVIVORS**

Given the shared objectives and approaches, CWGL and the UNFPA Regional Syria Response Hub decided to partner to host a consultation in Amman to tackle the challenges facing journalists who report on GBV in the region. The consultation brought together 16 journalists from various Syria crisis countries (Syria, Lebanon, Turkey, and Jordan), in addition to foreign correspondents based in the region.



**COUNTRY REPORT**  
**WHOLE OF SYRIA**  
 COMBINED RESPONSES FROM SYRIA COUNTRY OFFICE,  
 CROSS-BORDER JORDAN AND CROSS-BORDER TURKEY.

**SYRIA COUNTRY OFFICE**  
**REPRODUCTIVE HEALTH**

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	1,229,417
Family planning consultations	580,920
Normal/assisted vaginal deliveries	49,626
C-Sections	42,815
Ante-natal care consultations	399,185
Post-natal care consultations	58,433
Health facilities that provide Emergency Obstetric Care	27
Primary healthcare facilities	68
Partially-supported primary healthcare facilities	917
Mobile clinics	71
People trained on RH-related topics	1,642

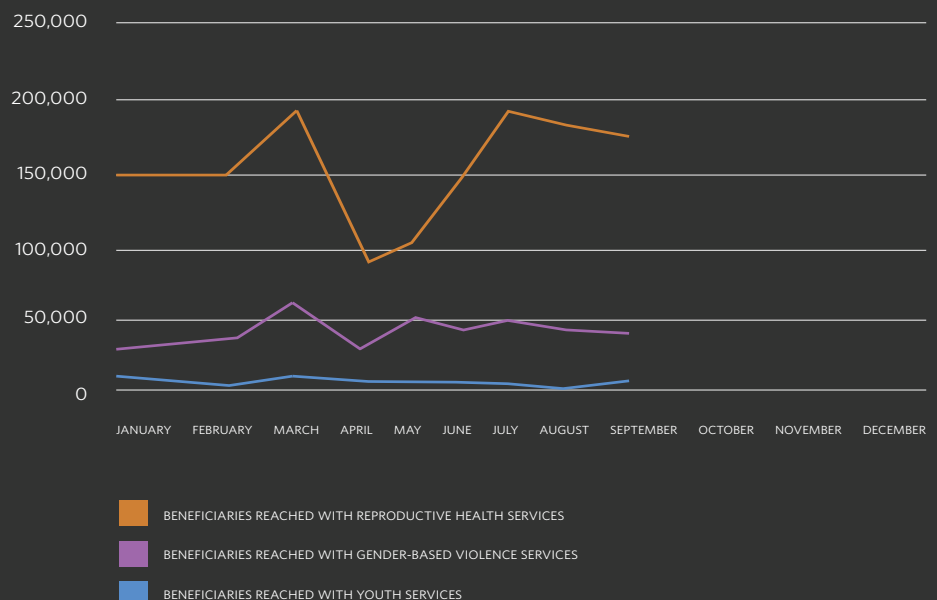
**GENDER-BASED VIOLENCE**

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	45
Beneficiaries reached with GBV programming / services	282,807
Population reached with Dignity Kits	96,356
Beneficiaries provided with GBV case management	7,467
Beneficiaries reached with GBV awareness messages	159,130
People trained on GBV-related topics	962

**YOUTH SERVICES**

INDICATOR	SINCE JANUARY
Functional youth centres	17
Beneficiaries reached with youth programming	72,490

**LONG-TERM OVERVIEW OF SERVICE DELIVERY**  
 (monthly, non-cumulative)



UNFPA Syria continues to collaborate with local partners to respond to the needs of IDPs' fleeing their homes in the southwest Syria, including Daraa, Sweida and Quneitra.

With mobile and static clinics established in Izraa, Sanameen, Jbab, as well as in shelters in Daraa and Sweida, efforts are ongoing to ensure that those fleeing the conflict have access to basic and emergency reproductive health services.

UNFPA continued to organize a variety of training programs nationwide, including a youth training program in Homs covering reproductive health and gender-based violence, as well as a women's empowerment training program in Aleppo for gender-based-violence survivors.



## HIGHLIGHT

# "I WISH MY FATHER COULD SEE ME NOW."

BEFORE HIS PASSING DURING THE CRISIS IN SYRIA, GHALIA'S FATHER EXPRESSED HIS REMORSE THAT HE COULD NOT EDUCATE HIS DAUGHTERS. TODAY, GHALIA IS DEFYING ALL ODDS TO HONOR HIS FINAL WISHES.

At 18 years of age, Ghalia has never been to school. Her village on the outskirts of Deir ez-Zor in Syria did not have a school, which meant that education was not an option for her. Instead, she worked in the fields alongside her sisters and father, despite his lifelong dream of educating his girls and offering them greater prospects in life.

"My father always wished that I would get an education," explains Ghalia. "No one in my family is educated, which has always been a cause of much sadness for him."

That, however, was before the extended violence took hold of Syria. After the crisis, education became a distant privilege about which only a lucky minority worried, and survival became the central goal for those living on the outskirts of urban destinations.

Ghalia was one of the tens of thousands who lost their homes in the conflict. "I lost more than my home — I lost my father, too, which was by far the greatest loss of all. Before he passed away, he cried and asked for forgiveness because he was not able to educate us."

Her father's foregone dream has now become her own. As Ghalia explains, "I want to learn how to read and write to honor his memory and wishes."

What she had never expected was to realize this dream amid a protracted crisis, least of all in Syria's Areesha camp, where she and her husband found refuge after fleeing Deir ez-Zor. That is when Ghalia heard of

a literacy course being offered at one of the camp's women and girls' safe spaces supported by UNFPA, and the prospect of learning to read and write filled her with hope.

As of September 2018, UNFPA operates 45 women and girls' safe spaces within Syria, which provide sexual and reproductive health services, culturally sensitive counselling, legal support and vocational training to women and girls displaced by conflict, including survivors of gender-based violence. The centers provide more than health and social services; they offer women and girls with the knowledge and tools to make informed decisions about their bodies and futures.

A few years back, a group of women and girls at the Areesha safe space had voiced their desire to learn to read and write, and UNFPA mobilized support to introduce the camp's first literacy course. It has since become one of the more popular courses at the camp, also serving as an engaging platform for women and girls to find a safe and consistent social network.

"Al-Areesha Camp is a case study in the importance of involving women and girls in designing humanitarian interventions," explains the UNFPA gender-based violence coordinator at the camp.

"In our close interactions with people in need, women and adolescent girls stated the importance of education and literacy skills in realizing their dreams. With the

support of our dedicated partners in the area, we were able to produce a program that has since helped numerous participants overcome their struggles with illiteracy."

The literacy course is part of an integrated programme to arm women and girls with the skills they need to participate in the decisions that most affect them, and to build the stable futures they deserve.

In 2018 alone, UNFPA Syria and its partners have reached roughly 40,000 young people in Syria with health and social services, including literacy courses and other livelihood-support programmes. A total of 26 women and girls' safe spaces operated by UNFPA Syria now offer literacy courses.

"I feel stronger and independent knowing that I will learn to read and write," explains Ghalia. "It may be a small step in the greater scheme of things, but I find myself much more hopeful than I was before."

This sense of added hope has been shared by many who have enrolled in the literacy course, the popularity of which has been on the rise since its introduction. In September, more than 85 women and girls have registered for the upcoming programme.

"Every time I see a sign in the camp, I try to read it out loud," explains Ghalia. "I could not be prouder of myself and I wish my father could see me now."

**"I lost more than my home — I lost my father, too, which was by far the greatest loss of all. Before he passed away, he cried and asked for forgiveness because he was not able to educate us."**

**Ghalia from Deir ez-Zor Governorate, Syria**

Ghalia received counseling and capacity building services at a facility supported by UNFPA Syria.



## UNFPA's Mission

**Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.**

UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive healthcare and be effectively protected from gender-based violence. UNFPA and 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.



COUNTRY REPORT

# WHOLE OF SYRIA

COMBINED RESPONSES FROM SYRIA COUNTRY OFFICE, CROSS-BORDER JORDAN AND CROSS-BORDER TURKEY.

## CROSS-BORDER JORDAN

### REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	35,009
Family planning consultations	16,296
Normal/assisted vaginal deliveries	3,757
C-Sections	2,071
Ante-natal care consultations	14,306
Post-natal care consultations	6,129
Health facilities that provide Emergency Obstetric Care	6
Primary healthcare facilities	9
People trained on RH-related topics	107

### GENDER-BASED VIOLENCE

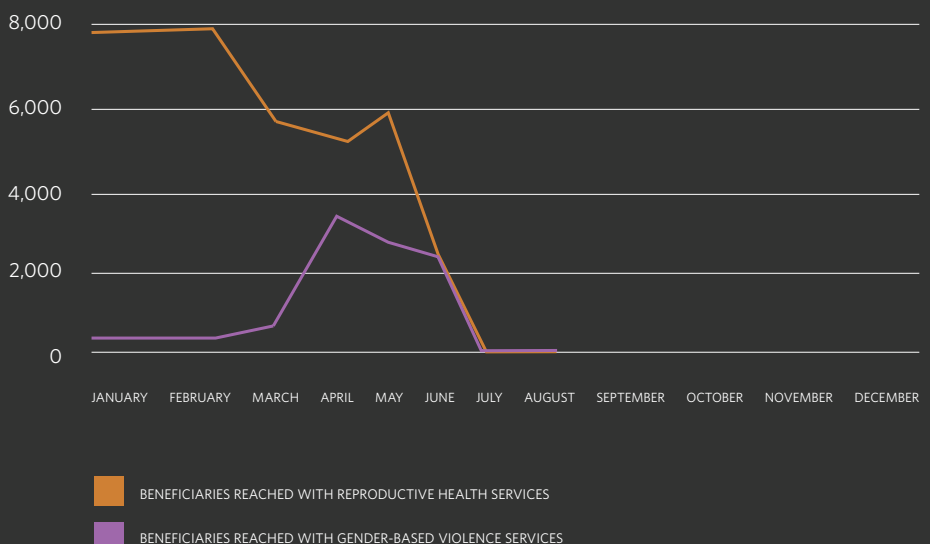
INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	16
Beneficiaries reached with GBV programming / services	10,077
Beneficiaries provided with GBV case management	398
Beneficiaries reached with GBV awareness messages	3,069
People trained on GBV-related topics	59

As of July 2018, all UNFPA supported operation through cross-border Jordan have stopped due to the shift in the control of the area.

Due to the inevitable communication challenges and the need to protect staff members and the implementing agencies, the provision of services was conducted under a "zero paper" policy.

Meanwhile, UNFPA has worked closely with implementing partners to ensure a smooth closure of operations by the end of September 2018. Despite the cessation of services, UNFPA has contingency plans in place to deliver necessary shipments once the border crossings are re-opened.

LONG-TERM OVERVIEW OF SERVICE DELIVERY  
(monthly, non-cumulative)



COUNTRY REPORT

# WHOLE OF SYRIA

COMBINED RESPONSES FROM SYRIA COUNTRY OFFICE, CROSS-BORDER JORDAN AND CROSS-BORDER TURKEY.

## CROSS-BORDER TURKEY REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	330,447
Family planning consultations	69,645
Normal/assisted vaginal deliveries	11,011
C-Sections	3,100
Ante-natal care consultations	57,976
Post-natal care consultations	11,067
Health facilities that provide Emergency Obstetric Care	8
Primary healthcare facilities	10
Functional mobile clinics	13
People trained on RH-related topics	125

## GENDER-BASED VIOLENCE

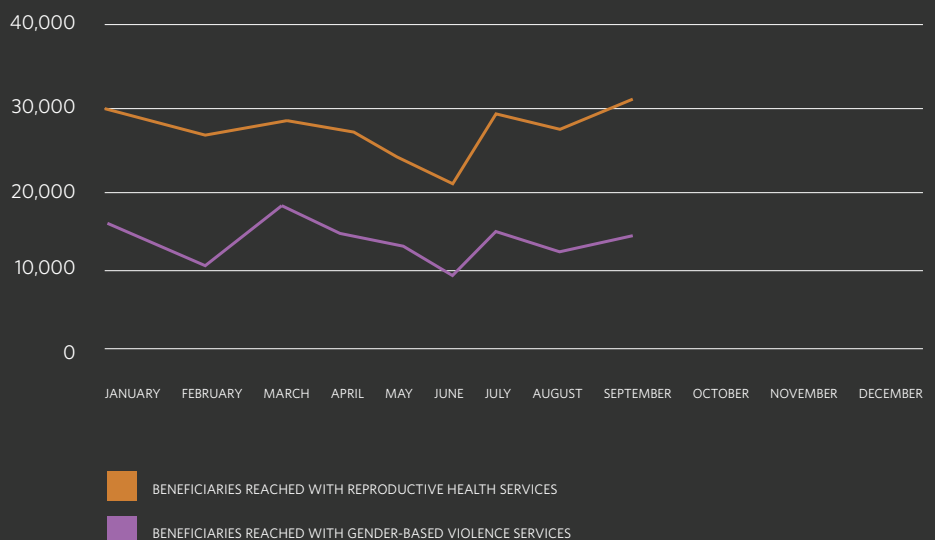
INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	11
Beneficiaries reached with GBV programming / services	86,764
Population reached with Dignity Kits	25,706
Beneficiaries provided with GBV case management	636
Beneficiaries reached with GBV awareness messages	45,384
People trained on GBV-related topics	325

UNFPA's Turkey Cross-Border program has taken significant steps to respond to recent developments in its areas of operation as well as developments within its own programs. Chief among these has been the support for 4 new health facilities in Northern Syria, which brings the total number of supported facilities to 5 CEmONCs, 3 BEmONCs, 10 PHCs, 13 Mobile Clinics and 11 WGSS.

The addition of these new facilities has contributed toward a 36% increase in the number of people receiving RH services from the previous month. Moreover, it has resulted in a larger geographical area of coverage for RH services being provided through the program.

The situation in Northern Syria, particularly Idleb governorate remains tense as security threats in the area continue to pose significant risks to local populations and service providers on the ground. UNFPA is continuing to work with its partners to ensure that all necessary response measures are taken.

LONG-TERM OVERVIEW OF SERVICE DELIVERY  
(monthly, non-cumulative)



# “ FEAR, SHAME & TRADITIONS.

First of all, let me tell you a little bit about myself. I am a young girl from Jarablus, which is a small, quiet and conservative town in Aleppo, Syria. For three years, our town remained terrorized by ISIS militants, which lasted until 2016 when the rebels managed to force the militants to flee. The town is still recovering from the years of violence and instability and still has a long way to go.

**I have always felt like I was not like other girls in my community. For most of my life, I have had a difficult relationship with my family.**

Fear, shame and traditions meant that I was not able to go anywhere, and I was not allowed to see my friends or even go to school because it was too far from our house. Life often felt like a strange prison from which there was no escape.

It was one of the happiest days of my life when the women and girls' safe space opened right next to my house. Because of its close proximity, my family allowed me to go. At first, the simple fact of having a place and an extended community felt like the greatest gift in the world, but then I realized that this space can be my education. I eventually enrolled in English and computer science classes, which made me extremely happy as this felt like an unattainable goal before this center opened.

It was a difficult start, but with the determination and encouragement of the trainers I was slowly able to read and write. Now I can proudly say that I am capable of writing a few words about myself — to scribble a few notes in my diary and form complete sentences in English, which seemed all but impossible before. I was also able to make new friendships here and learn from them about life outside of my closed universe at home.

Today, I feel hopeful and grateful. I am grateful to my case manager, the wonderful staff at this center and the many people behind the scenes who made this possible. Your kindness has overwhelmed me.

**Layali from Aleppo Governorate, Syria**

Layali received counseling and capacity building services at a facility supported by UNFPA through Cross-Border Turkey.

COUNTRY REPORT

# EGYPT

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.

## REPRODUCTIVE HEALTH

### INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	5,022
Family planning consultations	1,169
Ante-natal care consultations	557

## GENDER-BASED VIOLENCE

### INDICATOR

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	10
Beneficiaries reached with GBV programming / services	10,217
Beneficiaries provided with GBV case management	851
Beneficiaries reached with GBV awareness messages	4,095

## YOUTH SERVICES

### INDICATOR

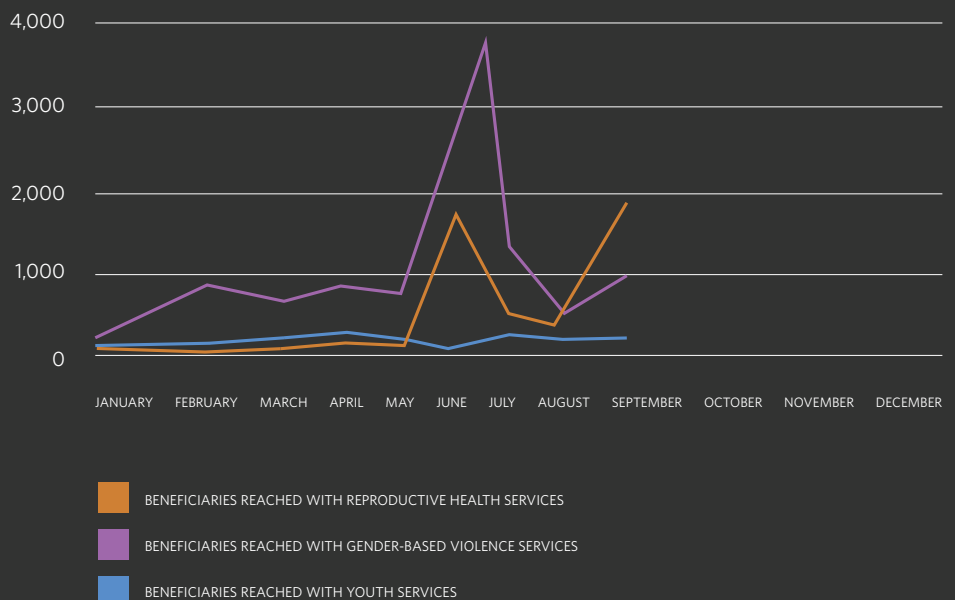
INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	2,066

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.

LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



COUNTRY REPORT

# IRAQ

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES IN BASIRMA, DRASHAKRAN, KWARGOSK, AND QWSHTAPA CAMPS.

Currently, around 250,000 Syrian refugees are seeking safety in camps and host communities in Iraq. UNFPA supports nine women community centres, sixteen health facilities, and four 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 and supports referral services.

Despite the availability of reproductive health (RH) services to all women, some communities continue to refuse all forms of reproductive health services. To address this, the RH unit staff conduct outreach visit to pregnant women to provide essential information.

UNFPA in Iraq continues to coordinate with other gender-based violence (GBV) prevention and response service providers targeting refugees. Staff from the RH 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, Drashakran, Kwrgosk, and Qwshtapa in Erbil Governorate, Domiz 1, Domiz 2, Gawilan in Dohuk Governorate and Arbat in Suleymania Governorate with programs that span vocational training for women, awareness sessions for women and adolescent girls, lectures on topics related to reproductive health and gender-based violence, and various community engagement activities.

## REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	23,417
Family planning consultations	6,663
Normal/assisted vaginal deliveries	5,451
C-Sections	1,344
Ante-natal care consultations	4,406
Post-natal care consultations	2,075
Health facilities that provide Emergency Obstetric Care	16
Primary healthcare facilities	8

## GENDER-BASED VIOLENCE

INDICATOR

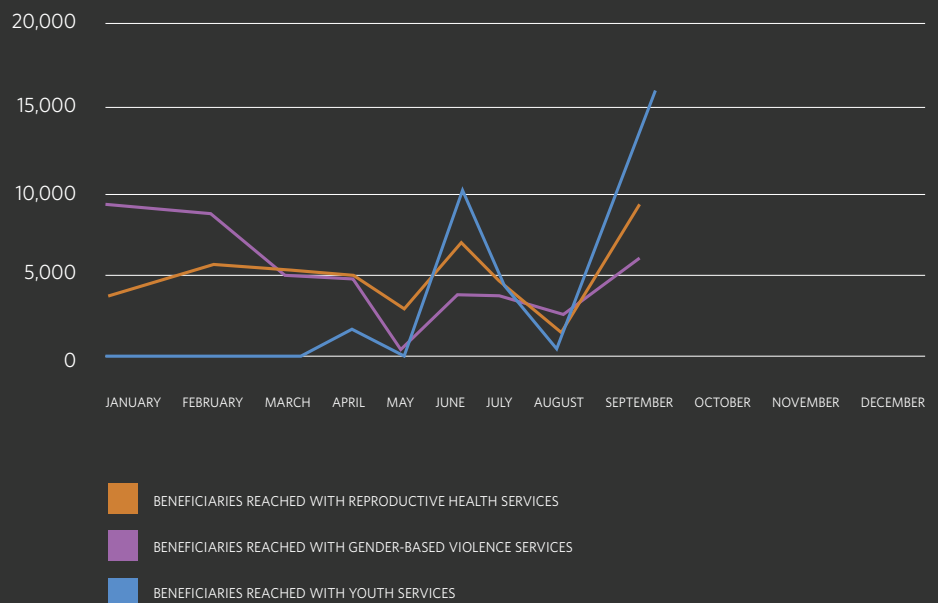
INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	4
Beneficiaries reached with GBV programming / services	29,424
Population reached with Dignity Kits	108
Beneficiaries provided with GBV case management	753
Beneficiaries reached with GBV awareness messages	26,108

## YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Functional youth centres	4
Beneficiaries reached with youth programming	29,313

LONG-TERM OVERVIEW OF SERVICE DELIVERY  
(monthly, non-cumulative)





## “ THE LIABILITY OF BEING A GIRL.

When you ask girls my age about life in the camp, more often than not they would struggle to answer. Many of them can barely remember what life was like before the war, but — at least for most of them — life has not changed much. The restrictions that rule their lives today have always been there, regardless of what was happening around them. To be a girl in my community is to feel like a lifelong refugee; restricted, ashamed and constantly feeling threatened.

**It is so hard to talk about these things. As a girl, I always feel like I'm walking with a thousand eyes on my back and an invisible knife held against my throat.**

Every word, every glance, and every step is a potential affront to the honor of my family. They tell us that we are constantly at risk, that the world is filled by those who want to kidnap us, sell us or take advantage of our bodies. We are made to feel like liabilities, and the threat leveled against us from outside our homes eventually breeds even worse threats within our homes. We are constantly imprisoned, restricted and controlled.

I was taken out of school at the age of 14 and forced to marry a man twice my age. I hated him with every fiber of my being, but I hated my father and brothers more for making me marry him. Four years have passed since then, during which time I have been married twice.

My first husband left me less than a year into our marriage because he said I was infertile. That, of course, turned out to be untrue, as I fell pregnant shortly after my second marriage to a man several years older than the first. He treats me well enough, especially if I don't protest much, but we come from different worlds.

Today, I am about to turn 18, and I am the mother of a six-month-old boy. I love him with all my heart. He is my world, because he is just as helpless as I am, but he is also my invisible chain. Because of him, I will forever be tied to a man for whom I feel absolutely nothing, and to a life I simply did not choose.

**Nargis from Qamishli Governorate, Syria**

Nargis received counseling and capacity building services at a facility supported by UNFPA Iraq.



COUNTRY REPORT

# JORDAN

UNFPA JORDAN CONTINUES TO PROVIDE MUCH NEEDED SERVICES TO SYRIAN REFUGEES NATIONWIDE.

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 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 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
Beneficiaries reached with reproductive health services	105,135
Family planning consultations	17,064
Normal/assisted vaginal deliveries	1,450
C-Sections	3,745
Ante-natal care consultations	31,715
Post-natal care consultations provided	6,417
Health facilities that provide Emergency Obstetric Care	3
Primary healthcare facilities	15
People trained on RH-related topics	214

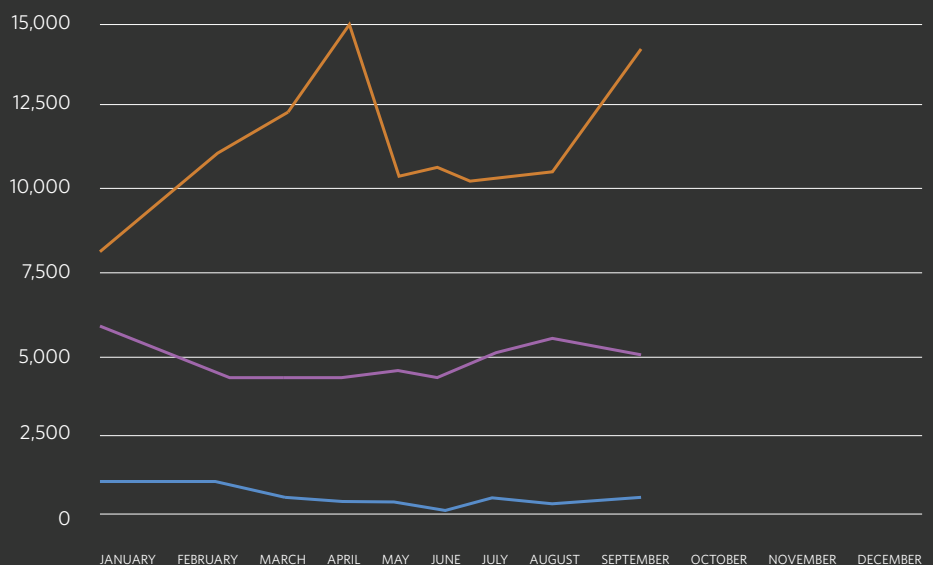
## GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	20
Beneficiaries reached with GBV programming / services	36,663
Beneficiaries reached with Dignity Kits	9,817
Beneficiaries provided with GBV case management	3,676
Beneficiaries reached with GBV awareness messages	12,404
People trained on GBV-related topics	77

## YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	1
Beneficiaries reached with youth programming	6,305
People trained on youth-related topics	317

LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



- BENEFICIARIES REACHED WITH REPRODUCTIVE HEALTH SERVICES
- BENEFICIARIES REACHED WITH GENDER-BASED VIOLENCE SERVICES
- BENEFICIARIES REACHED WITH YOUTH SERVICES

COUNTRY REPORT

# LEBANON

WITH THE HIGHEST PER CAPITA NUMBER OF REFUGEES IN THE WORLD, UNFPA 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 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

Beneficiaries reached with reproductive health services	11,387
Family planning consultations	2,165
Normal/assisted vaginal deliveries	118
C-Sections	122
Ante-natal care consultations	2,204
Post-natal care consultations provided	577
Primary healthcare facilities	6
Mobile clinics	2
People trained on RH-related topics	232

## GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

Functional women and girls safe spaces (WGSS)	12
Beneficiaries reached with GBV programming / services	51,886
Beneficiaries reached with Dignity Kits	10,891
Beneficiaries provided with GBV case management	1,087
Beneficiaries reached with GBV awareness messages	52,041
People trained on GBV-related topics	697

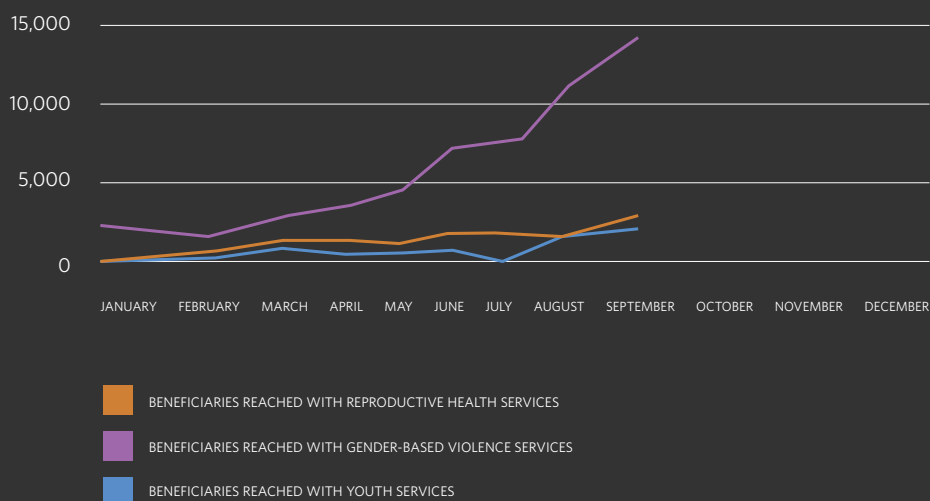
## YOUTH SERVICES

INDICATOR

SINCE JANUARY

Functional youth centres	15
Beneficiaries reached with youth programming	4,272
People trained on youth-related topics	196

LONG-TERM OVERVIEW OF SERVICE DELIVERY  
(monthly, non-cumulative)



# COUNTRY REPORT TURKEY

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 reproductive health and gender-based violence services to Syrian communities in need in Ankara, Gaziantep, and Istanbul, addressing assistance gaps and organizing far-reaching programs that serve to protect vulnerable members of the community.

## REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	135,957
Family planning consultations	44,387
Ante-natal care consultations	14,514
Post-natal care consultations provided	7,690
Primary healthcare facilities	35
People trained on RH-related topics	726

## GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	35
Beneficiaries reached with GBV programming / services	178,853
Population reached with Dignity Kits	159,262
Beneficiaries provided with GBV case management	1,754
Beneficiaries reached with GBV awareness messages	48,053
People trained on GBV-related topics	638

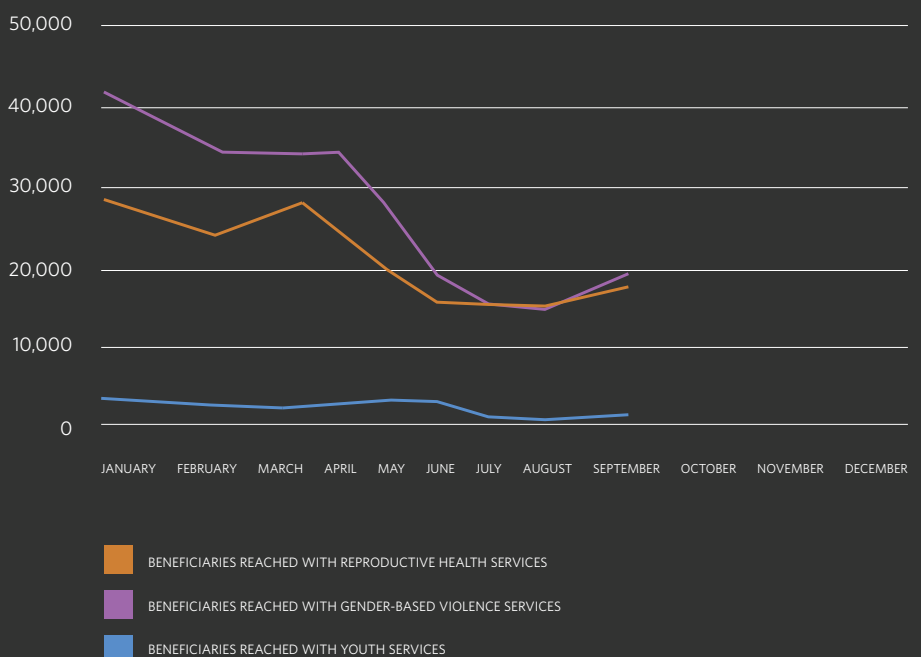
## YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	4
Beneficiaries reached with youth programming	11,394
Number of people trained on youth-related topics	61

## OTHER

INDICATOR	SINCE JANUARY
Refugee service units	5

LONG-TERM OVERVIEW OF SERVICE DELIVERY (monthly, non-cumulative)



## HIGHLIGHT

# THE TORMENT OF FEELING POWERLESS

AFTER DIVORCING HER HUSBAND, FARAH BECAME ONE OF MANY SYRIAN REFUGEE MOTHERS WHO WERE FORCED TO FORFEIT THE CUSTODY OF THEIR CHILDREN. HER PAIN WAS AMPLIFIED WHEN SHE LEARNED THAT THEY WERE BEING SUBJECTED TO FREQUENT EMOTIONAL AND PHYSICAL ABUSE.

"Feeling powerless is perhaps the worst feeling in the world, especially when it comes to protecting your children from those who mean them harm," explains Farah, a 35-year-old Syrian refugee living in Turkey.

Farah reached out to a psychologist in a youth center supported by UNFPA, having been struggling for some time now with the situation of her children. She had gotten married in her late teens, entering a union that was fraught with strife and instability. Local customs that often leaned in the favor of males meant that the custody of her two children — aged 14 and 15 — was given to their father, who in turn had remarried and is currently living in another city in Turkey. What further aggravated the situation was that Farah has since learned that both her children are being verbally and physically abused by their new stepmother.

Farah's primary concern was her 15-year-old daughter, Salma, who is not only being excessively targeted by her stepmother's physical abuse, but is also being pressured by the family to marry at such a young age. Her former husband seems to support the idea and has not voiced any objections.

"It has become common practice in many refugee communities to pressure teenage girls into early marriage," explains Farah. "Some do it believing that they are protecting their girls from uncertain futures, while others are driven by the misguided notion that marriage is the quickest way to safeguard a young girl's honor. In my daughter's case, it is simply a case of financial pressure and spite by a stepmother who wants to rid herself of my children as quickly as possible."

Farah does not believe in early marriage, particularly in the case of her daughter who has always fostered big dreams for her future. As Farah explains, "Salma is an intelligent and driven girl who is active at school and always participates in extracurricular activities. This will break her and destroy her future."

**“ It has become common practice in many refugee communities to pressure teenage girls into early marriage.**

Farah recently discovered that both her children had secretly gone to the police to file a complaint against the family, particularly their stepmother. The complaint stated that their stepmother had gone to great lengths to force Salma into an early marriage, resorting to emotional blackmail and frequent physical abuse.

"It was clear that the household had become extremely unstable, and much physical violence was being incited against my children. Salma was made to feel as though she was threatening the family's honor simply for refusing to marry at such a young age. It broke my heart that they were both being subjected to this and that I was essentially left powerless," explains Farah.

Despite a brief intervention by the authorities, the children were eventually returned to their father, and Farah was all but certain that the cycle of abuse will

continue. The complex and lingering situation had driven Farah into a serious depression. She found herself physically and emotionally drained, and constantly battled with anger and despair.

Weeks later, a chance encounter at a neighbor's house made her aware of a women and girls' safe space supported by UNFPA Turkey, where she learned that refugees facing similar situations are receiving psychological support and even legal counseling where possible. Although her place of residence is fairly remote, she made the effort to go, where she was greeted by a team of case managers who immediately referred her for individual therapy.

"This was by far the most important step I've taken in recent years," says Farah. "Many people think therapy is a waste of time, but it is so important to maintain one's sanity in such situations. The simple fact that I have a safe and confidential outlet for my thoughts gives me some comfort."

The staff at the women's center also acquired Farah's consent to share her story with a partner project that will also take on her case, providing extensive counseling and follow-ups and assisting her in understanding the legal ramifications of her situation.

"My hope is to regain custody of my children and to acquire the skills necessary to give them the life and stability they deserve," explains Farah.

**“ It was clear that the household had become extremely unstable, and much physical violence was being incited against my children. It broke my heart that they were both being subjected to this and that I was essentially left powerless.**

**Farah from Raqqqa Governorate, Syria**

Farah has been receiving services at a women and girls safe space operated by UNFPA Turkey.

# COORDINATION

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.**

In the Whole of Syria, UNFPA leads the GBV coordination mechanisms in Syria and in Turkey with Global Communities. In Iraq, UNFPA and IMC lead the GBV subcluster. In Jordan and Lebanon, UNFPA co -leads the refugee GBV response with UNHCR.

In September, the GBV Subcluster (GBV SC) finalized the guidance note on "Ethical Closure of GBV Programmes," a tool to support GBV actors in the development of their closure plans, including considerations on do no harm for GBV survivors supported with case management and women and girls attending WGSSs, duty of care, data protection and communication. In coordination with the Protection Cluster and SCs, the GBV SC organized a one-day preparedness workshop for the Idlib emergency. The GBV SC also supported the Whole of Syria GBV Area of Responsibility in the analysis of data coming from the Multi Sector Needs Assessment and the focus group discussions conducted in the framework of the HNO. For this purpose, the GBV SC Coordinator and Information Management Officer participated in several HNO workshops (GBV, protection, inter-sector) organized in Beirut.

In Turkey, a protection working group meeting was held in Istanbul on 20 September to endorse the Inter-Agency Referral Form and discuss the general protection challenges and gaps in the field. In Gaziantep, the South-East Turkey SGBV Sub-Working Group held a meeting co-chaired by UNFPA to discuss the group's 2018 Work plan and compare achievements against set targets for Objective 3 and 2019 3RP Planning. In the framework of GBV risk mitigation, the GBV SC and Protection cluster conducted a training session on Protection Risk Analysis, GBV risk mitigation and Prevention of Sexual Exploitation and Abuse (PSEA) for Cluster Coordinators in advance of the upcoming Humanitarian Response Plan process. The GBV SC also presented a protocol for referrals of GBV survivors for food assistance during the FSL Cluster meeting and engaged in discussions with FSL actors on how to improve referrals in the field. The GBV SC also made considerable progress in reviewing the GBV SC Standard Operating Procedures (SOPs), organizing consultations with the Standard Operation Procedures Committee and with the revised document, now in draft form. The GBV SC also supported one of its members in the organization of a four-day Clinical Management of Rape training for midwives in Syria (A'zaz) with 18 participants from five organizations.

The Whole of Syria Hub led the development of the Adolescent Girl Strategy in 2017, which focuses on the protection risks and developmental and reproductive health needs faced by adolescent girls. The strategy utilizes an inclusive and participatory approach with adolescent girls and addresses the risks faced by them as well as the service environment in which they receive SRH and GBV services. Throughout 2018, the Whole of Syria Hub has facilitated bi-monthly calls for the Adolescent Girl Strategy Group members to receive updates, provide technical support and guidance on hub processes to meeting the strategic objectives. The WoS hub also facilitated the development of a progress tool on ongoing and completed activities for the strategy. The WoS Hub has begun planning a Gender, GBV and SRH Specialist meeting for late 2018 to review achievements and way forward in 2019 with a focus on adolescent girls.

Meanwhile, the Damascus Sub Sector continued the rollout of GBV mainstreaming and risk mitigation for health sector partners based in Damascus. The Humanitarian Needs Overview (HNO) began and is ongoing with GBV Sub Sector members supporting the process through data collection and analysis.



# DONORS & PARTNERS

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

## CURRENT DONORS

Austria, Canada, Denmark, The European Commission, Finland, France, Italy, Japan, Republic of Korea, Norway, Sweden, and the United Kingdom.

**Private sector:** MBC and Samsung Electronics, and TOMS.

**United Nations:** Friends of UNFPA, 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 Catholic Archbishopric – Relief and Development Center (RDC), Syrian Commission for Family Affairs and Population, SCS, SEBC.

**In Lebanon:** Ministry of Public Health, Ministry of Social Affairs, Lebanon Family Planning Association for Development & Family Empowerment (LFPAD), Amel Association, International Medical Corps, KAFA (“Enough Violence and Exploitation”), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba’a, RET Liban, NABAD, Heartland Alliance, Relief & Development, Maarouf Saad Social and Cultural Foundation, Danish Refugee Council (DRC).

**In Jordan:** Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Jordanian Women’s Union (JWU), Youth Peer Education Network (YPE), NCFA (National Council for Family Affairs), Questscope.

**Jordan Cross-Border:** Relief International, Syrian American Medical Society (SAMS).

**In Iraq:** AL Massela, Harikar; 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.

## CONTACT INFORMATION

**Jennifer Miquel**

Head of Regional Syria Response Hub  
miquel@unfpa.org

(962) 79 575 6755

## RELEVANT RESOURCES

[www.unfpa.org](http://www.unfpa.org)

[www.ocha.org](http://www.ocha.org)

[www.unhcr.org](http://www.unhcr.org)

<http://syria.humanitarianresponse.info>

