

UNITED NATIONS POPULATION FUND

# REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS



ISSUE # 74  
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“ In parts of this region, conflicts and humanitarian crises affect all segments of the populations, and hit young people and women particularly hard. Let's focus on the rights of people, all people, to live lives free of discrimination and marginalization, and to access the information and services they need for their health and wellbeing. We can and must address these challenges. We are surrounded here by the partners we need to do so.

**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.



# THE SYRIA CRISIS

SNAPSHOT

RESPONSE EFFORTS FROM ALL OPERATIONS.

## REPRODUCTIVE HEALTH

### INDICATOR

Beneficiaries reached with reproductive health services	1,797,055
Family planning consultations	775,465
Normal / assisted vaginal deliveries	52,731
C-Sections	75,557
Ante-natal care consultations	571,471
Post-natal care consultations	21,182
People trained on RH-related topics	3,415

### SINCE JANUARY

## GENDER-BASED VIOLENCE

### INDICATOR

Beneficiaries reached with GBV programming / services	775,581
Population reached with Dignity Kits	324,083
Beneficiaries provided with GBV case management	18,336
Beneficiaries reached with GBV awareness messages	458,322
People trained on GBV-related topics	4,017

### SINCE JANUARY

## YOUTH SERVICES

### INDICATOR

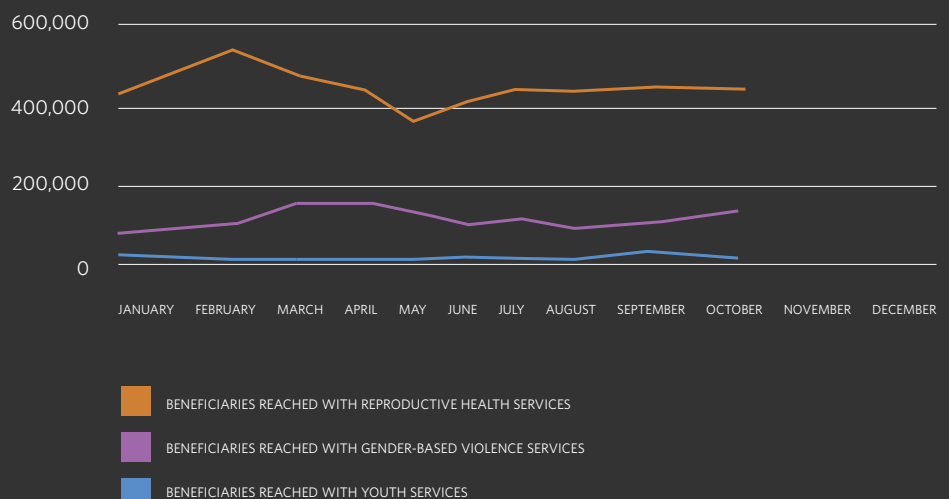
Beneficiaries reached with youth programming	139,689
Beneficiaries trained on youth-related topics	2,621

### SINCE JANUARY



\* 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

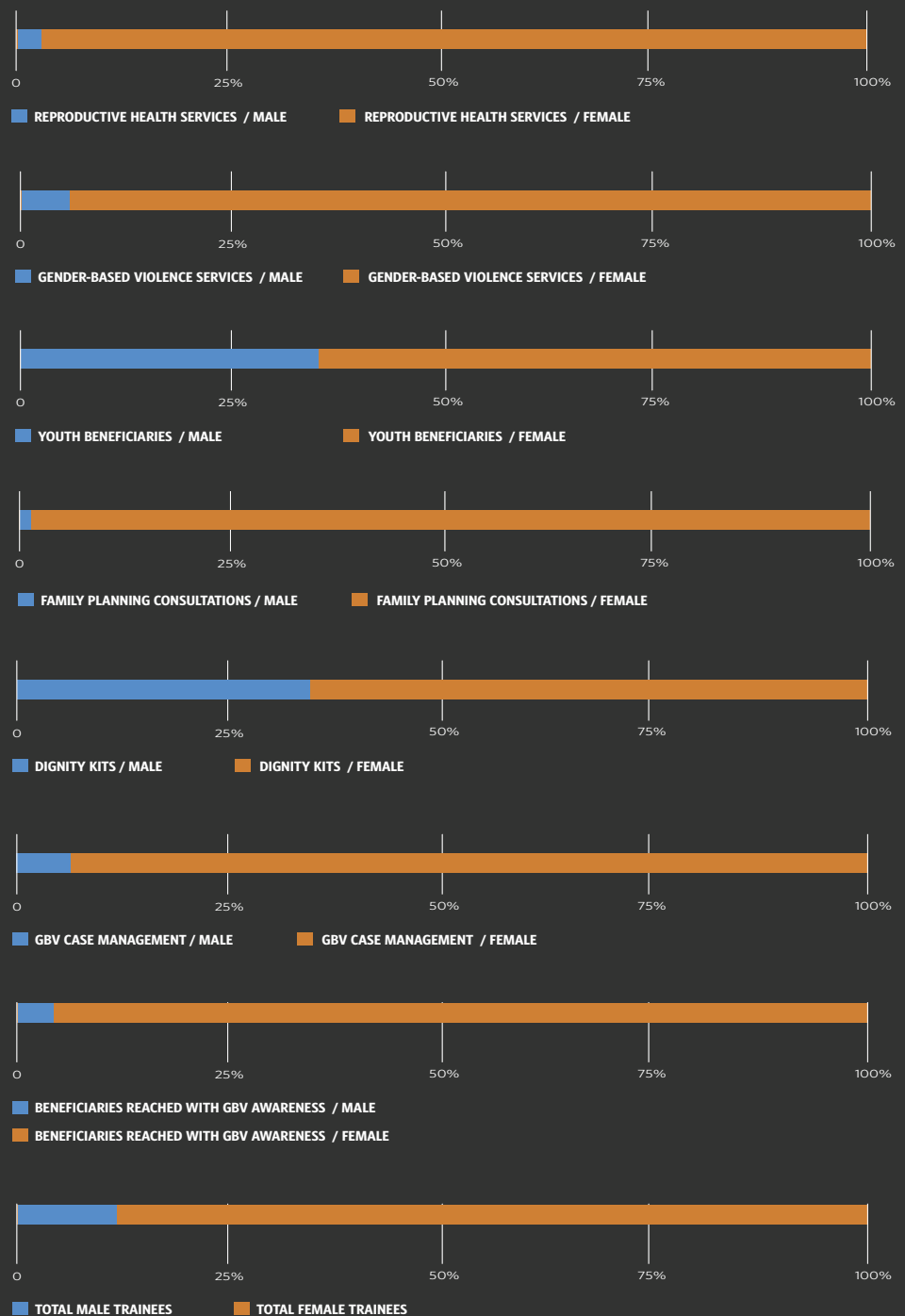
## RESPONSE EFFORTS FROM ALL OPERATIONS.

Through its 132 Women and Girls Safe Spaces, 134 primary healthcare facilities, and 36 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.

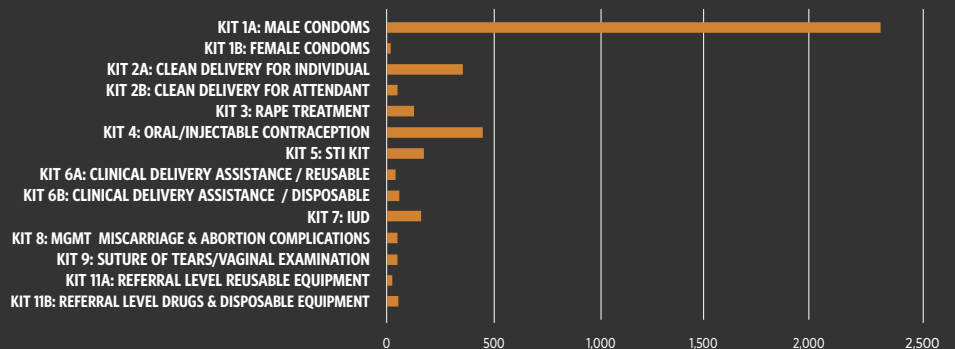
### KEY INDICATORS DISAGGREGATED BY SEX

(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.

# COUNTRY REPORT

# WHOLE OF SYRIA

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

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.

## SYRIA COUNTRY OFFICE

### REPRODUCTIVE HEALTH

INDICATOR	SINCE JANUARY
Beneficiaries reached with reproductive health services	1,294,765
Family planning consultations	619,971
Normal/assisted vaginal deliveries	55,173
C-Sections	47,619
Ante-natal care consultations	445,089
Post-natal care consultations	63,132
Health facilities that provide Emergency Obstetric Care	27
Primary healthcare facilities	69
Partially-supported primary healthcare facilities	917
Mobile clinics	71
People trained on RH-related topics	1,747

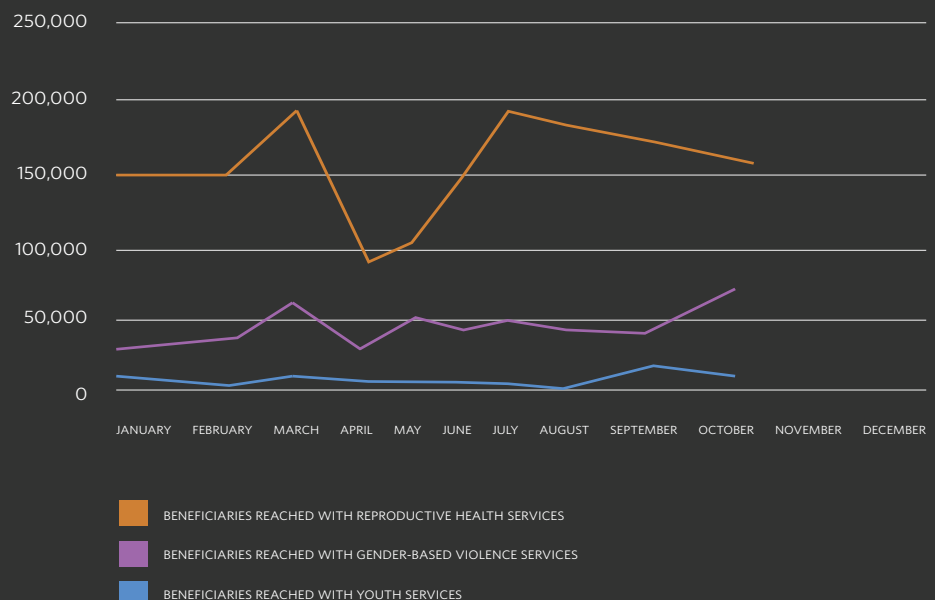
### GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	46
Beneficiaries reached with GBV programming / services	337,545
Population reached with Dignity Kits	105,395
Beneficiaries provided with GBV case management	8,640
Beneficiaries reached with GBV awareness messages	219,676
People trained on GBV-related topics	1,747

### YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	17
Beneficiaries reached with youth programming	81,924

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



## HIGHLIGHT

# DISMANTLING THE CYCLE OF VIOLENCE

**AFTER FLEEING THE VIOLENCE IN HER HOMETOWN OF DEIR-EZ-ZOR, MAHA BECAME THE TARGET OF PHYSICAL AND EMOTIONAL ABUSE BY A FAMILY MEMBER, EVENTUALLY FINDING THE HELP SHE NEEDED TO OVERCOME IT.**

"I felt completely powerless to stop him," recalls Maha, a mother of three children from Mayadin, Deir-ez-Zor. Maha had fled the violence in her hometown and taken refuge with her husband's family at Al Areesha Camp, located 25 kilometres south of Al-Hasakah.

While Maha was able to escape one form of violence, she found herself trapped in another. She was subjected to repeated physical and emotional violence at the hands of a male member of her husband's family, who repeatedly threatened to cause a rift between her and the family, forcing her to remain silent.

"How could I say no to him," explains Maha, "and where would I go if they decided to kick me and my children out?"

Maha's situation is quite similar to that of countless gender-based violence survivors throughout the region, many of whom feel compelled to tolerate abuse for fear of alienation or withdrawal of economic support. In Maha's case, displacement and lack of economic independence led her to suffer in silence, which only perpetuated the cycle of violence.

Upon hearing her story, a neighbor informed Maha about a Women and Girls Safe Space operated by UNFPA in the camp, where she was told many women in similar situations

were receiving guidance and support. Upon visiting the centre, she was quickly enrolled in psychosocial support sessions, where she found a safe and constructive outlet for her fears.

The case manager at the centre worked with Maha on addressing the root causes of her fear and verbalizing the various issues that caused her to feel trapped. The long and arduous process required her to re-examine her life and formulate a healthier and more sustainable image of her future.

"The support sessions were of immense help," explains Maha. "I feel more confident now and have come to realize that the shortest path to freedom and safety is for me to achieve economic independence. I will be looking for work to enable me to support my family."

To facilitate the process, Maha also signed up for sewing training at the camp, a part of a larger programme designed to support women in search of livelihood opportunities during the crisis. She also decided to request a private tent in the camp in order to put some distance between her and the person who had been abusing her.

"If I had stayed at that tent day and night, he would have continued to mistreat me, and I would have continued to stay silent because I was so terrified of him and of

losing the shelter that his family provides for my children and me," explains Maha. "With the help of UNFPA and other agencies, I was able to secure a private tent, and I feel much safer as a result."

Today, after completing the initial stage of her counselling and her sewing training, Maha feels more empowered and independent than she had before. She had developed the confidence required to make the necessary adjustments in her life and end the cycle of abuse that had entrapped her.

As she puts it, "I will start all over, a new beginning and no more mistreatment. I will work inside my tent and sew clothes for a living. I don't know yet if it will become a stable source of income, but I have hope. I believe in life because I have gotten this far and I am committed to giving my children the best life possible."

Inside Syria, UNFPA and its partners continue to reach women and girls displaced by conflict, including survivors of gender-based violence. Currently, services are provided through a total of 36 Women and Girls Safe Spaces, 1 Family Protection unit, 2 Community Wellbeing Centres and 7 emergency safe spaces across Syria.

**“ I felt completely powerless to stop him. How could I say no to him, and where would I go if they decided to kick me and my children out? ”**

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

Maha 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.





# WHOLE OF SYRIA

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

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.

## CROSS-BORDER JORDAN

### REPRODUCTIVE HEALTH

#### INDICATOR

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

#### SINCE JANUARY

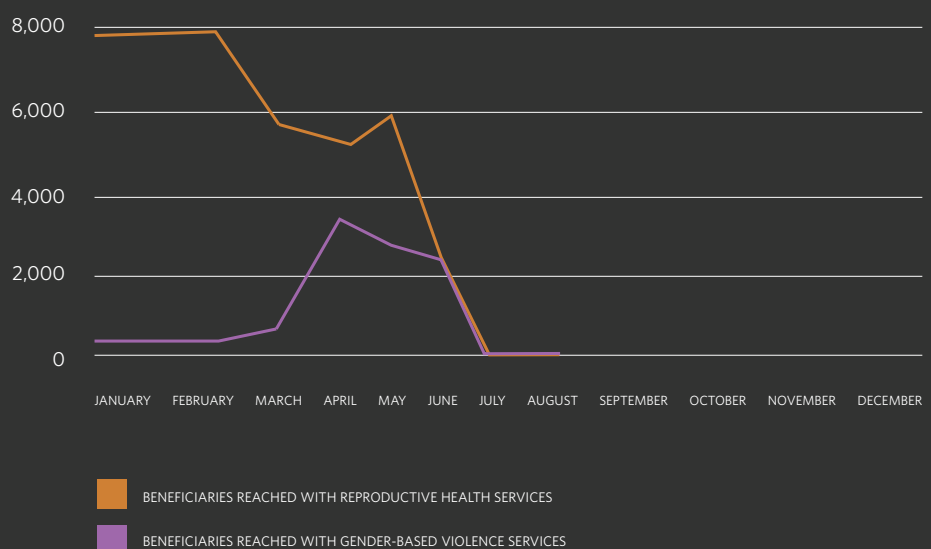
### GENDER-BASED VIOLENCE

#### INDICATOR

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

#### SINCE JANUARY

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



# 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	194,544
Family planning consultations	79,273
Normal/assisted vaginal deliveries	12,459
C-Sections	3,475
Ante-natal care consultations	67,114
Post-natal care consultations	12,477
Health facilities that provide Emergency Obstetric Care	8
Primary healthcare facilities	10
Functional mobile clinics	11
People trained on RH-related topics	55

### GENDER-BASED VIOLENCE

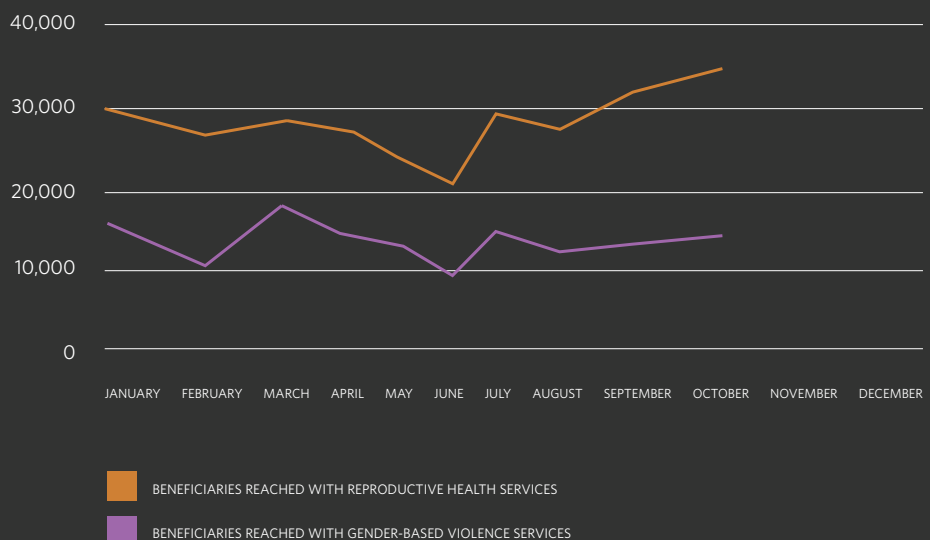
INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	12
Beneficiaries reached with GBV programming / services	96,331
Population reached with Dignity Kits	27,551
Beneficiaries provided with GBV case management	742
Beneficiaries reached with GBV awareness messages	51,806
People trained on GBV-related topics	463

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)



## A MOMENT OF DESPAIR

"I needed one more moment of despair to try and take my own life for the second time," said Abeer, recalling how she had bought the gas pills and hid them until she was ready to take them.

Abeer's visits to one of the UNFPA-supported Primary Health Care (PHC) centers in Idleb were becoming more frequent in order to treat the effects of physical violence inflicted by her husband. A 24-year-old mother of three, she had gotten used to bearing her suffering alone as her family left Syria a long time ago.

Abeer suffered from severe depression that led her to take a large dose of medication in an attempt to end her suffering. She was taken to the UNFPA-supported health facility as a result.

In recalling the incident, she explains: "I had survived the first time and was quickly approaching the second. I truly and consciously searched for ways to end it all. This was before I accidentally entered the PSS counseling room at the centre and met the amazing Hawraa."

Hawraa, who became the manager of Abeer's case at the center, notes that Abeer had trouble opening up during her first few sessions. "Gaining her trust was a little bit challenging in the beginning. It took serious work because she was still in the throes of shock. She had to feel comfortable and safe in my room before entrusting me with her story."

Abeer found comfort in talking to Hawraa, who provided unconditional support and a healthy environment where she felt safe and respected. Their sessions became more frequent, and soon enough Hawraa began noticing a marked improvement in Abeer's mental state.

Although the road to healing is long, Abeer notes that she is learning how to manage her life and address her situation wisely.



## 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

Beneficiaries reached with reproductive health services	6,198
Family planning consultations	1,472
Ante-natal care consultations	615

## SINCE JANUARY

## GENDER-BASED VIOLENCE

## INDICATOR

Functional women and girls safe spaces (WGSS)	10
Beneficiaries reached with GBV programming / services	11,010
Beneficiaries provided with GBV case management	1,107
Beneficiaries reached with GBV awareness messages	4,530

## SINCE JANUARY

## YOUTH SERVICES

## INDICATOR

Beneficiaries reached with youth programming	2,178
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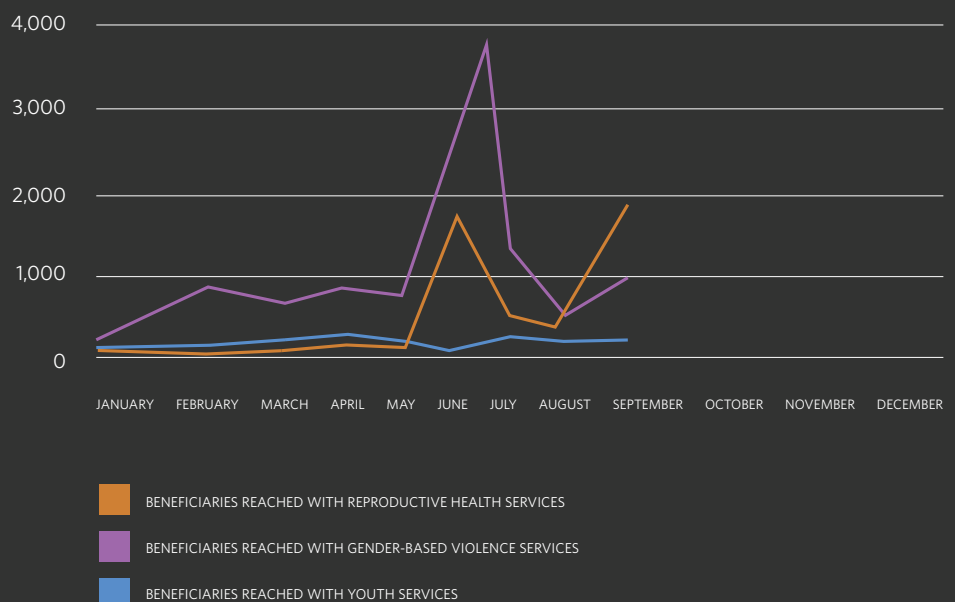
## SINCE JANUARY

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, KWRGOSK, 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, Kwrskog, 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

Beneficiaries reached with reproductive health services	27,428
Family planning consultations	7,631
Normal/assisted vaginal deliveries	6,278
C-Sections	1,495
Ante-natal care consultations	5,427
Post-natal care consultations	2,087
Health facilities that provide Emergency Obstetric Care	16
Primary healthcare facilities	8
People trained on RH-related topics	174

## SINCE JANUARY

## GENDER-BASED VIOLENCE

## INDICATOR

Functional women and girls safe spaces (WGSS)	4
Beneficiaries reached with GBV programming / services	32,474
Population reached with Dignity Kits	119
Beneficiaries provided with GBV case management	760
Beneficiaries reached with GBV awareness messages	31,543
People trained on GBV-related topics	520

## SINCE JANUARY

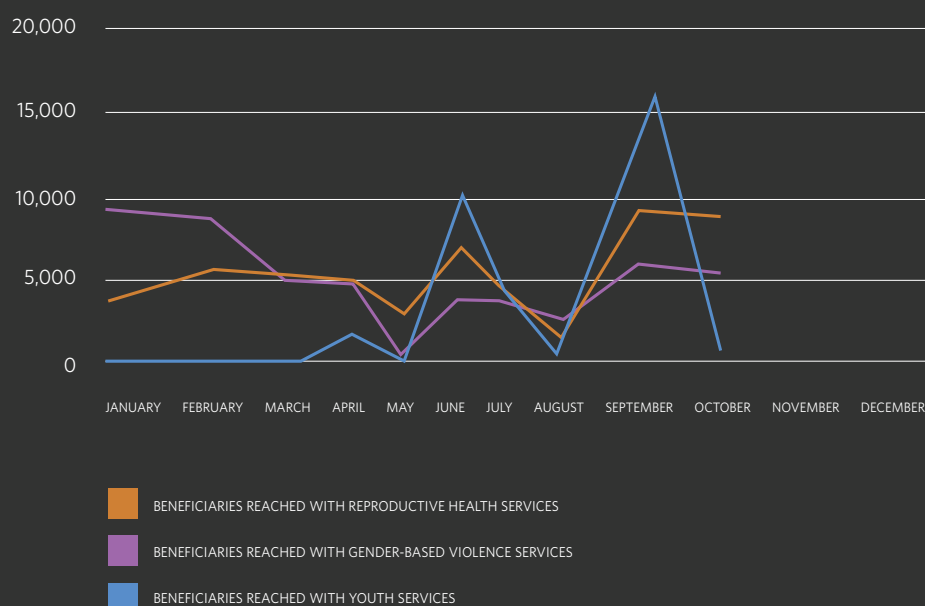
## YOUTH SERVICES

## INDICATOR

Functional youth centres	4
Beneficiaries reached with youth programming	30,265
People trained on youth-related topics	1,981

## SINCE JANUARY

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



## HIGHLIGHT

# THROUGH THE LENS OF A PROFESSIONAL

## TELLING STORIES USING THE DELICATE ART OF OBSCURE PHOTOGRAPHY

In the continued efforts of the international community to amplify the voices of Syrian women and girls, one of the more challenging aspects of the work is bringing the stories of gender-based violence survivors to light while safeguarding their safety and dignity. Humanitarians and journalists alike bear considerable responsibility when it comes to reporting on gender-based violence, and must adhere to rigid ethical guidelines designed to ensure that the stories, photographs and quotations they publish not only highlight the plight of women and girls but also avoid causing them harm in the process.

Since the onset of the Syria crisis in 2011, UNFPA has been actively working to bring the stories of Syrian women and girls to light in an effort to underscore their needs and accelerate the efforts of the international community to address them. A core element of these stories is visual media, be it photography or videography, which serves as a powerful storytelling tool that effectively communicates the reality faced by survivors on a daily basis.

Recently, the UNFPA Regional Syria Response Hub and UNFPA Iraq partnered with Seivan Salim — a photographer from the Kurdistan Region of Iraq who has spent years documenting the human rights abuses inflicted upon women and girls in humanitarian settings. Salim's work has not only helped countless survivors share their stories with the world, but has also served as a solid example of ethical and empathic reporting that places the wellbeing of survivors at the forefront of the reporting process.

The partnership with Salim allowed UNFPA to capture compelling stories of Syrian gender-based violence survivors currently taking refuge in Iraq, many of whom have experienced emotional, physical, sexual, and other forms of violence since fleeing the conflict in Syria. Salim's professional and humane approach was key in helping these survivors overcome the stigma and trauma associated with their stories and to bring their voices to readers around the globe.

We sat with Salim after a busy day of shooting to further understand the principles and motivations of her reporting.

**Please give us a brief overview of who you are as an individual and as an artist.**

I was born in Kurdistan and my family immigrated to Iran as refugees when I was only one year old. As a result, my childhood and early adulthood were comprised of numerous cultural influences, all of which shaped the way I view the world. In my education, I chose to pursue a degree in psychology due my interest in human behavior, and while I enjoyed the field, my real passion lay in the arts.



I found photography was an unparalleled medium for self-expression. I started learning photography at the Youth Cinema Society in Iran, and eventually returned to Kurdistan in 2012 to land my first job with a local media outlet as a photojournalist. Two years later, I decided to pursue a career as a freelance photographer.

**Your work involves dealing with many women and girls who have survived gender-based violence. What drives you to cover this particular subject?**

We have all seen the videos and photos ISIS published on social media since their rise to power. When their campaign began, I had a close Yazidi friend who was worried that ISIS might attack her community because of their faith, but I couldn't imagine that it would actually happen. I felt that such barbarity belonged to a totally distant time in human history. One morning, I heard

the the shocking news; ISIS had attacked Shingal and all my friends' fears had come true.

It was the most tragic day. Imagine a group of people coming into your house, killing your father and brothers, kidnapping your little brothers and sisters, and taking you as a slave, buying and selling you sometimes several times a day. It could have happened to me. They were like my family, like my brothers and sisters.

A few months later when I heard that some of the girls had managed to escape their captors, I felt it my duty to do something as a Kurdish girl, as a photographer, and as a human being. The world should learn the facts of this tragedy directly from the survivors — the most impacted group of people in this war. This is how I became heavily invested in the subject. I couldn't imagine doing anything else but to be with





these girls and help deliver their stories and pleas to the world. Since then, I have made it a priority to cover the stories of women and girls who have survived violence throughout the region, particularly in humanitarian settings.

**What in your opinion are the ethics and principles of telling stories about gender-based violence? How do you approach the subject without causing harm to survivors?**

When you decide to cover the story of a GBV survivor, you must first acquire your subject's trust and their consent. This is perhaps the most difficult part of the process, as many survivors have experienced violence beyond what we can imagine, and have lost their ability to open up. By showing empathy, professionalism and a commitment to telling their story the way they want it to be told, you help them traverse these initial obstacles, and you find that they willingly open up and pour their hearts out given the amount of trauma they have bottled up inside. They need to be heard.

As storytellers, we should always remain conscious enough to avoid exploiting them. They have already suffered enough. As such, I am very careful to protect them and respect their privacy. I obscure their face in the photographs and change their names. The process of concealing their faces and yet producing striking images is a challenge for me — to deliver their stories through obscure photos yet at the same time creating images that have an impact on the viewer.

**In the field, how do you approach survivors in order to get them to open up about their stories and agree to be photographed?**

The fact that I am a female and speak the language makes it somewhat easier. I never pressure them, and always underscore that I am there for them and not for the story. Survivors can always see through one's motives — this is one thing that mistreatment gives you. You become more adept at sensing deception.

By showing them respect and empathy, I slowly build trust that can last a lifetime. In fact, I stay connected with many of them, some of whom have even become good friends. They need someone to confide in, and it can serve as a source of therapy if that person proves to be humane. More importantly, they need to be heard and for their stories to reach the world at large, and so they confide in me.

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

UNFPA and I have similar visions and similar intentions regarding women's issues in conflict zones. It is not easy working on your own. When a UN agency decides to partner with you, it's a true privilege, because then you know that your work is reaching its intended destination and that your art and message are delivered professionally to people who have the power to make a real difference in the lives of these survivors. It is a partnership I hope to revisit as many times as possible.

**What advice would you give to other journalists and photographers who are covering similar subjects?**

My advice to other journalists and photographers is to be sensitive to your subject's feelings and conditions and to not to be obtrusive in your reporting. Be patient, even if circumstances don't align in your favor fast enough. And finally, photography is an art, particularly when it comes to telling stories of survivors without causing them harm. The better your art, the wider your audience and the more impactful your message.



#### TELLING MORE BY SHOWING LESS

By guaranteeing survivors the safety of anonymity, Seivan Salim leverages her talent to ensure that their photographs capture their stories subtly and compellingly. Her work has been recognized nationwide as a prime example of ethical, professional and powerful photojournalism.



## 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, Mafrq 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

Beneficiaries reached with reproductive health services	115,428
Family planning consultations	19,301
Normal/assisted vaginal deliveries	1,602
C-Sections	3,745
Ante-natal care consultations	35,433
Post-natal care consultations provided	7,006
Health facilities that provide Emergency Obstetric Care	3
Primary healthcare facilities	15
People trained on RH-related topics	257

## SINCE JANUARY

## GENDER-BASED VIOLENCE

## INDICATOR

Functional women and girls safe spaces (WGSS)	20
Beneficiaries reached with GBV programming / services	41,491
Beneficiaries reached with Dignity Kits	9,817
Beneficiaries provided with GBV case management	4,053
Beneficiaries reached with GBV awareness messages	13,515
People trained on GBV-related topics	123

## SINCE JANUARY

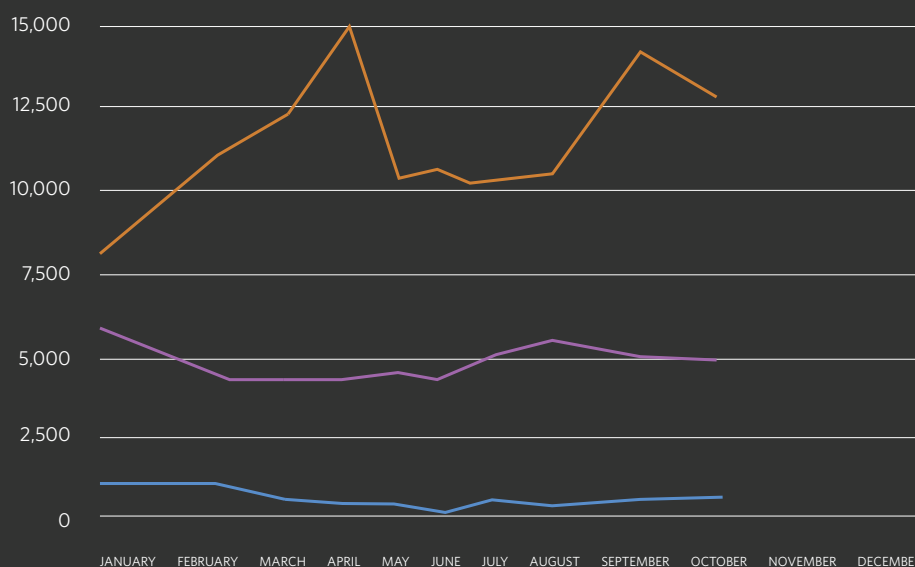
## YOUTH SERVICES

## INDICATOR

Functional youth centres	1
Beneficiaries reached with youth programming	7,658
People trained on youth-related topics	317

## SINCE JANUARY

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

Beneficiaries reached with reproductive health services	13,966
Family planning consultations	2,470
Normal/assisted vaginal deliveries	45
C-Sections	142
Ante-natal care consultations	2,322
Post-natal care consultations provided	563
Primary healthcare facilities	5
Mobile clinics	2
People trained on RH-related topics	262

## SINCE JANUARY

## GENDER-BASED VIOLENCE

## INDICATOR

Functional women and girls safe spaces (WGSS)	9
Beneficiaries reached with GBV programming / services	70,777
Beneficiaries reached with Dignity Kits	25,887
Beneficiaries provided with GBV case management	1,177
Beneficiaries reached with GBV awareness messages	82,427
People trained on GBV-related topics	748

## SINCE JANUARY

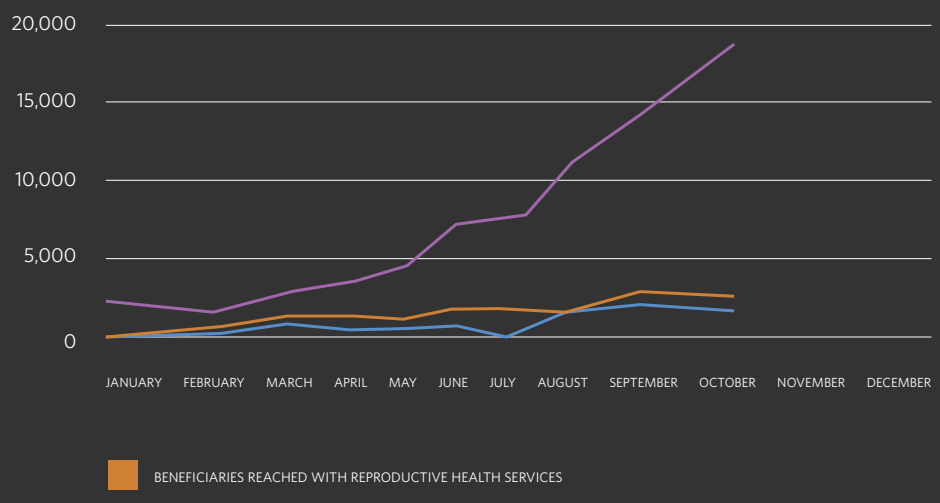
## YOUTH SERVICES

## INDICATOR

Functional youth centres	14
Beneficiaries reached with youth programming	5,650
People trained on youth-related topics	237

## SINCE JANUARY

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

Beneficiaries reached with reproductive health services	144,726
Family planning consultations	45,347
Ante-natal care consultations	15,471
Post-natal care consultations provided	8,166
Primary healthcare facilities	35
People trained on RH-related topics	920

## SINCE JANUARY

## GENDER-BASED VIOLENCE

## INDICATOR

Functional women and girls safe spaces (WGSS)	35
Beneficiaries reached with GBV programming / services	185,953
Population reached with Dignity Kits	165,131
Beneficiaries provided with GBV case management	1,857
Beneficiaries reached with GBV awareness messages	54,825
People trained on GBV-related topics	953

## SINCE JANUARY

## YOUTH SERVICES

## INDICATOR

Functional youth centres	4
Beneficiaries reached with youth programming	12,014
Number of people trained on youth-related topics	86

## SINCE JANUARY

## OTHER

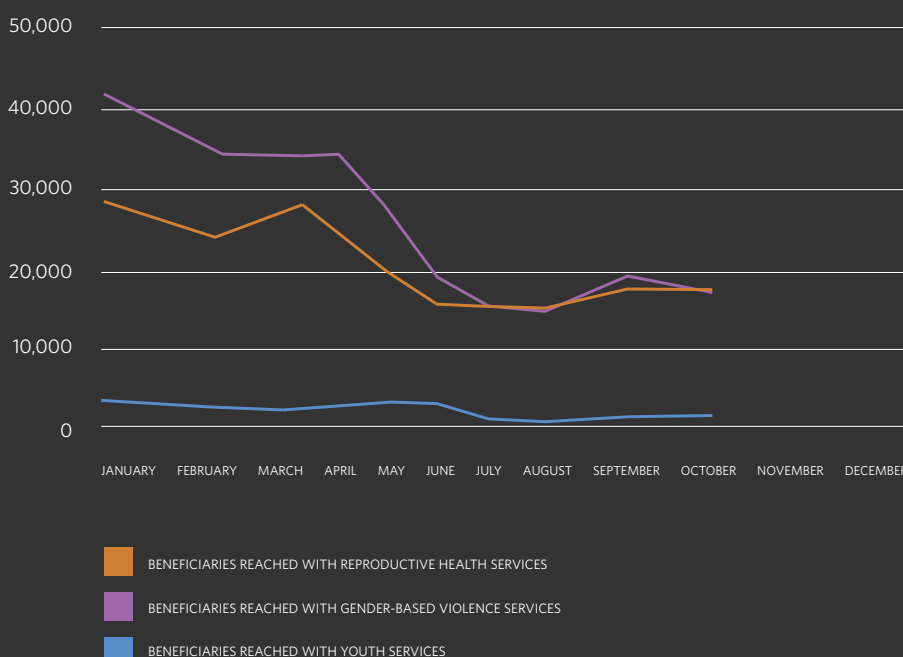
## INDICATOR

Refugee service units
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## SINCE JANUARY

5

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



## HIGHLIGHT

# PIECING TOGETHER A LOST CHILDHOOD

FOR MANAR, THE VIOLENCE AND DISPLACEMENT WROUGHT BY THE SYRIA CRISIS PALED IN COMPARISON TO THE VIOLENCE SHE EXPERIENCED IN HER DAY-TO-DAY LIFE, WHICH BEGAN LONG BEFORE WAR BROKE OUT IN 2011.

Manar is a survivor of forced and early marriage, having been coerced by her family to marry at the age of 14, foregoing her education as a result. That marriage, which ended up being the first of three, ended within a fairly short time after Manar was unable to conceive — a situation for which she was held responsible by her much older husband and her family.

"I tried my hardest to get pregnant, but it just didn't work," explains Manar. "As time passed, they all made me feel like my life had no value if I couldn't conceive, and my husband eventually divorced me."

Shortly after her divorce, Manar was pressured yet again to enter her second marriage before the age of 18, facing a similar cycle of emotional abuse. "This time was much harder for me because it became clear that I was simply unable to have children. Then the war came, and it was an opportunity for them to leave me behind."

Manar had returned to live with her family shortly after the war broke out in 2011 — a life that proved to be much more difficult than she had anticipated. "There were bombs falling all around us outside, but life inside that house was much, much worse."

Manar's family spared no opportunity to make her feel like a liability. She was forcibly confined to the house and subjected to frequent emotional and physical abuse. "'You have no rights because you brought shame on our family,' they would tell me. At some point, they decided to move to Turkey, but they chose to leave me behind in the war zone. I'm almost sure they hoped I would die."

Being left behind was not only emotionally traumatic for Manar, who had always assumed that she was still loved despite all that had been said and done to her. The sobering experience left her disillusioned and confused, unsure how to pick up the pieces of what felt like a dismantled life. "It was so difficult for me to remain on my own in Syria. The situation had become increasingly unsafe, particularly for girls my age. While I was heartbroken, I made the decision to follow them to Turkey. It was the only real option for me."

After an arduous journey to the border and an extended wait, Manar was able to find her family, who had managed to take refuge in the country. Shortly after arrival, the same behavioral patterns resumed, and she was yet again pressured by her older brother to marry.

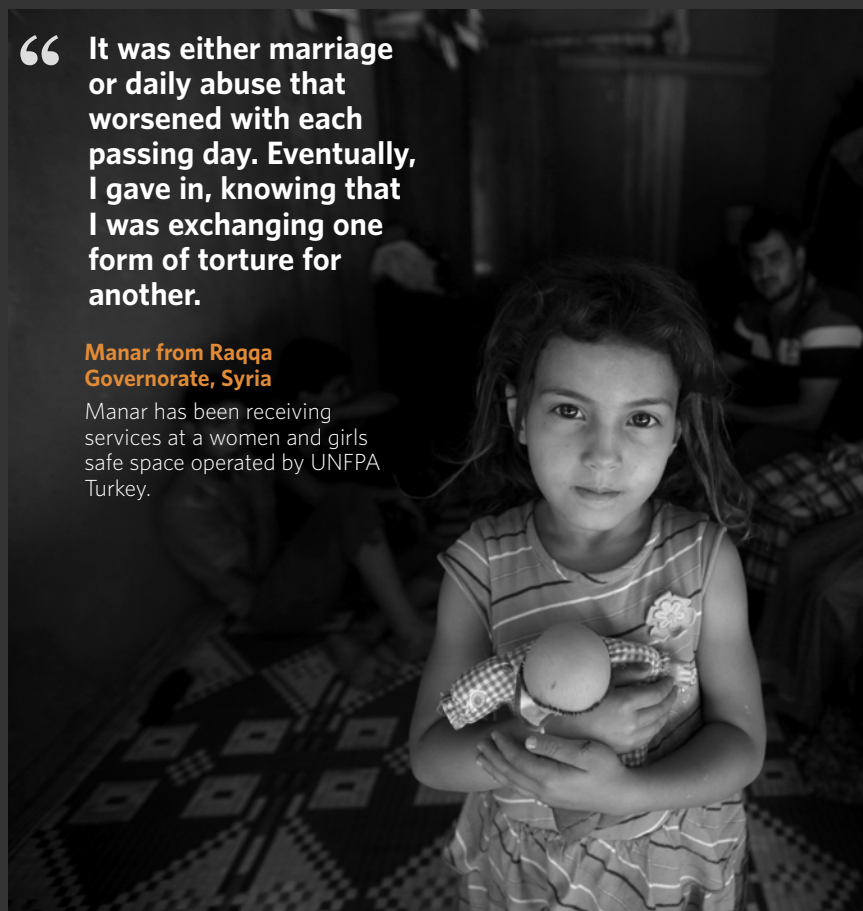
"It became impossible to say no," explains Manar. "It was either marriage or daily abuse that worsened with each passing day. Eventually, I gave in, knowing that I was exchanging one form of torture for another."

As she had expected, the marriage became

**“ It was either marriage or daily abuse that worsened with each passing day. Eventually, I gave in, knowing that I was exchanging one form of torture for another.**

**Manar from Raqqa Governorate, Syria**

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



yet another source of daily torment. Maha was frequently subjected to emotional and physical violence, particularly after some months passed without a pregnancy in sight. "He made it clear that, without giving him children, I had no place in his life. We divorced shortly after that, and I went home to face what became the worst months of my life."

After her third divorce — for which she was held responsible — Manar's family exercised every form of violence imaginable against her. She was confined to the house and denied any form of economic support. She was also forbidden from resuming her education, which was among the few basic requests she had made. If she protested, she was beaten severely enough to never broach the subject again for months.

Some time later, Manar came to know of a women and girls safe space supported by UNFPA in her area and decided to visit the health center within the space. Upon seeing signs of abuse, the health mediator referred her to a social worker to discuss her situation, who in turn gave her a comprehensive idea of the options available to her, including openings at a women's shelter and some legal avenues she might wish to take to emancipate herself. She was

also referred to a counsellor to work through the emotional impact the years of abuse had wrought upon her.

After a visit to a hospital where she was able to obtain medical proof of abuse, she filed a police report and moved to the women's shelter.

"In the shelter, I met another woman slightly older than I am who has been through somewhat similar circumstances," explains Manar. "I am happy to say that we have decided to share a house and to help each other get back on our feet. I feel like I have a long road ahead, but the sessions with the therapist are proving quite helpful. I have hope."

Reports by humanitarian actors throughout the region show that forced and early marriages have become all too common coping mechanisms in Syrian communities following the crisis. When the Syria crisis erupted in 2011, approximately 12 percent of registered marriages among Syrians involved a girl under the age of 18, according to a study conducted by Unicef in 2014. This figure rose to 18 percent in 2012, 25% in 2013, and 32% in early 2014 — a figure that has since remained relatively constant.



# 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 October, the GBV sub-sector in Syria concluded the facilitation of a PSEA training for UNFPA staff in Damascus, in addition to facilitating the session for the In Country Network ( ICN) PSEA focal points. Meanwhile, a joint GP, CP and GBV sector meeting was held in October due to the upcoming restoring of discussion for HNO and HRP. The GBV sub-sector is fully engaged on planning the upcoming activities for the sector specific assessment once the agreement is reached

Moreover, the sub-sector coordinated with the trainees of GBV mainstreaming and risk reduction to roll out additional sessions for sectors partners during the last two months of 2018. The sub-sector also coordinated with the health sector to facilitate a workshop in Aleppo on Strengthening GBV in emergencies during WHO job. The workshop was co-led by WHO and UNFPA focal point at the presence of MOH and other relevant authorities. As a result of this coordination, a webinar on the best practice in coordination across the two sectors will be organized.

In Turkey, the Istanbul Inter-Agency and Protection 3RP consultation workshop was conducted on with the objective of discussing the 3RP and strategic objectives for the coming year. Moreover, a Key Refugee Group meeting was held in Istanbul to discuss the legal issues pertaining to GBV coordination, such as access to registration, legal aid, rights and services. Lastly, The 3RP Planing Workshop was held on 09 October in Ankara with the participation of representatives from UN Agencies, I/NGOs and the Turkish government.



# 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

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## 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>

