

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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“ To face a woman or adolescent girl who has lost everything, to feel her desperation and yet to have to buckle down and work together as a United Nations team seamlessly with our partners, to help her find ways to rekindle her hope that the future can get better, that is the hardest work we do.

UNFPA Executive Director, Dr. Natalia Kanem

Annual High-Level Pledging Conference for the United Nations Central Emergency Response Fund

December 7, 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

RESPONSE EFFORTS FROM ALL OPERATIONS.

REPRODUCTIVE HEALTH

INDICATOR

Beneficiaries reached with reproductive health services	2,059,994
Family planning consultations	889,983
Normal / assisted vaginal deliveries	57,567
C-Sections	81,853
Ante-natal care consultations	650,728
Post-natal care consultations	22,866
People trained on RH-related topics	4,494

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Beneficiaries reached with GBV programming / services	889,009
Population reached with Dignity Kits	356,794
Beneficiaries provided with GBV case management	20,167
Beneficiaries reached with GBV awareness messages	549,218
People trained on GBV-related topics	4,957

SINCE JANUARY

YOUTH SERVICES

INDICATOR

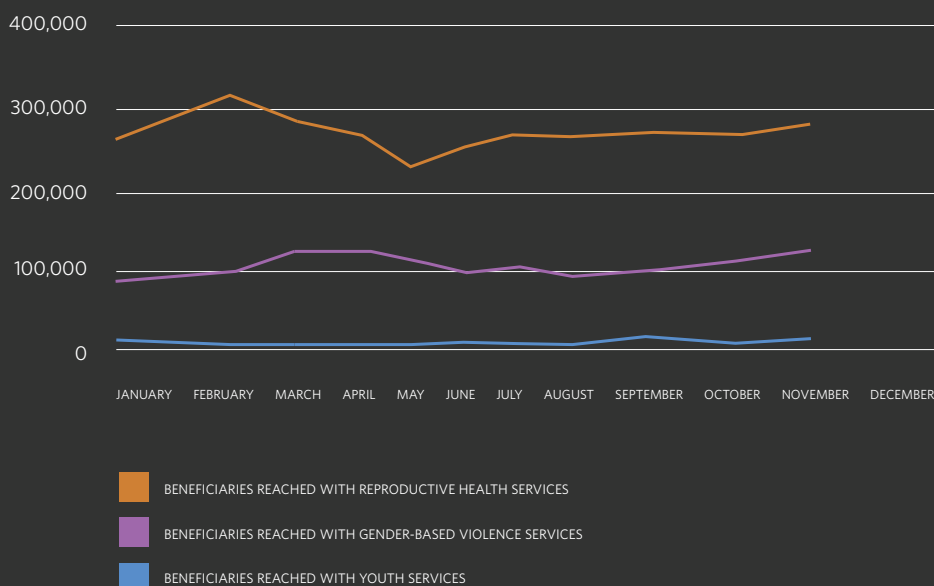
Beneficiaries reached with youth programming	172,081
Beneficiaries trained on youth-related topics	2,866

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

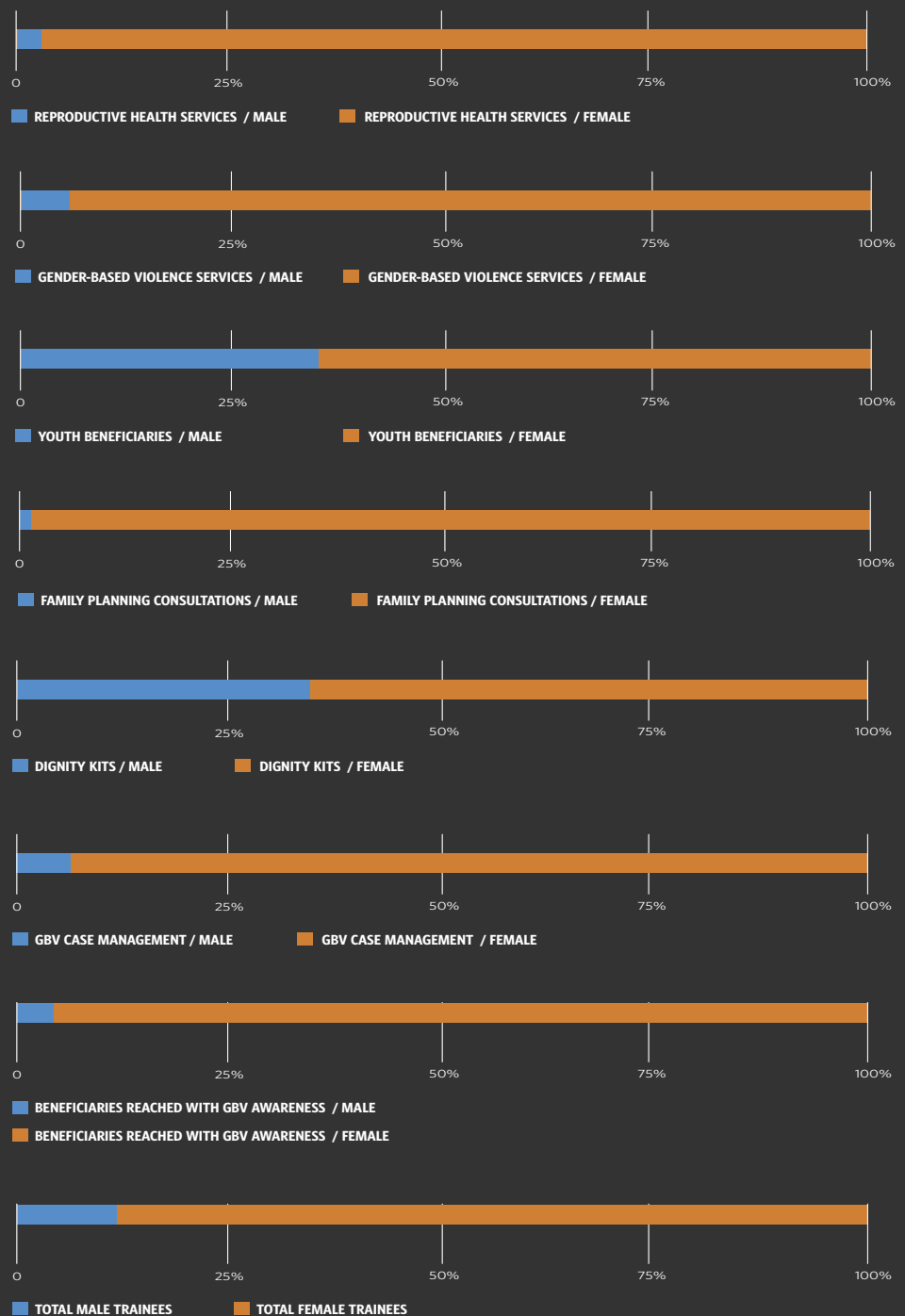
RESPONSE EFFORTS FROM ALL OPERATIONS.

Through its 136 Women and Girls Safe Spaces, 135 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.

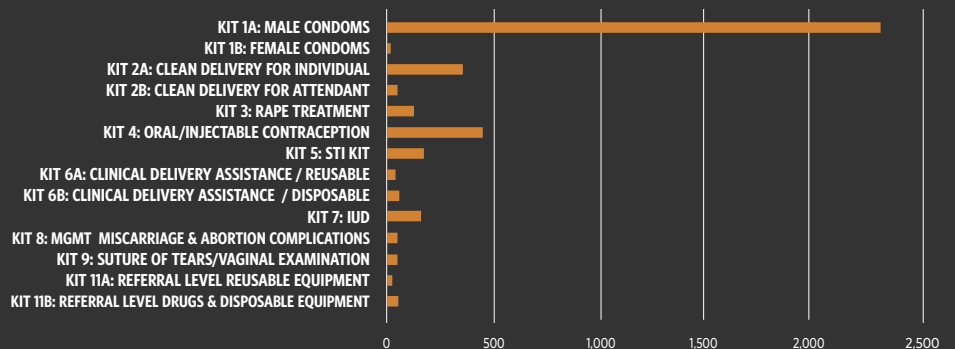
KEY INDICATORS DISAGGREGATED BY SEX

(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.

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	1,505,861
Family planning consultations	721,433
Normal/assisted vaginal deliveries	60,634
C-Sections	52,264
Ante-natal care consultations	509,105
Post-natal care consultations	67,648
Health facilities that provide Emergency Obstetric Care	27
Primary healthcare facilities	69
Partially-supported primary healthcare facilities	917
Mobile clinics	73
People trained on RH-related topics	2,275

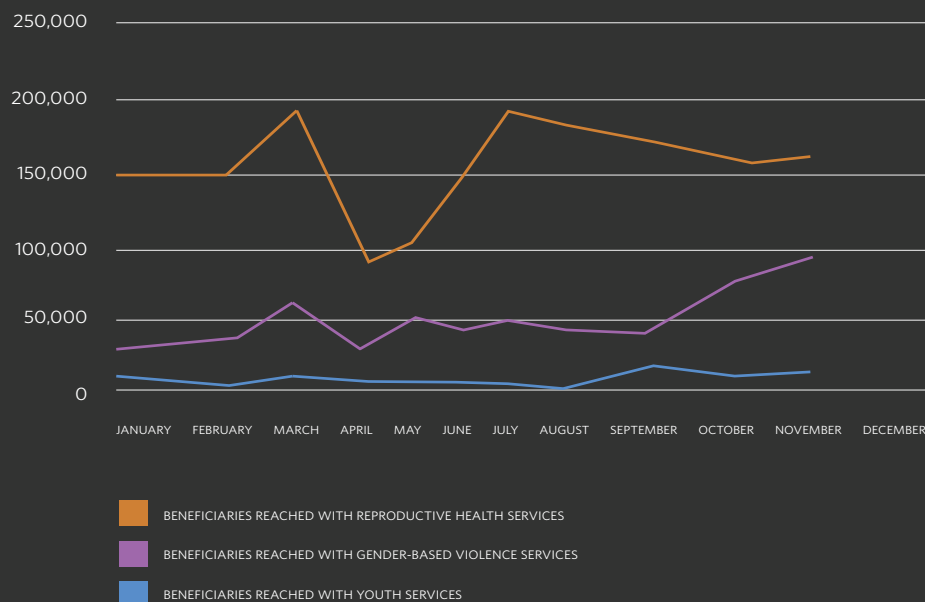
GENDER-BASED VIOLENCE

INDICATOR	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	47
Beneficiaries reached with GBV programming / services	400,201
Population reached with Dignity Kits	109,286
Beneficiaries provided with GBV case management	9,981
Beneficiaries reached with GBV awareness messages	268,485
People trained on GBV-related topics	1,429

YOUTH SERVICES

INDICATOR	SINCE JANUARY
Functional youth centres	17
Beneficiaries reached with youth programming	93,208

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



WATCH ME RISE UP...

When she was asked at the awareness session what she thinks of her future, 17-year-old Sham responded with a beaming smile: "How far do you think I can go? I can go further! I promise I can go further. You just have to stay long enough to watch me rise up."

Sham further explained that "true success starts with a small attempt, and then you have to push harder and never stop. If anything happens, setback is never the end; you stand up and try even harder."

Sham recalled the series of events that led her here. Having dropped out of school following the crisis, she decided to continue her education at home, as she was determined to maximize her opportunities in an increasingly uncertain reality. When there was no electricity in her small village, she used to study under the candlelight. As the conflict intensified, she had to flee her small village in rural Deir-ez-Zor to Al Areesha Camp, where she signed up for a UNFPA beading training to develop her skills in order to create a livelihood opportunity for herself.

"For a brief moment, I thought that I was wrong in believing in myself this much. And then somehow my feet guided me to read the sign of the UNFPA Women and Girls Safe Spaces (WGSS) at Al Areesha Camp where I signed up for the training. The trainer said that I am a fast learner; I completed the beading course and managed to learn and master the craft, and then I remembered that I always say to myself that any situation is bound to improve."

Like many Syrian adolescent girls, Sham's resilience is a source of inspiration to those around her, as is her determination to rise above the many challenges she has encountered in light of the protracted conflict in Syria. She eventually began selling some of her beading work to other girls, whom she consistently encourages to believe in themselves and follow their dreams, even in the face of crisis.

UNFPA and its partners continue to reach women and girls displaced by conflict with health and psychosocial services, literacy courses and other livelihood support programmes. UNFPA currently supports 47 Women and Girls' Safe Spaces, 1 Family Protection unit, 2 Community Wellbeing Centers and 7 Emergency WGSS across Syria in response to women and girls' needs for reproductive health services, culturally sensitive counselling, legal support and vocational training.

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.

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

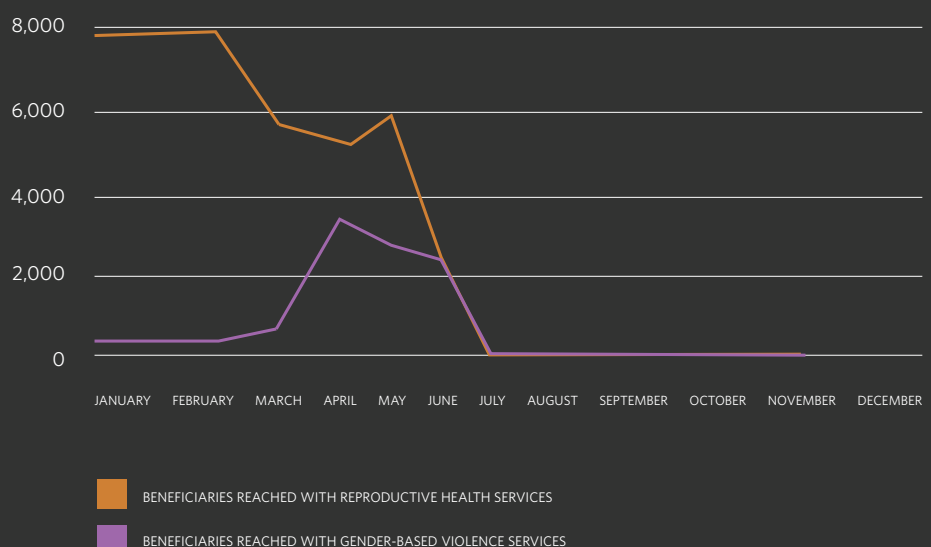
SINCE JANUARY

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)



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	215,490
Family planning consultations	87,808
Normal/assisted vaginal deliveries	12,459
C-Sections	3,475
Ante-natal care consultations	74,725
Post-natal care consultations	13,666
Health facilities that provide Emergency Obstetric Care	8
Primary healthcare facilities	10
Functional mobile clinics	11
People trained on RH-related topics	111

GENDER-BASED VIOLENCE

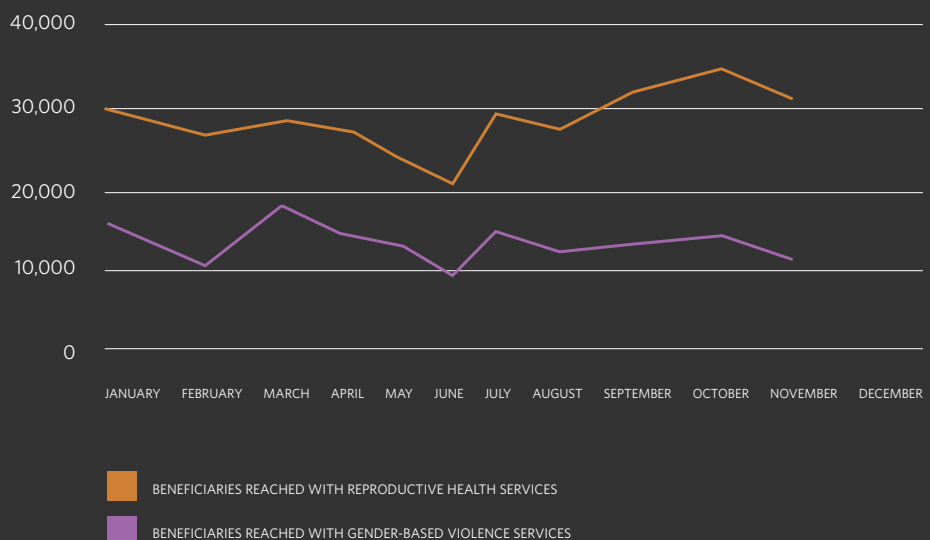
INDICATOR

	SINCE JANUARY
Functional women and girls safe spaces (WGSS)	12
Beneficiaries reached with GBV programming / services	104,344
Population reached with Dignity Kits	38,864
Beneficiaries provided with GBV case management	813
Beneficiaries reached with GBV awareness messages	56,892
People trained on GBV-related topics	705

Although overall security conditions in Idlib remain relatively calm, the reporting period marked heightened tension in the southern part of Idlib. The government of Syria is reportedly building up military presence in northern Hama indicating a possible offensive in the short term. The impact on UNFPA projects is expected to be minimal since only one facility is currently located in the affected areas.

UNFPA's cross-border operations from Turkey have continued to support 31 health facilities and 12 WGSS facilities in Northern Syria for the provision of RH and GBV services. Proposals for 2019 have been received and reviewed, with UNFPA planning to extend partnership with 5 national and international partners in 2019. UNFPA will continue to support the majority of the health facilities and WGSS while upgrading the level of care in a number of supported health facilities and expanding the support to include 2 more safe spaces in newly accessible and underserved areas in North West Syria (Afrin).

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



HIGHLIGHT

CHOOSING LIFE AGAINST ALL ODDS

FOR TASNIM, THE DEATH OF HER FATHER USHERED IN A CYCLE OF EGREGIOUS PHYSICAL AND EMOTIONAL ABUSE, PARTICULARLY AFTER BEING COERCED INTO A POLYGAMOUS MARRIAGE. LUCKILY, SHE HAS FOUND THE SUPPORT SHE DESPERATELY NEEDED TO FEEL EMPOWERED AGAIN

"For years, the prospect of marriage to a decent young man gave me hope," explains Tasnim, a 21-year-old Syrian refugee from Idlib. "Growing up, I rarely felt loved or appreciated, and the war made these feelings even stronger. The idea of finding a real partner to share my life with was a source of comfort in these troubled times."

Tasnim grew up in a household where she was frequently subjected to abuse at the hands of her stepmother — a situation that was further compounded after her father was diagnosed with a terminal illness that eventually claimed his life in early 2018. "I took care of him for years, hoping that he might recover, but the war came and broke his spirit, inevitably hastening his death."

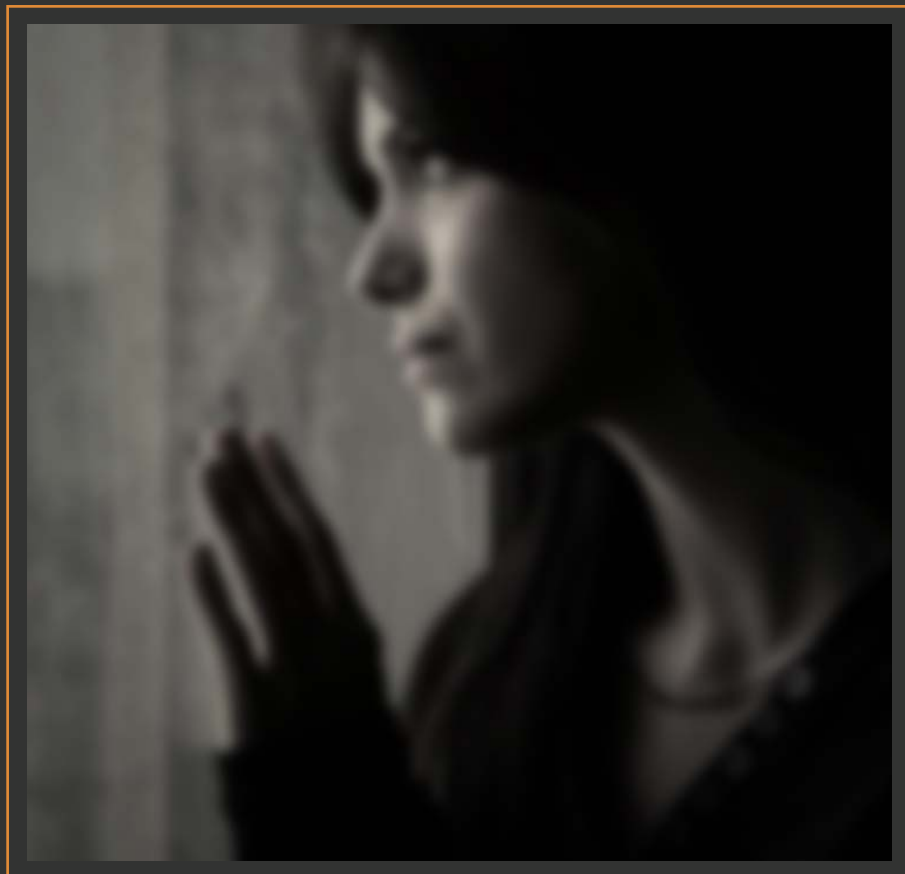
According to Tasnim, her father's death was seen as an opportunity by her stepmother to finally get what had always wanted: marrying her off at the first possible opportunity. "She had always wanted me out of the house. She tried for years to convince my father to force me into an early marriage, but he refused. When he passed away, the only lifeline I had was gone."

That marriage proposal came much faster than she had anticipated. "Shortly after my father's death, a man in his fifties came with his two wives to ask for my hand. I pleaded with my stepmother, telling her that such a marriage would be the end of my life, but of course she could not care less. She had virtually gained control of everything after my father's passing and had all the leverage she needed to make me feel as if I had no other choice. Two weeks later, I moved into my suitor's house as his third wife."

After the unceremonious union, the open hostility Tasnim experienced on a daily basis multiplied. "His wives lobbied against me from day one. They made up lies about me, eventually filling his heart with hatred towards me. This quickly evolved into verbal insults and frequent beatings. One day, he became so enraged that he hit me on the head with a wooden stick, causing a severe injury."

Tasnim continued to recall what had happened that day. They had taken her to the hospital to treat her injury, but it was there that she received the most unsettling news of her life: she was four weeks pregnant.

"I was in complete shock. I did not want to have a baby — not with him, and not in that house. But at that point, I simply had no choice. I decided to endure the torment, and I did until the day I gave birth. The beatings continued and became worse. I can't recall a time since then when my body wasn't riddled with bruises."



As the days went by, Tasnim's emotional state worsened. She found herself spiraling into a deep depression, during which thoughts of suicide frequently took hold of her. "I just wanted it to be over. At the time, I felt as though my life had no value, and the indignity of it all was simply too much to bear. One day, I summoned up the courage and swallowed a handful of pills that I was sure would kill me."

While the pills rendered her unconscious, they did not claim her life, and her husband eventually came home and found her passed out on the floor. She was taken to a nearby health center that happened to be supported by UNFPA, where she received emergency treatment for her suicide attempt. The case managers immediately noticed the signs of abuse on her body, referring her to one-on-one psychological counseling at the center. There, she met Dalal — a therapist whose had extensive experience dealing with gender-based violence survivors.

"For women like Tasnim, the situation is increasingly complicated," explains Dalal. "The extended nature of the abuse takes hold of their lives and it becomes increasingly difficult for them to break free, particularly when there is a husband and children involved. The only viable approach is to help them become more empowered in

order to rise above it and gain more control over their decisions."

Tasnim attended an extended series of sessions with Dalal, during which she was given ample space to verbalize her emotions and identify the patterns that led to her current situation. The therapy's primary goal was to help her focus on the positive aspects of her life, such as her newborn baby, and to cultivate a set of practical skills to help her end the cycle of abuse. Fortunately, she was quickly responsive to the approach.

Three months after her initial session, her mental state showed a marked improvement. "I began seeing life from a new perspective. My focus shifted to ensure that my baby does not pay for the hardships I endured. I try to apply the skills I learn during the sessions, making sure to express my feelings healthily and consistently."

These skills have also helped her deal with the domestic abuse she continued to experience and to assert her presence in her household. "My situation might be increasingly complicated, but I am choosing to make the best of it until we can figure out the best course of action for myself and my child."

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	6,767
Family planning consultations	1,634
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	11,839
Population reached with Dignity Kits	461
Beneficiaries provided with GBV case management	1,190
Beneficiaries reached with GBV awareness messages	4,953
Beneficiaries trained on GBV-related topics	189

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Beneficiaries reached with youth programming	2,880
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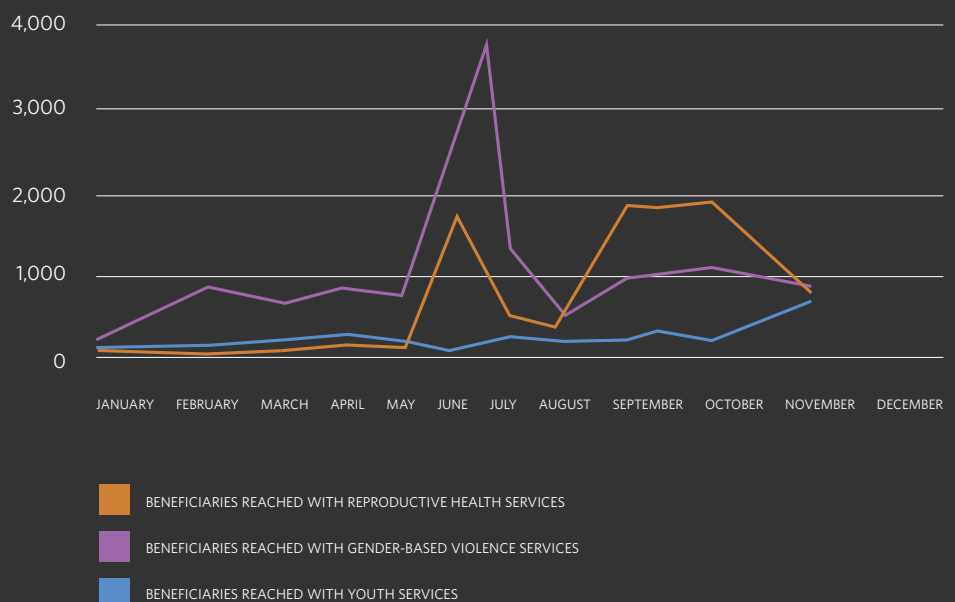
SINCE JANUARY

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)





MAKING UP FOR LOST YEARS

For Rahaf — a 30-year-old Syrian refugee living in Egypt — life has come with quite a few challenges that tested her limits, both physically and mentally. A survivor of early marriage and domestic violence, Rahaf is a mother to five children, the eldest of whom is 17 years old, born into a household that seldom knew peace or familial harmony.

"I had my first child when I was thirteen years old," explains Rahaf, whose early marriage was the first in an extended series of abuses that shaped her formative years. "For many girls in Syria, early marriage is inevitable, and it sets us up for a life of frequent hardship and lost opportunities."

Rahaf's marriage was rife with egregious and recurring violence. Verbal abuse, spousal rape and intense physical violence defined her life with her husband, whose proclivity toward violence was extreme. "I have burns all over my body, which he gave me as well," she explains.

Rahaf and her family had taken refuge in Egypt shortly after the war in Syria broke out. While she had managed to escape the violence in Syria, her torment at home continued, and she eventually feared for her life. The abuse was accompanied by a series of pregnancies that further complicated her situation, as the idea of her children growing up in an abusive environment terrified her.

Fortunately, Rahaf eventually learned of a Women and Girls Safe Space supported by UNFPA that was fairly accessible to her, and she decided to begin paying regular visits to the center to explore potential solutions to her situation. The case managers at the center immediately recognized the visible signs of abuse that permeated her body and behavior, immediately encouraging her to try one-on-one counseling.

"It took only a few sessions for me to feel somewhat empowered," explains Rahaf. "Sometimes, abuse makes you feel completely helpless, as if it is a lifelong sentence that you must accept and endure. The sessions helped me shift this perspective and finally realize that I have options."

One of the first steps Rahaf took with the support of her case manager was to receive legal counseling from another organization and file for a divorce — a process that can be increasingly complicated for a refugee. Luckily, her attorneys were determined and successful. "Since the divorce, I feel more alive than I have in years."

Rahaf continues to participate in both individual counseling and psychosocial activities at the safe space, both of which are helping her make up for the years she had sacrificed as a result of her early marriage. Her priority is to ensure that her children are given the opportunities she was denied, including full and healthy childhoods, an education, and a safe environment where they feel loved and empowered.

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	33,923
Family planning consultations	7,695
Normal/assisted vaginal deliveries	6,968
C-Sections	1,677
Ante-natal care consultations	7,629
Post-natal care consultations	2,521
Health facilities that provide Emergency Obstetric Care	16
Primary healthcare facilities	8
People trained on RH-related topics	199

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Functional women and girls safe spaces (WGSS)	4
Beneficiaries reached with GBV programming / services	43,021
Population reached with Dignity Kits	136
Beneficiaries provided with GBV case management	776
Beneficiaries reached with GBV awareness messages	38,711
People trained on GBV-related topics	678

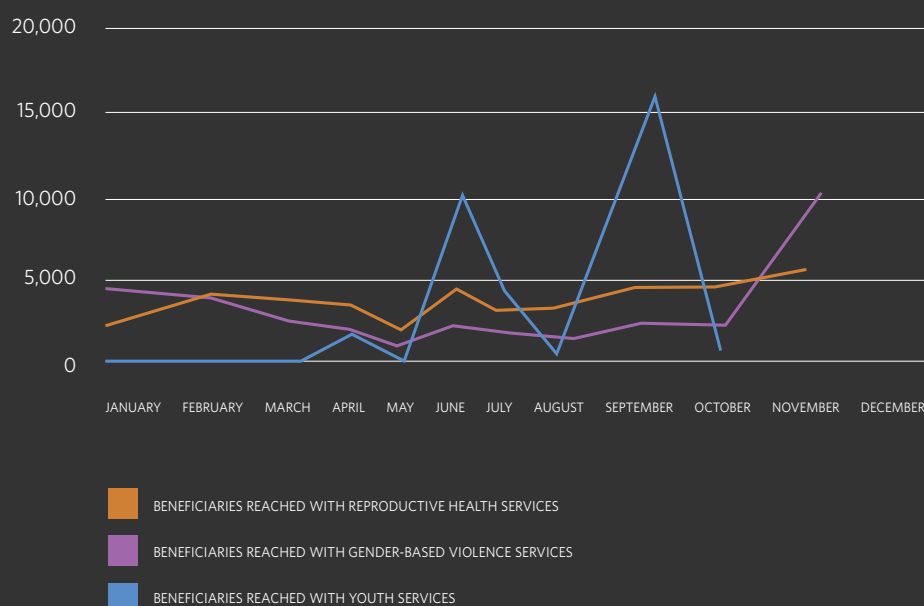
SINCE JANUARY

YOUTH SERVICES

INDICATOR

Functional youth centres	4
Beneficiaries reached with youth programming	39,065
People trained on youth-related topics	2,151

SINCE JANUARY

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

WHEN GIRLS BECOME MOTHERS

"I have delivered hundreds of babies in my lifetime," says Um Raad, a Syrian refugee from Kafr Nabl, a town in north-western rural Idlib. "Some of the things I have seen in this war have often made me regret my choices in life."

Um Raad has been a midwife for the better part of three decades, a job that became ever more essential during the conflict in Syria as access to reproductive healthcare became increasingly difficult. For Um Raad, the crisis redefined many of the perceptions she had about some of the cultural practices common in her community. "The rise of the so-called Islamic State really turned our world upside down. Everything we thought we knew suddenly became distant and blurry."

As in many Syrian communities, child marriage was not uncommon in Um Raad's hometown of Kafr Nabl, even before the war. The crisis, however, fundamentally altered the way of life for countless families who struggled under the weight of geopolitical instability and lack of education and employment, resulting in a dramatic increase in child marriage as a coping mechanism.

"I've seen girls as young as fourteen years become mothers," says Um Raad. "I've seen them forced to marry, sometimes beaten into it, and I have also seen some of them die giving birth, their fragile bodies giving out after much pain and suffering. We also hear stories of many girls taking their own lives after being forced to marry much older men and becoming pregnant."

What Um Raad is describing has been extensively documented by humanitarian actors throughout the region, with countless studies showing that maternal deaths related to pregnancy and childbirth a serious issue facing Syrian adolescent girls. Meanwhile, focus group discussions and one-on-one interviews show that some Syrian girls have turned to suicide as a consequence of child marriage and its associated forms of gender-based violence.

"There was one girl in my town — Rama — whom I will never forget. I think about her every day," explains Um Raad. "Her family married her [at] thirteen to a man much older than she was, and who had a tendency for religious extremism. Both families had disagreements from the very beginning, and she was caught in the middle. She was full of life and innocence, but she was locked up in that house day and night, unable to see her family for more than two years. Her life was shattered after that marriage. A few years later she died after taking too many painkillers. I had heard that the husband later joined the IS militants."

For Um Raad, these stories were part and parcel of her profession, as she has come across countless cases where a child marriage inevitably destroyed the physical and mental health of an adolescent girl. "For my generation, a girl marrying young was considered somewhat normal, but times have changed. Forcing these girls to become wives and mothers before they are ready is simply wrong. It is killing them and their babies."



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

Beneficiaries reached with reproductive health services	125,719
Family planning consultations	21,753
Normal/assisted vaginal deliveries	1,741
C-Sections	3,745
Ante-natal care consultations	38,925
Post-natal care consultations provided	7,548
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	45,296
Beneficiaries reached with Dignity Kits	9,817
Beneficiaries provided with GBV case management	4,219
Beneficiaries reached with GBV awareness messages	14,399
People trained on GBV-related topics	289

SINCE JANUARY

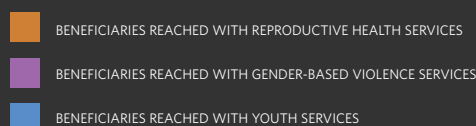
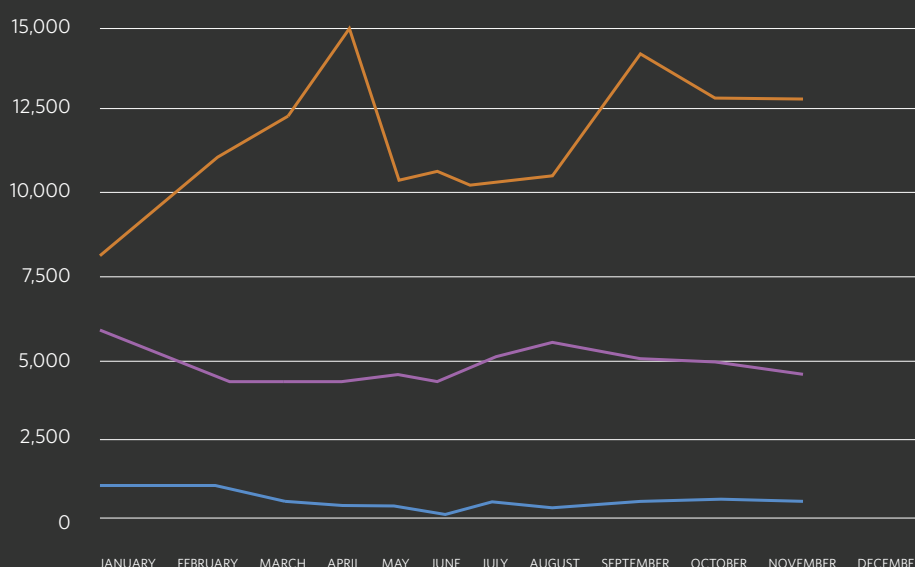
YOUTH SERVICES

INDICATOR

Functional youth centres	1
Beneficiaries reached with youth programming	8,839
People trained on youth-related topics	361

SINCE JANUARY

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



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	15,962
Family planning consultations	2,709
Normal/assisted vaginal deliveries	51
C-Sections	151
Ante-natal care consultations	2,716
Post-natal care consultations provided	641
Primary healthcare facilities	6
Mobile clinics	2
People trained on RH-related topics	264

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Functional women and girls safe spaces (WGSS)	12
Beneficiaries reached with GBV programming / services	87,976
Beneficiaries reached with Dignity Kits	37,837
Beneficiaries provided with GBV case management	1,277
Beneficiaries reached with GBV awareness messages	103,482
People trained on GBV-related topics	753

SINCE JANUARY

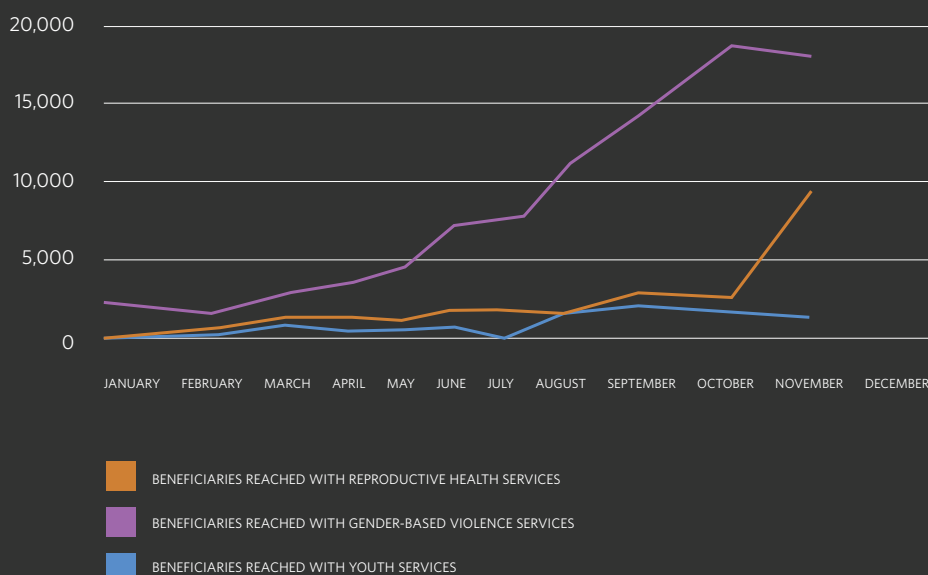
YOUTH SERVICES

INDICATOR

Functional youth centres	19
Beneficiaries reached with youth programming	15,459
People trained on youth-related topics	268

SINCE JANUARY

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





TACKLING THE ISSUES THROUGH CREATIVE EXPRESSION

Feeling more confident and empowered every day, a core group of 20 adolescent girls gathered to prepare for an event to celebrate the end of 2018. In September, the girls completed an intensive training programme on gender core concepts and early marriage, leading to follow-up sensitization sessions to disseminate the message and share knowledge through peer-to-peer awareness raising sessions.

Exchanging ideas on how to celebrate this year of learning and personal growth, the propositions bounced around the table and many papers were filled with keywords, small drawings or messages. It is at that moment that Nour came up with her idea: why not talk about early marriage through a theater play? "It is the best way to touch people," she said. "A live act in front of an audience, a direct contact has a strong impact on people. We can transmit our feelings, our opinions and what we have been working on for months."

The idea convinced all the participants and soon a first draft was put together. Everyone participated, brought in suggestions, shared their opinions and discussed scenes. A title, *A Black Dream*, was put together to refer to early marriage. Rehearsal was underway and the awareness work on early marriage was carried out in the most powerful and efficient way.

Farah, one of the main actresses, shared her experience after the first rehearsal: "When I play the main character, who suffers from the many consequences of early marriage, I feel strong and capable. But at the same time I am aware of the tragedy that the character experiences. It makes me think. And I hope that it is the same for the audience: how can the victims of early marriage live with it in real life if, I, on the stage, already feel the suffering only by acting it?"

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	156,272
Family planning consultations	46,951
Ante-natal care consultations	17,013
Post-natal care consultations provided	9,132
Primary healthcare facilities	35
People trained on RH-related topics	1,136

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Functional women and girls safe spaces (WGSS)	35
Beneficiaries reached with GBV programming / services	196,332
Population reached with Dignity Kits	170,210
Beneficiaries provided with GBV case management	1,911
Beneficiaries reached with GBV awareness messages	62,296
People trained on GBV-related topics	1,061

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Functional youth centres	4
Beneficiaries reached with youth programming	12,630
Number of people trained on youth-related topics	86

SINCE JANUARY

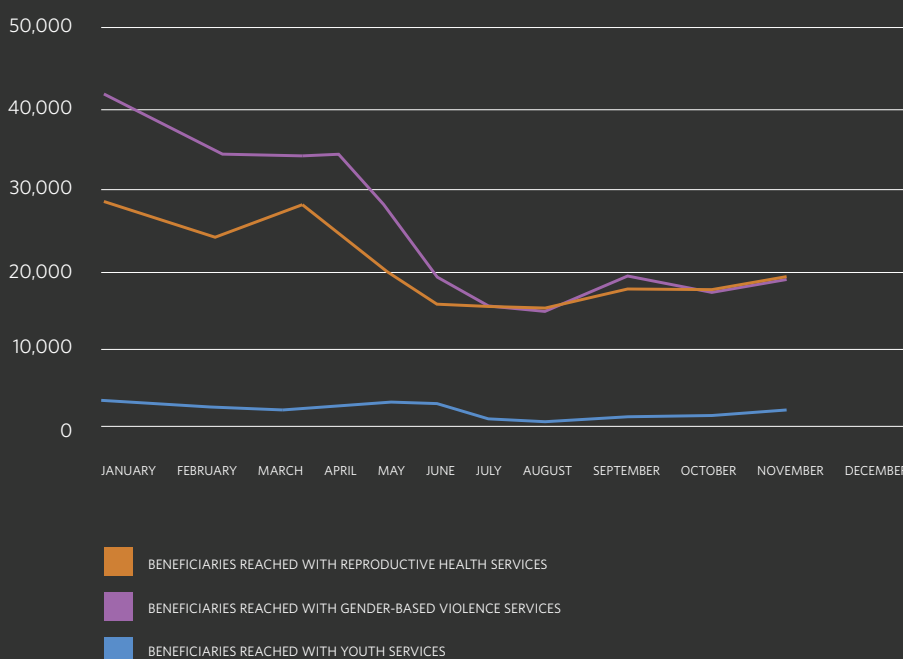
OTHER

INDICATOR

Refugee service units

SINCE JANUARY

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



HIGHLIGHT

BREAKING DOWN COMMUNICATION BARRIERS

WHEN IT COMES TO VARIOUS FORMS OF GENDER-BASED VIOLENCE, ONE OF THE MOST EFFECTIVE AND PERMANENT APPROACHES IS TO ENCOURAGE OPEN AND HEALTHY COMMUNICATION BETWEEN MEN AND WOMEN.

As a case manager in a women and girls safe space supported by UNFPA, I have overseen hundreds of cases since the crisis in Syria. These cases vary considerably, presenting a diverse set of challenges that we often must address on a case-by-case basis.

Still, one recurring theme that permeates a considerable percentage of these cases is communication between males and females, particularly among family members — husbands and wives, fathers and daughters, and brothers and sisters. Fear, shame, traditions and other issues often result in irrational restrictions that significantly put women at a disadvantage, and more often than not these problems can be addressed more effectively and permanently if we work toward involving men in the discussion by breaking down communication barriers.

Recently, we were approached by Jamilah — a Syrian refugee who moved to Turkey shortly after the war broke out. When she first came to our centre, she was initially reluctant to give any details about her identity and situation. She was clearly distraught and struggled to verbalize the issues she was facing at home, but eventually she opened up.

Before the war broke out in Syria, Jamilah was a lawyer with a fairly active career —

one that she both loved and that brought her decent financial security. When the violence erupted in 2011, she was forced to take refuge in Turkey, shortly after which she met Rami, a refugee who made a living by working as a translator in a hospital. She explained that she found in him many of the qualities she sought in a partner, and their relationship quickly evolved into marriage.

While their union was founded on mutual understanding, one issue repeatedly caused frequent conflict: Rami vehemently opposed the idea of Jamilah returning to work, to a point where his resistance began causing significant tension in their household that often devolved into verbal abuse on his part. He feared for her safety, as many refugees do, particularly given the higher risk of harassment, sexual assault and exploitation that impact women and girls during humanitarian crises.

Still, Jamilah was desperate to work. They had been facing economic difficulties given their situation, and she was determined to leverage on her many skills to contribute. When she finally solicited our help in the matter, we encouraged her to invite her husband to a joint counselling session. She was hesitant, but eventually saw the logic in this approach.

Rami was rather open to a conversation, despite his initial reservations about discussing his personal life with a professional. Our job was to mediate and create a space that is conducive to a healthy discussion, and he quickly opened up about the many fears that haunted him since his arrival in Turkey, particularly with regard to loss of control over his life. The more he spoke, the more apparent it became that his primary fear was losing his self-image as a provider, particularly given Jamilah's longstanding success as a lawyer in Syria.

The sessions allowed them both to engage in an open and healthy dialogue, in addition to tackling fundamental issues such as gender equality and harmful traditional practices. Today, Jamilah is working as a language tutor, offering Turkish and Arabic courses to other refugees in her community. As she notes, "I am feeling more energetic now. This women's centre brought me back to life. I had spoken many times with my husband about my feelings, but maybe I had a communication problem with him. In this centre we could listen to each other and we could understand each other better than before."

“Fear, shame, traditions and other issues often result in irrational restrictions that significantly put women at a disadvantage, and more often than not these problems can be addressed more effectively and permanently if we work toward involving men in the discussion by breaking down communication barriers.

A GBV case manager working with 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 November, the GBV sub-sector in Syria trained sector partners on IASC guidelines/ GBV mainstreaming across different sectors such as; health, protection, education, WASH Nutrition, food, shelter and NFI in Damascus, Aleppo, Homs and Qamishli. Since the beginning of the year 2018, the total number of sector partners trained is 586. In Al Hasaka Governorate, the training was facilitated in collaboration with UNICEF and UNHCR, while in Damascus, it there was a joint effort in terms of facilitation and cost sharing by five UN agencies: UNFPA, UNHCR, FAO, WFP, and UNICEF. The GBV sub-sector also facilitated a PSEA training for the Syria In Country Network (ICN) Focal points in Damascus as well as to all UNFPA staff in Damascus. Two field based staff (Homs and Aleppo) who received the PSEA training carried out similar PSEA trainings to UNFPA staff in Homs and Aleppo respectively.

The GBV sub-sector through its sector partners also conducted the 2018 16 Days of Activism under the theme of "End Gender Based Violence in the world of work," which was implemented in 13 out of 14 governorates in Syria, reaching more than 600,000 women, men, boys and girls. Moreover, the GBV sub-sector participated in the Rukban convoy for a rapid GBV assessment and delivering of life-saving items, delivering a total of 10,000 sanitary napkins to beneficiaries.

In Lebanon, work continues to finalize the draft of the protection component within the Crisis Response Plan. The next step will be the submission to the Protection Sector committee to review the chapter (15/11) and then the Steering committee (end of November) for endorsement. As for the SGBV sector application, 52 were received under the partners' appeal. Moreover, discussions on the 16 Days of Activism took place where all task force members agreed to focus on child marriage as the theme for the year, especially that Lebanon has the highest percentages of child marriage in the region. Key messages were disseminated to all GBV actors to ensure disseminating unified messages.

In Turkey, the Istanbul SGBV Sub-Working Group meeting was conducted with the objective of reviewing the 2018 Work Plan progress and to discuss current activities and best practices regarding working with men and boys. Key Refugee Group meeting was held focusing on health issues, most specifically HIV / AIDS. Moreover, the 3RP high stakeholders meeting was held in Ankara with the participation of representatives from UN Agencies and state actors in order to endorse the document. Finally, the Protection Working Group meeting was conducted on 28 November with the agenda to review the 3RP Protection Sector for 2019-2020, to update on Inter-Agency Referral Form and to discuss the Inter Agency Child Marriage Guidance Note.



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.

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RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

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<http://syria.humanitarianresponse.info>

