As of April 2022, Syrians and host communities throughout the region continue to face the escalating impact of a protracted humanitarian crisis, further complicated by a deteriorating economy, continuing hostilities, and an unrelenting pandemic.

The crisis region, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt, continues to face a multitude of challenges, particularly in light of the recurrent waves of COVID-19 infections that continue to exacerbate existing needs. A decade into this protracted crisis, people in need continue to endure the cumulative effects of years of instability, the risks of which are even higher now due to the impacts of a far-reaching economic meltdown.

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 Humanitarian Hub for Syria and the Arab States in Amman, Jordan, and spans operations conducted by UNFPA offices in Turkey, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria from Damascus and cross-border via Turkey.

In addition to providing aggregated quantitative results for each country involved in UNFPA’s regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, underscoring the positive impact of the response delivered by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth engagement, and others. The report also covers UNFPA’s efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.
I MADE A PROMISE TO MY DAUGHTER A LONG TIME AGO: THAT SHE WILL NOT EXPERIENCE THE VIOLENCE AND INDIGNITY I’VE EXPERIENCED.

— MARAM, a Syrian woman from Qamishli

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All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The Hub). Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. Real names of survivors have been changed for confidentiality.
The year 2022 marked another grim milestone for Syrians throughout the region as the crisis entered its 12th year. Women and girls, the cumulative impact has been catastrophic, upending decades of progress on women’s issues and bringing unprecedented risks that have fundamentally altered their realities.

The crisis has created a daunting array of challenges for women and girls, who are paying the steepest price of ongoing hostilities, economic collapse, climate-related challenges, among others. The lives of Syrian women and girls are marked by mutually reinforcing forms of gender-based violence and gender discrimination. Highly unequal gender practices, often exacerbated by discriminatory attitudes based on age, displacement status, disability and/or marital status, create an environment in which women and girls are devalued, controlled, and blamed for the violence they face.

“Violence against women and girls has become so common after the crisis,” explains Shaza, an adolescent girl from Qamishli. “Many women in my family are struggling and cannot find the right support. I see more women being beaten by men after the crisis,” explains Shaza, an adolescent girl from Qamishli. “Many women in my family are struggling and cannot find the right support. I see more women being beaten by men.

And yet, despite the enormous challenges levelled against them, Syrians throughout the region refuse to give up. People of different ages and backgrounds, including women and girls who have survived gender-based violence, continue to demonstrate remarkable resilience and determination. Many rise above their challenges and traumas to become artists, activists, innovators and influential voices in their communities.

UNFPA continues to show up

UNFPA and humanitarian actors will continue to advocate for the rights and well-being of women and girls like Maram. Between January and April 2022, as part of its regional response to the crisis, UNFPA delivered SRH services to more than 500,000 people, while more than 250,000 were reached with services designed to prevent and respond to gender-based violence, involving more than 94,000 adolescent girls. More than 88,000 women were provided with cash assistance, and more than 2,200 LGBTQI+ individuals were served.

In 2022, UNFPA is appealing for a total of USD 144.3 million to fund its regional Syria crisis response, which spans the Whole of Syria, Turkey, Lebanon, Jordan, Iraq, and Egypt.

### Regional Situation Report for the Syria Crisis

**April 2022**

**THE SITUATION**

**/forced marriage and sexual exploitation and abuse.**

**reliance on negative coping mechanisms such as early and shortage of natural resources. This is further increasing living conditions (even for people in areas of relative stability), protracted and multiple cycles of displacement, substandard of livelihoods, destruction and loss of housing and property, deteriorating economy and widespread poverty, lack and loss.**

Moreover, these risks are further compounded by the deteriorating economy and widespread poverty, lack and loss of livelihoods, destruction and loss of housing and property, protracted and multiple cycles of displacement, substandard living conditions (even for people in areas of relative stability), and shortage of natural resources. This is further increasing reliance on negative coping mechanisms such as early and forced marriage and sexual exploitation and abuse.

Even more alarming are the reports by women and girls stating that the violence against them has become normalised as a result of years of instabilities. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology-facilitated violence, have also been observed in recent years.

The crisis remains one of the world’s most complex humanitarian and protection emergencies, with 14.6 million estimated in need of assistance, among them 7.2 million women and girls. This reflects a steep increase from the number of people in need reported in 2021 (13.4 million) and in 2020 (11.7 million).

When the crisis passed the decade mark in 2021, the world was already a year into the COVID-19 pandemic, and an array of other humanitarian situations were emerging. Among the millions of Syrians who have spent the last 11 years surviving conflict, displacement, economic collapse, and mounting risks to their safety, many feel their calls for help have been increasingly drowned out.

**WOMEN AND GIRLS FEEL LEFT BEHIND**

**FEEL LEFT BEHIND**

**11 YEARS ON, SYRIAN WOMEN AND GIRLS**

**THE IMPACT OF THIS CRISIS STRETCHES FAR BEYOND SYRIA TO INCLUDE TURKEY, LEBANON, JORDAN, IRAQ, AND EGYPT.**

**Reproductive age in need in Syria**

**1.695,970**

**Refugees, asylum seekers, or stateless people in the region**

**7.1 MILLION**

**Estimated pregnant women and girls in the crisis region**

**500,000**

**3.7 MILLION**

**Women and girls of reproductive age in need in Syria**

**14.6 MILLION**

**Estimated people in need in Syria**

**TOTAL CONFIRMED CASES OF COVID-19 SINCE THE START OF THE PANDEMIC**

**SYRIA**

**55,630**

**TURKEY**

**15,032,093**

**LEBANON**

**1,099,355**

**JORDAN**

**1,695,970**

**IRAQ**

**2,325,092**

**EGYPT**

**513,881**

As of April 30, 2022
RESPONSES FROM **ALL OPERATIONS**

OPERATIONS IMPLEMENTED THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TURKEY, LEBANON, JORDAN, IRAQ, AND EGYPT.

- **534,151** PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
  - **93%** FEMALE
- **9,800** PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
  - **72%** FEMALE
- **258,215** PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
  - **92%** FEMALE
- **18,903** YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
  - **71%** FEMALE
- **94,207** ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES
  - **9%** FEMALE
- **2,218** LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES
  - **77%** FEMALE
- **88,068** PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
  - **99%** FEMALE
- **6,416** PEOPLE TRAINED ON VARIOUS TOPICS
  - **83%** FEMALE

**REPRODUCTIVE HEALTH**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>338,168</td>
<td>99%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>8,558</td>
<td>100%</td>
</tr>
<tr>
<td>C-Sections</td>
<td>4,733</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>187,809</td>
<td>100%</td>
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<tr>
<td>Post-natal care consultations</td>
<td>42,016</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>2,603</td>
<td>85%</td>
</tr>
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**GENDER-BASED VIOLENCE**

<table>
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<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with dignity kits</td>
<td>42,731</td>
<td>97%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>11,937</td>
<td>94%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>189,411</td>
<td>92%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>2,763</td>
<td>82%</td>
</tr>
</tbody>
</table>

**YOUTH SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People trained on youth-related topics</td>
<td>1,050</td>
<td>83%</td>
</tr>
</tbody>
</table>

AS THE CHALLENGES WORSEN, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

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 Turkey, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in Syria itself, with far-reaching ramifications for its future resilience.

Assessments and interviews conducted by UNFPA since 2016 have also been able to illustrate the profound effect that years of instability have had on women and girls, particularly adolescent girls, who face a variety of unique risks. Lack of individual autonomy, movement restrictions, forced and early marriage, denial of resources and opportunities, and sexual and physical violence continue to be part of their daily reality, creating a web of violence that can transcend generations.

Despite testing their limits, however, the crisis has also revealed the remarkable resilience of women and girls, many of whom defy enormous odds to become artists, activists, innovators, and other influential voices in their communities.
ACROSS THE WHOLE OF SYRIA

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO LIFE-SAVING ASSISTANCE AND QUALITY SERVICES, EVEN IN LOCATIONS THAT ARE HARD TO REACH.

348,326
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
93% FEMALE

3,325
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
92% FEMALE

196,477
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
94% FEMALE

81,195
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

8,102
YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
61% FEMALE

1,677
PEOPLE TRAINED ON VARIOUS TOPICS
62% FEMALE

87,543
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
100% FEMALE

REPRODUCTIVE HEALTH

- Family planning consultations: 132,607 (99%)
- Normal and assisted vaginal deliveries: 7,970 (100%)
- C-Sections: 4,669 (100%)
- Ante-natal care consultations: 162,555 (100%)
- Post-natal care consultations: 31,328 (100%)
- People trained on SRH-related topics: 881 (89%)

GENDER-BASED VIOLENCE

- People reached with dignity kits: 15,822 (100%)
- People provided with GBV case management: 9,494 (97%)
- People reached with GBV awareness messages: 153,903 (94%)
- People trained on GBV-related topics: 714 (76%)

YOUTH SERVICES

- People trained on youth-related topics: 82 (57%)

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, authorised initially by UN Security Council Resolution (UNSCR) 2165 in 2014. This allowed cross-border humanitarian assistance from Iraq, Jordan, and Turkey. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Turkey exclusively. On July 11, 2021, the resolution was extended for an additional six months, with the proposed extension of a further six months subject to the Secretary General’s report. The continuation of this large, UN-led humanitarian operation is vital to reach those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey.

VIOLENCE AGAINST GIRLS CAN HAPPENS EVERYWHERE, EVEN IN THEIR HOMES AND SCHOOLS AND MARKETS. IT’S BECOME VERY DIFFICULT TO FEEL SAFE ANYMORE, ESPECIALLY IF YOU’RE A GIRL.

— RULA, a Syrian woman from Aleppo
I DON'T WANT TO BE MARRIED NOW. I HAVE SO MANY THINGS I WANT TO DO. BUT MANY OF US NEVER REALLY FEEL LIKE WE HAVE A CHOICE, ESPECIALLY AFTER THE CRISIS.

— SEIVAN, a Syrian woman from Qamishli
IN THE HARSHEST OF ENVIRONMENTS, MIDWIVES CONTINUE TO SAVE LIVES

WELL-TRAINED MIDWIVES COULD HELP AVERT ROUGHLY TWO THIRDS OF ALL MATERNAL AND NEWBORN DEATHS. FOR FATIMA AND OTHER PREGNANT WOMEN IN AL BUKAMAL, THEIR SERVICES ARE IRREPLACEABLE.

“I woke up in the middle of the night with a heavy cramping and realised that my baby was coming,” recalls 19-year-old Fatima, who was nine months pregnant at the time. Fatima had previously given birth to a baby daughter, but that pregnancy came with severe complications that placed the life of both mother and baby at risk. Fatima was desperately hoping this time would be different.

“I remember praying for the baby and for myself that all would be well, and that I would give birth without complications like those I’d experienced during birth of my first daughter” says Fatima.

UNFPA’s team visited the city of Al Bukamal in Deir ez-Zor, located in eastern Syria on the border of Iraq, with a population of approximately 35,000. For the UNFPA Damascus team, this was the first visit to Al Bukamal in a long time, as the city has been severely impacted by more than a decade of instabilities, rendering safe access increasingly difficult.

Fatima’s story highlights the lack of access to essential SRH services, including antenatal, postnatal care, treatment of reproductive infections and supports gender-based violence prevention and management services, the mobile teams travel to remote areas to provide integrated sexual and reproductive health services many families resort to harmful coping mechanisms to raise funds; they might sell livestock or land which will negatively impact their livelihood and be damaging into the future.

In response to the dire needs, UNFPA is supporting a local partner to work in Al Bukamal and provide free essential sexual and reproductive health services through two mobile teams and a newly-established midwifery network. Due to the difficulties accessing services, the mobile teams travel to remote areas to provide integrated sexual and reproductive health and gender-based violence prevention and management services. Shaf for Health also provides essential SRH services, including antenatal, postnatal care, treatment of reproductive infections and supports uncomplicated deliveries through a private hospital.

“We were really worried about my pregnancy and the baby’s health,” says Fatima, who was nine months pregnant at the time. Fatima had previously given birth to a baby daughter, but that pregnancy came with severe complications that placed the life of both mother and baby at risk. Fatima was desperately hoping this time would be different.

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CROSS-BORDER TURKEY

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO QUALITY SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES.

**31,142**
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
33% FEMALE

**1,101**
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
91% FEMALE

**33,388**
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
74% FEMALE

**18,266**
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

**848**
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
56% FEMALE

**511**
PEOPLE TRAINED ON VARIOUS TOPICS
81% FEMALE

**REPRODUCTIVE HEALTH**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>3,927</td>
<td>100%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>4,771</td>
<td>100%</td>
</tr>
<tr>
<td>C-Sections</td>
<td>1,544</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>17,900</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>8,917</td>
<td>100%</td>
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<tr>
<td>People trained on SRH-related topics</td>
<td>84</td>
<td>85%</td>
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**GENDER-BASED VIOLENCE**

<table>
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<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People provided with GBV case management</td>
<td>735</td>
<td>100%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>21,855</td>
<td>67%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>427</td>
<td>80%</td>
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“I DESPISED BEING A WOMAN AND I HAD NO RESPECT FOR MYSELF NOR FOR OTHER WOMEN — UNTIL I JOINED THE UNFPA-SUPPORTED SAFE SPACE AT THE CAMP.”

— AMINA, a Syrian woman from Aleppo
IN NORTH-WESTERN SYRIA, UNFPA CONTINUES TO RESPOND TO ONGOING DISPLACEMENTS, HOSTILITIES, AND EXTREME CONDITIONS

A far-reaching humanitarian crisis continues to unfold in north-western Syria. In April, 6,375 new internal displacements of people were recorded, primarily due to the economic deterioration. Harsh weather conditions continued to impact displaced persons living in tents in northwest Syria, with strong winds and floods damaging at least 700 tents and destroyed 200 tents.

Meanwhile, the overall COVID-19 situation significantly improved in northwest Syria. In April, 284 new COVID-19 cases and 14 deaths were recorded, compared to 5,386 cases recorded in March. Vaccination coverage remains low in the region. In April, 9 percent of the population received one dose of COVID-19 vaccine while only 3 percent of the population have been fully vaccinated.

UNFPA partners continued to roll out income generating activities (IGA) with linkages to employment / earning capacity, and with a focus on vulnerable individuals (GBV survivors, women with disabilities and female-headed households). During April, 209 adolescents living in the Idlib and Aleppo governorates were engaged in IGA activities, in which all respondents confirmed that the professional skills acquired through IGA contributed to addressing their household livelihood needs. Of respondents, 96 percent also noted that the activities enhanced their level of economic independence and in turn their ability to prevent and mitigate GBV risks.

UNFPA’s partner also provided training on a level of economic independence, which will enable women served to achieve self-sufficiency. IGAs coupled with small grants. The objective of the activity is for people served to achieve a level of economic independence, which will contribute to GBV prevention and mitigation. UNFPA’s partner also provided training on business capacity development and establishing and managing small businesses. Selected IGA proposals included: small-scale businesses selling perfumes, clothes, stationery, and the manufacturing of cleaning materials and soap.

The positive impact of IGA on the lives of people served has also been confirmed by an end-line survey conducted by a UNFPA’s partner in Aleppo and Idlib governorates, in which all respondents confirmed that the professional skills acquired through IGA contributed to addressing their household livelihood needs. Of respondents, 96 percent also noted that the activities enhanced their level of economic independence and in turn their ability to prevent and mitigate GBV risks.

During April, 10 women were supported with a targeted campaign to raise awareness on the importance of accessing gender-based violence and sexual and reproductive health services. Through household visits, group sessions and targeted messages on social media, information about existing SRH and GBV services were widely shared, reaching 15,136 people living in camps and informal settlements in Idlib and Aleppo.

In the words of Amina, a 30-year-old woman from Aleppo, north-western Syria, who is among the millions currently displaced:

“My life was turned upside down when my village in Lattakia was bombed. I lost my parents and I had to flee with my married brother to a camp. There, I was living with my brother who treated me as his maid, and he abused me. He also forced me to marry a 40-year-old man.

“I was not allowed to go out and, in his view, my only role was to take care of my child and serve him”

Despite my dream of finding happiness in my family, I soon realized that my husband perceived me as a breeding machine for giving birth to his male children. When I gave birth to my first male child, my husband confirmed me in our tent. I was not allowed to go out and, in his view, my only role was to take care of my child and serve him. He also started to beat me. The level of violence increased a few years later when I gave birth to my second child, a baby girl. He abandoned her and refused to recognize her as his daughter.

I decided I had endured enough when he burned me with a hot teapot. I asked for divorce, and moved to a tent near my brother. At that time, I was so accustomed to violence that I started to be violent with my own daughter, blaming her for being a girl. I despised being a woman and I had no respect for myself nor for other women – until I joined the UNFPA-supported Safe Space at the camp.

“One day, a neighbour told me about an awareness session taking place, and I decided to participate. After the activity, I talked to the case manager and asked for support. She listened to my story, and we decided to start meeting regularly.

With her support, I defined a plan with some achievable goals. I joined a business coaching programme to build my professional skills and start a small business. I also openly shared my wish to leave the camp. The case manager liaised with another organization which provided me with cash assistance. I used the money to rent a small place outside the camp. This helped me and my children to feel safer and start a new life. The case manager also referred me to their legal counselor who helped me to enroll my daughter in school.

“Today, I feel happy and empowered. I remarried a man who respects me. My family has again the right to learn and play. After a long journey into the darkness, a guiding light was kindled in my path. The support received at the Safe Space changed my life. Here, I learned how to respect myself and uphold my dignity.”
TURKEY COUNTRY OFFICE

With the highest number of Syrian refugees in the crisis region, Turkey continues to provide much-needed assistance to displaced Syrians throughout the country.

42,605 people reached with reproductive health services
77% female

24,310 people reached with gender-based violence services
79% female

8,019 young people engaged through various activities
84% female

117 people provided with cash & voucher assistance
55% female

5,332 people with disabilities reached with various services
54% female

4,797 adolescent girls supported through various programmes

1,970 LGBTQI+ individuals supported through various services

10 youth centres

IT'S DIFFICULT TO FIND HOPE WHEN YOU FEEL THAT EVEN YOUR FAMILY CANNOT WAIT TO BE RID OF YOU. I AM FORTUNATE TO HAVE FOUND PEOPLE WHO HELPED ME BELIEVE IN MY OWN WORTH AGAIN.

— MARAM, a Syrian woman from Qamishli

Reproductive Health

- Family planning consultations: 15,425 (91% female)
- Ante-natal care consultations: 8,996 (100% female)
- Post-natal care consultations: 6,513 (100% female)
- People trained on SRH-related topics: 730 (66% female)

Gender-Based Violence

- People reached with dignity kits: 13,176 (91% female)
- People provided with GBV case management: 915 (62% female)
- People reached with GBV awareness messages: 16,658 (82% female)
- People trained on GBV-related topics: 945 (68% female)

Youth Services

- People trained on youth-related topics: 873 (88% female)

* Safe Spaces in Turkey are providing an integrated response to refugees in need, including both gender-based violence and sexual and reproductive health services in the same facility.
UNFPA continues to provide uninterrupted SRH and protection services, including prevention and response to GBV through 22 static service delivery points targeting the most vulnerable refugees as well as 10 COVID-19 mobile teams. The static service units, in line with government and inter-agency guidelines, continued providing support through a hybrid modality, including in-person and remote modalities of service delivery.

To increase the inclusion of women and vulnerable youth including those not in employment, education, or training (NEET), UNFPA is providing socio-economic empowerment activities to complement the SRH and GBV service provision. These activities include services designed to develop effective communication skills, strengthen computer literacy, and raise awareness about local culture and traditions. Culinary training is also conducted with mixed groups, including both refugee and host community participants.

A key objective here is to help women and young people find secure livelihood opportunities by developing new skill sets, receiving basic career guidance, or helping them develop income-generating projects at home. UNFPA is also working with local partners to help artists and craftsmen exhibit and sell their hand-made products in various public spaces, in addition to offering them guidance and support by established women entrepreneurs.

In order to strengthen the capacity of implementing partner staff on provision of SRH and GBV services, UNFPA conducted a round of supervision sessions and refreshment training for PSS workers and health service providers on diverse topics. In addition, UNFPA conducted a training for UNHCR Refugee Protection Unit on key refugee groups (i.e. LGBTI, refugee living with HIV, sex workers) to raise awareness of service providers on the group specific needs and gaps in accessing services.

UNFPA conducted a training on the GBV SoP which was developed by the National GBV sub-Working Group at the inter-agency level, aiming to standardise the provision of GBV prevention and response services. The workshop was attended by service providers from the protection/GBV sector.

IN TURKEY, UNFPA IS HELPING WOMEN AND YOUNG PEOPLE BECOME BETTER PREPARED FOR THE JOB MARKET

AS TURKEY CONTINUES TO FACE A MOUNTING ECONOMIC CRISIS, UNFPA IS COMMITTED TO WORKING WITH GOVERNMENT AND LOCAL PARTNERS TO ENSURE THAT WOMEN AND GIRLS ARE NOT LEFT BEHIND.

Helping refugee women find a fresh a start

Betul is a 25-year-old woman. At the age of fifteen, she immigrated to Turkey with her family. She was not able to complete her primary education being prevented by her family to go to school. At the age of 17, her family forced her to step into an arranged wedding. Betul never had an official wedding, but only a religious ceremony to mark the event. After eight years of marriage, Betul and her husband have three children.

Betul participated in several awareness sessions organised by the UNFPA-supported Diyarbakir Safe Space, where she learned about her rights and prospects in Turkey and about women’s rights.

“I realised in the meetings I attended at the centre that you cannot do anything in Turkey unless you have your official documents in order. You cannot officially work, you cannot claim any family right as foreseen by law.”

The centre helped Betul to enrol in a primary school. In three months, she completed the primary school curriculum and received her school diploma. “I now have a primary school diploma. I will continue my education moving forward.”

Betul also attended the training on the GBV SoP. “While my relationship with my husband has never been an issue, now my rights and my children’s rights are guaranteed.”

The centre helped Betul to initiate her marriage process. A translator accompanied her to and helped her collect all the necessary documents, including a health certificate and a certificate of celibacy. She is now officially married and eager to know more about her rights.

“I am very happy that I have an official marriage certificate. It feels like I just got married. It was so exciting to collect the documents for the process. The awareness-raising sessions enabled me to achieve this and I certainly learned a lot from these meetings. While my relationship with my husband has never been an issue, now my rights and my children’s rights are guaranteed.”

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UNFPA CONTINUES TO ADAPT ITS PROGRAMMES TO PROVIDE LIFE-SAVING SERVICES TO PEOPLE IN NEED, WITH A FOCUS ON WOMEN AND GIRLS.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Total</th>
<th>% Female</th>
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<tbody>
<tr>
<td>Reproductive Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Family planning consultations</td>
<td>2,948</td>
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</tr>
<tr>
<td>- Ante-natal care consultations</td>
<td>178</td>
<td>100%</td>
</tr>
<tr>
<td>- Post-natal care consultations</td>
<td>1,455</td>
<td>100%</td>
</tr>
<tr>
<td>- People trained on SRH-related topics</td>
<td>479</td>
<td>100%</td>
</tr>
<tr>
<td>Gender-Based Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- People reached with dignity kits</td>
<td>11,905</td>
<td>100%</td>
</tr>
<tr>
<td>- People provided with GBV case management</td>
<td>122</td>
<td>100%</td>
</tr>
<tr>
<td>- People reached with GBV awareness messages</td>
<td>2,587</td>
<td>100%</td>
</tr>
<tr>
<td>- People trained on GBV-related topics</td>
<td>1,072</td>
<td>98%</td>
</tr>
<tr>
<td>Youth Services</td>
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<td></td>
</tr>
<tr>
<td>- People trained on youth-related topics</td>
<td>22</td>
<td>100%</td>
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"""MANY COMMUNITIES DO NOT REALISE THAT WAY THEY TREAT US WOMEN IS UNFAIR AND HARMFUL. THIS IS WHY I AM COMMITTED TO THESE AWARENESS SESSIONS. THEY ARE HELPING WOMEN UNDERSTAND THEIR RIGHTS."

— NARJIS, a Syrian woman from Idleb
UNFPA is targeting marginalised communities as Lebanon braces for another difficult year.

As Lebanon continues to host the second largest number of refugees in the crisis region, mounting other crises are unfolding from within, chief among them being the ongoing economic deterioration that is placing the lives and future of people at risk.

Most people in Lebanon continue to struggle to survive amid soaring inflation, with many families unable to afford generator costs. The Lebanese Lira depreciated rapidly during March, hitting a low point of 24,000 to the U.S. dollar on the parallel market. This will undoubtedly compound the gender-based violence and protection risks women and girls already face, such as intimate partner violence, child marriage, and sexual exploitation.

Lebanon is also witnessing an unprecedented deterioration in its healthcare system, and prices of medications have also significantly increased after government subsidies were restructured and reduced, leaving many families unable to afford healthcare. The larger ramifications of the pandemic for the country remain to be seen, particularly as efforts to accelerate economic recovery continue to stall and more communities are pushed to the brink as they struggle to survive.

The impact of the economic crisis and the COVID-19 pandemic can be seen on the ground.

A recent study has shown that 58 percent of women reported COVID-19 had a negative effect on their lives, while 83.5 percent reported that the economic crisis prevented them from accessing antenatal care. The larger ramifications of the pandemic for the country remain to be seen, particularly as efforts to accelerate economic recovery continue to stall and more communities are pushed to the brink as they struggle to survive.

`people are in dire need of free of charge medical services`

Dr. Clara is a 35-year-old obstetrician and gynaecologist. She has been working with Caritas, UNFPA Lebanon’s partner, for the past six years.

“I love volunteering work and I like helping people,” she says. Dr. Clara has her own clinic, but she also makes sure to visit the primary healthcare facility led by Caritas to support the most vulnerable people. “I have many patients that come to my personal clinic, but here at the facility, the pressure is much more intense.”

Over the past two years, traffic at the facility has skyrocketed as Lebanon plunged deeper into an economic recession that has had a profound impact on the lives of millions. As Dr. Clara explains, “we used to primarily serve patients from Syrian communities, but now with the impact of the economic crisis the number of Lebanese has tripled.”

“I have many patients that come to my personal clinic, but here at the facility, the pressure is much more intense”

The increased number of patients at the facility and the shortage of medical kits has created a daunting challenge. Dr. Clara has been providing sexual and reproductive health services such as echography, lab tests, treatments, and follow-ups, which are often the only available avenue for those most marginalised.

“What we are currently providing in terms of reproductive health is very important, especially during this unimaginable economic downturn”

“It’s very important to sustain and extend the services offered at this facility, as people are in dire need of free of charge medical services amid the collapse of the health care systems in Lebanon,” she adds.

In partnership with UNFPA Lebanon, Caritas Lebanon has been providing maternal care consultations and needed tests such as blood tests and echography to women in vulnerable communities. This project is made possible with the generous support of the Government of France.

“I can assure everyone that prevention is less expensive than treatment,” adds Dr. Clara. “What we are currently providing in terms of reproductive health is very important, especially during this unimaginable economic downturn that has forced people to prioritise food over their healthcare.”

DESPITE A COLLAPSING ECONOMY AND MOUNTING CHALLENGES, UNFPA LEBANON CONTINUES TO TARGET THOSE MOST IN NEED
JORDAN COUNTRY OFFICE

WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA IN JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES AND HOST COMMUNITIES NATIONWIDE.

33,795
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
100% FEMALE

17,271
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
86% FEMALE

2,546
YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
67% FEMALE

2,637
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

50
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
100% FEMALE

439
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
97% FEMALE

REPRODUCTIVE HEALTH

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>% FEMALE</th>
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<tbody>
<tr>
<td>Family planning consultations</td>
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<tr>
<td>Normal and assisted vaginal deliveries</td>
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<tr>
<td>Ante-natal care consultations</td>
<td>11,634</td>
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<td>Post-natal care consultations</td>
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<td>People trained on SRH-related topics</td>
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GENDER-BASED VIOLENCE

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<tr>
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<tr>
<td>People provided with GBV case management</td>
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<tr>
<td>People reached with GBV awareness messages</td>
<td>8,688</td>
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<tr>
<td>People trained on GBV-related topics</td>
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YOUTH SERVICES

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>% FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>People trained on youth-related topics</td>
<td>73</td>
</tr>
</tbody>
</table>

I FELL TO THE FLOOR AND BURST INTO TEARS, AND I SIMPLY RECALL MYSELF PLEADING FOR PROTECTION. THE ANXIETY HAD REACHED SUCH DEEP LEVELS THAT IT MADE ME FEEL OVERWHELMED.

— SALMA, who recently received gender-based violence support at a UNFPA-supported facility in Jordan
IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIAN REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

6,647
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
100% FEMALE

1,154
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
100% FEMALE

155
adolescent girls supported through various programmes
100% FEMALE

220
young people engaged through various activities
50% FEMALE

reproductive health

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
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<tbody>
<tr>
<td>Family planning consultations</td>
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<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>153</td>
<td>100%</td>
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<tr>
<td>C-Sections</td>
<td>64</td>
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<tr>
<td>Ante-natal care consultations</td>
<td>4,446</td>
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<tr>
<td>Post-natal care consultations</td>
<td>1,195</td>
<td>100%</td>
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</table>

gender-based violence

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with dignity kits</td>
<td>343</td>
<td>100%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>38</td>
<td>100%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>6,876</td>
<td>82%</td>
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OF COURSE, I SEE THEM ALL THE TIME. GIRLS AS YOUNG AS 14 AND 15 GIVING BIRTH, OFTEN MANY TIMES BY THE TIME THEY'RE WOMEN. MANY OF THEM BECOME SERIOUSLY ILL OR EVEN DIE.

— RUQAYYA, a Syrian midwife living in Duhok
IN IRAQ, UNFPA CONTINUES TO EMPOWER WOMEN AND GIRLS TO OVERCOME GENDER-BASED VIOLENCE

Following a difficult journey with COVID-19 and ongoing security challenges, Iraq’s displaced populations continue to face mounting challenges.

Almost 1.2 million Iraqis continue to live in protracted situations of internal displacement, and the country hosts over a quarter of a million refugees. These displaced populations are often more vulnerable to protection risks – such as arbitrary arrest and detention, trauma and psychological stress, threat of eviction from their homes, and lack of access to essential services – at a higher rate than the population at large.

For example, almost one-fifth of the out-of-camp IDPs report psychological distress, and just half have access to safe and adequate housing. Nearly one in five Syrian refugees rely on charity and cash assistance for food, and more than half report experiencing difficulties accessing healthcare services.

While returns of displaced Iraqis to their home governorates consistently outnumber new displacements, many of those still in displacement are unable to go back for a range of reasons, including destroyed property, lack of livelihood opportunities, insecurity, fear and trauma, and perceived affiliation with extremist groups. As many as 90 percent have been displaced for more than three years and 70 percent for more than five years.

Additionally, many Iraqis who have been able to return to their homes continue to live in substandard conditions, struggle to reintegrate, lack livelihood opportunities, and require support and assistance to access services and meet their basic needs.

While significant humanitarian support is still crucial for many, efforts in the country are gradually transitioning from humanitarian interventions and placing more focus on development through access to public services and socio-economic integration. At the same time, Iraq’s overall political, economic, and security environment remains largely volatile, foreshadowing a difficult year ahead.

When Enough is Enough

Berivan was barely 18 when the crisis in Syria broke out, forcing her and her family to leave her hometown of Qamishli to take refuge in the Domiz Camp, Kurdistan Region of Iraq.

Growing up, she had always had a passion for sociology, which she had chosen as her major of choice as she planned to pursue her undergraduate education. Those dreams vanished with her life in Syria, forcing her to adapt to a reality in which she had far fewer choices.

“My interest in sociology fueled my will to better myself and pursue bigger dreams.”

While the crisis in Syria and the harrowing journey to safety were traumatizing for a young woman, Berivan refused to give up. “My interest in sociology fueled my will to better myself and pursue bigger dreams, so I began volunteering at a local organisation offering services to people with disabilities at the camp. From there, I moved on to work with multiple international organisations, such as Save the Children and the Norwegian Refugee Council.”

Through working with these organisations, Berivan gained plenty of knowledge on the rights of children, adolescents, and women. “I had enough information about my body and rights, which is why I did not get married at an early age. I was 25 when I got engaged and my husband and I were very understanding of each other.”

After being married for four months and already pregnant with her first child, she began noticing a change in her husband’s behaviour. He would often verbally abuse her, which only worsened with time. His family did not approve of her career choice and desire to work with people with disabilities, so her movements were also restricted. She was frequently beaten if she pushed back.

“Every day felt like a year, especially having to put up with physical violence while pregnant,” recalls Berivan. “But I put up with it for the sake of my unborn daughter.”

“. . . they barged into my mother’s house, assaulted me, and took my baby by force. I must have cried for days.”

After her daughter was born, the cycle of abuse intensified. The verbal and physical assaults continued and, even worse, Berivan was forbidden from seeing her parents and family. Eventually, she decided she had enough.

“One day, I realised that living this way was simply unacceptable, so I picked up my daughter and ran to the first place I could think of – my mother’s house. This made my husband furious, and ran to the first place I could think of — my mother’s house. This made my husband furious, and eventually he hit me.”

The case workers at the Safe Space worked with Berivan on an action plan that prioritised her safety as well as that of her newborn daughter. They helped her file a physical assault complaint with the police, which was referred to the court within two months.

“I’ve asked for help, and I’ve gotten it.”

“I’m now waiting for the final decision, as they are debating an annulment of my marriage and giving me full custody of my daughter,” says Berivan. “I cannot wait to live with my daughter peacefully and to get back to working as passionately as I was before I got married. I’ve asked for help and I got it. Every step of the way was hurtful, but it will all be worth it.”
EGYPT COUNTRY OFFICE

UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY.

85,070
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
100% FEMALE

3,134
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
99% FEMALE

16
PEOPLE WITH DISABILITIES REACHED WITH SPECIALISED SERVICES
100% FEMALE

579
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

484
PEOPLE TRAINED ON VARIOUS TOPICS
91% FEMALE

Helping refugees overcome depression and other mental health challenges

While postpartum depression (depression that occurs after giving birth) is now more commonly discussed, antenatal depression, which strikes during pregnancy, is also a concern for many pregnant women, and has been experienced by at least 20.7 percent of pregnant women across 173 studies worldwide.

Countless cases of pregnant women and mothers seeking psychological support and medical support have entered the UNFPA-supported Safe Spaces over the past years, many of them also suffering from symptoms of antenatal and postpartum depression.

One such case is Aisha, a 32 year old Syrian female who came to Egypt with her family in 2020 and was one of many who had a history of coping with depression, made more acute by her pregnancy. As is the case for many women who must deal with depression, Aisha’s family undermined the significance of her symptoms, claiming that “every woman gets pregnant” and that Aisha should not be expressing negative emotions.

During April around 236 pregnant women and mothers visited these Safe Spaces to follow up with gynaecologists and medical professionals, who work with patients to overcome any physical and psychological challenges they may encounter during pregnancy and as new mothers. Additionally, 1,439 women have also attended psychological support and case management sessions and workshops of various topics to help them deal with any negative emotions or situations, including antenatal depression.

The case histories at Sanad show that women who live in stress due to their socioeconomic status, or those at risk or survivors of gender-based violence are significantly more likely to experience antenatal depression. Aisha, for instance, shared with the Sanad support staff that she was subjected to different forms of violence in the household, including intimate partner violence by her husband. This, and the fact that Aisha had only recently moved to a new country as a refugee, also compounds the stress on her mental health, which could jeopardise her and her baby’s health. Aisha exhibited numerous signs of depression and anxiety expressed through her anger and observed unwillingness to interact with others due to consistent feelings of fear and self-doubt, common in antenatal depression. Hence, she was encouraged by the case management staff and her doctors to attend psychological support workshops which led her to attend Yoga workshops and support groups with community members who gradually created a support network for Aisha.

To further relieve pregnant women’s anxiety, particularly those in tougher economic contexts, the Safe Spaces also provide visitors with economic empowerment workshops that provide them with skills, entrepreneurial, and vocational training to help them achieve greater economic stability and independence. Aisha and 408 other women have attended crochet, perfume making, Microsoft Excel, CV writing, and other economic and professional training workshops in order to give them alternative means for generating income for themselves and their families in the hope of reducing the stressors impacting their health.

"Since I came to this Safe Space, I became much better at dealing with tough situations around me and at dealing with pressure," says Aisha. "My husband noticed this and told me that he, too, wants to attend similar activities to help him deal with his own feelings.”

Aisha’s transformation was easily observed by others around her, who are now more understanding of the value of treatment and self-expression.
COORDINATION UPDATES

UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY, ENSURING THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

The Whole of Syria GBV AoR HRP sector priorities and figures were presented during the HRP sector defence meeting. The GBV HRP 2022 appeal of US$ 84 million targeting 1.7 million people was accepted and confirmed.

The AoR also finalised the analysis of the Coordination Survey, with findings presented and shared with Hub coordinators for their consideration. Currently, hub coordinators are sharing the survey’s results with the membership to identify operational and quality improvements. Around 83 percent of survey responses across hubs stated that coordination does not need improvement, while 17 percent identified space for improvement mainly linked to capacity-building opportunities. Meanwhile, 92 percent of informants shared that information received through the GBV AoR helped improve their work.

The AoR also presented its ongoing efforts to mainstream GBV in the regional refugee and resilience plan. It provided an overview of the GBV work in Jordan, Lebanon, and Turkey, as well as updates on GBV services provided for refugees and migrants.

In Syria, the UNFPA Homs sub-office participated in a joint mission with WHO to assess the targeted areas under the ABRI approach. In the newly accessible areas in Northern rural Lattakia, specifically in Salma and Waiz Al-Akhlan sub-districts, the mission included an assessment of medical points in the mentioned areas from Reproductive health districts. The mission included an assessment of medical points in the mentioned areas from Reproductive health districts.

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In Jordan, following the release of the English version of the Jordan GBV M&E toolkit and a training session for Subworking Group members in March 2022, the Arabic version has now been finalised and can now be accessed here. The GBV Subworking Group has finalised its annual work plan in light of the sub-sector strategy for 2020-2022. The work plan has been developed in coordination with the GBV sub-working group member and GBV Subworking Group field coordinators. The SOPs for prevention and response to violence in Jordan which was developed in 2018 by NCFA and in coordination with the GBV Subworking Group and other actors is currently available in English.

In Lebanon, a successful collaboration between INTERSOS and Caritas SRH mobile clinic took place, where INTERSOS referred and coordinated with 60 women and girls to attend reproductive health awareness sessions and services. In Siblin Area chouf district. Meanwhile, UNFPA is finalising the selection of financial service providers for the cash disbursement. This will facilitate the cash transfers and allow referrals for complementary cash assistance.

In Egypt, the GBV Sub Working Group meeting was held in April, during which UNHCR provided training on PSEA for the members, as one of the thematic topics of the month. The members shared their operational updates and program updates on GBV services provided for refugees and migrants during March.

“I’VE SPENT MY LIFE TRYING TO FIND THE KIND OF SUPPORT AND UNDERSTANDING THAT I FOUND IN THIS SAFE SPACE, AMONG THESE REMARKABLE WOMEN WHO REFUSE TO SURRENDER TO CIRCUMSTANBCE.”

— RAYA, who received protection services at a UNFPA supported facility
CURRENT DONORS

Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, the United Kingdom, USAID’s Bureau for Humanitarian Assistance (BHA), and the US Department of State Bureau of Population, Refugees, and Migration (BPRM).

United Nations: OCHA/CERF, UNDP, SCHF, and UNFPA Emergency Funds.

IMPLEMENTING PARTNERS


In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Alkansrowa, and ABAAD.

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women's Union (JWU), the National Council for Family Affairs (NCFA), National Women's Health Care Centre (NWYHC), Qustaiya, Higher-Population Council (HPC), Generations for Peace (GFP), Health Care Accreditation Council (HCAC), International Rescue Committee (IRC), Royal Health Awareness Society (RHAS), the Jordanian National Commission for Women (UNCW), and Save the Children Jordan.

In Iraq: AL Massela, Harika, Zhian and Civil Development Organisation.

In Egypt: UNHCR, Ministry of Health and Population (MOHP), Ministry of Youth and Sports (MYS), Etijah, and CARE International.

In Turkey: ASAM (Association for Solidarity with Asylum Seekers and Migrants), KAMER (Women's Centre Foundation), Eskişehir Osmangazi University, Nihan University: YAH (Youth-Agencies to Health Association), PLA (Positive Living Association); Red Umbrella Sexual Health and Human Rights Association. For the service units that are under direct implementation, UNFPA is collaborating with Ankaras Municipality, Sariurfa Municipality and RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

Turkey Cross-Border: International Rescue Committee (IRC), Relief International (RI), Shafak, Syrian American Medical Society (SAMS), Imam for Relief and Development (IhsanRDS), and their sub-implementing partners Mawrat (IhsanRO), Women Support Association (IhsanRO), Hope Revival Organization (IRC) and Relief Experts Association- UDIER (IRC).

THE ESSENTIAL SERVICES BEING DELIVERED TO SYRIANS REGION-WIDE WOULD NOT BE POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS.

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