

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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FEBRUARY 1-28, 2022

“ YES, IT'S BEEN A VERY LONG BATTLE, AND I'M STARTING TO FORGET WHAT MY LIFE WAS LIKE BEFORE THIS CRISIS. I STILL HAVE HOPE.

– LUJAIN, a young woman from Aleppo

SNAPSHOT

As of February 2022, the situation in Syria continues to be dire, further complicated by a deteriorating economy, increasing 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.



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THERE ARE MANY WAYS TO FIND HEALING FROM VIOLENCE, ESPECIALLY THROUGH THE FRIENDSHIPS I'VE MADE IN THIS SAFE SPACE.

– LANA, a Syrian woman from Quneitra

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DEVELOPED BY THE UNFPA
REGIONAL HUMANITARIAN HUB
FOR SYRIA & THE ARAB STATES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://syria.humanitarianresponse.info>

THE SITUATION / 2022

A SENSE OF 'DESPAIR AND BETRAYAL BY THE WORLD'

As of February 2022, the situation in Syria predicts a challenging year ahead, further complicated by a deteriorating economy, ongoing hostilities, and an unrelenting pandemic.

"When I speak to loved ones in Syria and nearby countries, the common feeling I sense is despair and betrayal by the world," explains Maram, a Syrian refugee who receives gender-based violence support at a UNFPA-supported Women and Girls Safe Space in the Kurdistan Region of Iraq.

Like many other Syrians — particularly women and girls — living throughout the Arab region and beyond, Maram feels left alone to face her fate. 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.

"The situation in Syria is worse than it has been in years," explains UNFPA Arab States Regional Director, Dr. Luay Shabaneh. "The impacts of the deepening economic crises in the region, the COVID-19 pandemic, ongoing and new hostilities, mass displacement, and violations of human rights, have all converged to put women and girls throughout the region at greater risk. Meanwhile, for those who need it, access to life-saving sexual and reproductive health and protection services has become even more difficult."

The economic crisis impacting Lebanon and the continuing devaluation of the Turkish Lira have also had a profound impact on the lives of Syrians, including those living in north-western regions, where the Lira is the de facto currency. There are also growing concerns that the ongoing crisis in Ukraine will further contribute to the economic pressures facing communities throughout the region.

A darker reality for women and girls

In 2022, around 14.6 million people are estimated to be in need throughout Syria, including 3.7 million women and girls of reproductive age. Meanwhile 7.1 million refugees, asylum seekers, or stateless people require humanitarian assistance region-wide, including an estimated half a million pregnant women and adolescent girls who urgently need access to health care.

The ongoing conflict has caused tremendous stress, anxiety and suffering, which has spilled over into private life. Women and girls tell UNFPA that gender-based violence has become so widespread and unchecked that many feel it has become normalised.



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

"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 in their families, and sometimes in public."

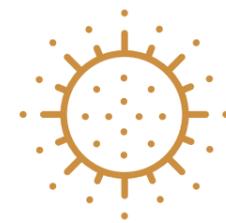
Despite the enormous challenges levelled against them, Syrians throughout the region refuse to give up. People of different ages and backgrounds continue to demonstrate remarkable resilience and determination. Many are rising above their challenges to provide better prospects and opportunities for their children and loved ones, while others defy circumstances to become artists, activists, innovators and influential voices in their communities.

"I want to continue working to support other girls," explains Maya, a Syrian refugee living in Jordan. "My hope is to launch a project to help them realise that they have power and purpose; to help them find their place in the fear and confusion and to believe in their ability to create a better future for their communities."

UNFPA continues to show up

Over the past five years, UNFPA has scaled up its regional response to the crisis, doubling the number of people reached since its onset in 2011. During January and February 2022, UNFPA delivered sexual and reproductive health services to around 235,000 people and reached nearly 120,000 through programmes to prevent and respond to gender-based violence. Throughout the region, UNFPA is supporting 84 Women and Girls Safe Spaces, 17 youth centres, 25 emergency obstetric care facilities, 234 primary healthcare centres, and 100 mobile clinics.

UNFPA and its partners remain committed to providing life-saving services to women and girls in Syria and in camps and host communities throughout the region. Providing Syrian communities with the services and support they need in 2022 requires a concerted and committed effort by the international community. UNFPA will continue to amplify the voices of women and girls affected by this crisis, and coordinate with partners as we strive to leave no one behind.



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

As of February 28, 2022

| SYRIA | TURKEY | LEBANON |
|-----------|------------|-----------|
| 55,140 | 13,353,676 | 1,066,840 |
| JORDAN | IRAQ | EGYPT |
| 1,638,228 | 2,302,793 | 495,373 |



14.6 MILLION
Estimated people in need in Syria



3.7 MILLION
Women and girls of reproductive age in need in Syria



7.1 MILLION
Refugees, asylum seekers, or stateless people in the region



500,000
Estimated pregnant women and girls in the crisis region

RESPONSES FROM ALL OPERATIONS

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

234,709

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

94% FEMALE

2,601

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

84% FEMALE

119,965

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

92% FEMALE

31,293

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

7,143

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

75% FEMALE

740

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

74,045

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

99% FEMALE

1,534

PEOPLE TRAINED ON VARIOUS TOPICS

75% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|--------|----------|
| Family planning consultations | 76,442 | 98% |
| Normal and assisted vaginal deliveries | 4,017 | 100% |
| C-Sections | 2,019 | 100% |
| Ante-natal care consultations | 92,298 | 100% |
| Post-natal care consultations | 21,418 | 100% |
| People trained on SRH-related topics | 672 | 79% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with dignity kits | 13,158 | 93% |
| People provided with GBV case management | 5,837 | 95% |
| People reached with GBV awareness messages | 91,186 | 93% |
| People trained on GBV-related topics | 470 | 64% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 392 | 84% |



234
PRIMARY HEALTHCARE FACILITIES*



84
WOMEN AND GIRLS SAFE SPACES



25
EMERGENCY OBSTETRIC CARE FACILITIES



17
YOUTH CENTRES



100
MOBILE CLINICS



72
OTHER SERVICE DELIVERY POINTS

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.

197,018

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

95% FEMALE

1,704

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

91% FEMALE

100,739

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

94% FEMALE

27,248

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

2,092

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

62% FEMALE

328

PEOPLE TRAINED ON VARIOUS TOPICS

83% FEMALE

73,917

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

99% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|--------|----------|
| Family planning consultations | 62,374 | 99% |
| Normal and assisted vaginal deliveries | 3,723 | 100% |
| C-Sections | 1,975 | 100% |
| Ante-natal care consultations | 80,042 | 100% |
| Post-natal care consultations | 16,706 | 100% |
| People trained on SRH-related topics | 186 | 90% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with dignity kits | 3,273 | 100% |
| People provided with GBV case management | 4,910 | 97% |
| People reached with GBV awareness messages | 74,990 | 95% |
| People trained on GBV-related topics | 142 | 74% |



89

PRIMARY HEALTHCARE FACILITIES*



45

WOMEN AND GIRLS SAFE SPACES



23

EMERGENCY OBSTETRIC CARE FACILITIES



11

YOUTH CENTRES



84

MOBILE CLINICS



57

OTHER SERVICE DELIVERY POINTS

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 WOMEN AND GIRLS HAS BECOME SO COMMON AFTER THE CRISIS. MANY WOMEN IN MY FAMILY ARE STRUGGLING AND CANNOT FIND THE RIGHT SUPPORT TO FEEL EMPOWERED.

– MARAM, a Syrian woman from Qamishli

SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES IN NEED THROUGHOUT THE COUNTRY, WITH A FOCUS ON WOMEN AND GIRLS.

180,250

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

1,087

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

90% FEMALE

84,549

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

98% FEMALE

22,588

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

2,092

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

62% FEMALE

186

PEOPLE TRAINED ON SRH TOPICS

90% FEMALE

73,149

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

100% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|--------|----------|
| Family planning consultations | 60,728 | 99% |
| Normal and assisted vaginal deliveries | 1,377 | 100% |
| C-Sections | 1,236 | 100% |
| Ante-natal care consultations | 71,596 | 100% |
| Post-natal care consultations | 12,247 | 100% |
| People trained on SRH-related topics | 186 | 90% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with dignity kits | 3,273 | 100% |
| People provided with GBV case management | 4,526 | 97% |
| People reached with GBV awareness messages | 66,342 | 99% |



85

PRIMARY HEALTHCARE FACILITIES*



34

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



11

YOUTH CENTRES



84

MOBILE CLINICS



57

OTHER SERVICE DELIVERY POINTS

“ 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 SYRIA, UNFPA CONTINUES TO EMPOWER WOMEN AND GIRLS TO OVERCOME HARMFUL SOCIAL NORMS AND ACHIEVE FINANCIAL INDEPENDENCE

UNFPA IS TARGETTING THE ROOT CAUSES OF THE MANY FORMS OF GENDER-BASED VIOLENCE TAKING PLACE IN SYRIA, HELPING COMMUNITIES BUILD AN EQUITABLE AND MORE HOPEFUL FUTURE.



UNFPA firmly believes that working with local communities to combat harmful social norms and practices is among the most powerful strategies for empowering women and girls, particularly in humanitarian settings where the risks of such practices are significantly higher.

In Syria, more than 11 years of conflict and instability have allowed such practices – sexual violence, child and forced marriage, sexual exploitation and abuse, and many other forms of gender-based violence that consistently disenfranchise women and girls – to become further entrenched, requiring a coordinated effort to promote the right knowledge and awareness.

UNFPA is working directly with local partners and communities in Syria on a wide range of programmes that are designed to highlight the short and long term ramifications of harmful norms. One such programme is taking place in Aleppo, where the crisis has had a profound impact on the rights and well-being of women and girls. As one adolescent girl notes, “our communities in Aleppo are more conservative, and this makes it difficult for a young girl to feel like she has any choices in her life, even when it comes to when and to whom she is married.”

“the programme is taking an evidence-based approach that investigates and addresses the underlying causes of these practices”

The programme in Aleppo focuses on the two harmful practices of domestic violence and early marriage, the risks of which have skyrocketed in the wake of COVID-19 and the country’s mounting economic woes. To offset these setbacks, the programme is taking

an evidence-based approach that investigates and addresses the underlying causes of these practices in order to limit their prevalence in the future and provide the needed support to survivors.

In February, UNFPA organised a number of introductory workshops with government and NGO partners in Aleppo. One workshop that took place under the heading of *Changing the Negative Practices of Domestic Violence and Early Marriage* aimed at giving partners an overview of UNFPA programming in Aleppo, its key objectives, and its planned implementation process.

More than 50 representatives of government agencies and local NGOs participated, reinforcing their commitment to being part of the change. The workshop included a special presentation on the Family Protection Unit, which was launched in 2017 to offer awareness sessions, medical services, psychological support, and legal counselling to survivors and women and girls at risk.

Moreover, in an effort to address prevailing gaps in the legal framework surrounding gender-based violence, UNFPA and partners presented a draft of a proposed law on domestic violence, which provides additional safeguards for deterrence and accountability.

Financial freedom leads to autonomy

“Today, I produce my own milk, right here in this house,” says Salam, who attends vocational training courses at a UNFPA-supported Safe Space. “I don’t have to go out to buy milk or cheese and to put myself at risk in the process. I’m thinking of launching my own business from home. I will be able to support my family and my husband, who cannot find work because of his disability.”

“the training offered peer support and rigorous guidance by experts who deeply understood the reality facing women and girls”

In recent years, the costs of living have skyrocketed throughout Syria, with prices of basic goods increasing by as much as 236 percent, according to WFP. The economic freefall, global sanctions, and limited national spending on subsidies have converged to place entire communities at risk. Women and girls are increasingly finding themselves responsible for entire households and forced to shoulder enormous caretaking roles, which places their lives and well-being at risk.

UNFPA continues to work with local partners to offer vocational training services targeted at women-headed households. These programmes help women build the skills needed to launch various revenue-generating projects, using readily available resources that can be acquired without significant risks to their safety.

“The prices of cleaning products are very expensive, and we cannot afford them anymore,” explains Leena, who is learning how to make her own cleaning supplies. “Learning to make my own was much simpler than I thought because of this training and I am eager to build on what I have learned to build a better life for my family.”

Leena also noted that the training offered peer support and rigorous guidance by experts who deeply understood the reality facing women and girls, offering pragmatic insights that are more likely to result in measureable improvements to their quality of life.

“ I’M THINKING OF LAUNCHING MY OWN BUSINESS FROM HOME. I WILL BE ABLE TO SUPPORT MY FAMILY AND MY HUSBAND, WHO CANNOT FIND WORK BECAUSE OF HIS DISABILITY.

– SALAM, who attended vocational training at a UNFPA-supported facility

CROSS-BORDER TURKEY

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

16,768

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

58% FEMALE

617

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

92% FEMALE

16,190

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

74% FEMALE

4,660

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

768

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

52% FEMALE

142

PEOPLE TRAINED ON GBV-RELATED TOPICS

74% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|-------|----------|
| Family planning consultations | 1,646 | 100% |
| Normal and assisted vaginal deliveries | 2,346 | 100% |
| C-Sections | 739 | 100% |
| Ante-natal care consultations | 8,446 | 100% |
| Post-natal care consultations | 4,459 | 100% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People provided with GBV case management | 384 | 100% |
| People reached with GBV awareness messages | 8,648 | 65% |



4

PRIMARY HEALTHCARE FACILITIES*



11

WOMEN AND GIRLS SAFE SPACES



4

EMERGENCY OBSTETRIC CARE FACILITIES

“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

IN NORTH-WESTERN SYRIA, A HUMANITARIAN CRISIS CONTINUES TO UNFOLD, LEAVING WOMEN AND GIRLS AT RISK

THE SITUATION REMAINS SEVERE, WITH ONGOING HOSTILITIES CAUSING MASS DISPLACEMENTS AND DISRUPTIONS IN COMMUNITY NETWORKS AND SERVICES. UNFPA CONTINUES TO TAILOR ITS PROGRAMMES TO MEET THE WORSENING NEEDS OF COMMUNITIES IMPACTED.

A far-reaching humanitarian crisis continues to unfold in north-western Syria. In February, mass internal displacement continued, with around 9,500 people newly displaced. These large-scale movements are attributed to the ongoing economic crisis that has been particularly devastating in this region of Syria, which also remains subject to frequent hostilities.

According to the 2022 Humanitarian Needs Overview, around 3.4 million people, including 2.8 million IDPs, are in need of regular humanitarian assistance. In Aleppo and Idlib, 1.72 million people (of which 80 percent are women and children) reside in 1,397 last-resort sites. Specific vulnerability characteristics such as gender, age, disabilities, and others have exacerbated the risk of gender-based violence and the adoption of harmful coping mechanisms. Inadequate living conditions have continued to contribute to increased risks related to gender-based violence. Access to basic services, including health and psychological support, remains limited.

While artillery shelling occurred on most days, the Office of the High Commissioner for Human Rights (OHCHR) reported an overall decrease in airstrikes. The month saw at least 18 civilians killed, including two women and three children, and at least 40 civilians were injured, including 5 women and 13 children. Unexploded ordnance of war, one shooting incident, and six Improvised Explosive Devices killed two children and injured at least 15 civilians.

The overall COVID-19 situation remains challenging in northwest Syria. After four months of decline in COVID-19 case numbers, the trend is now reversing. In February, the number of COVID-19 cases started to increase with 4,147 new cases and 28 associated deaths, compared to 118 COVID-19 cases in January. The Omicron variant was also detected in the region, signalling potential future waves. It is also worth noting that testing capacities inside Syria have been limited throughout the pandemic, and that actual infections are likely much higher than those reported.

In the words of Amna, a mother who was recently displaced in north-western Syria

"One day, my 7-year-old daughter, Samia, came to me and told me that her 15-year old cousin had done something very bad to her. I was not sure what had happened, but I knew I had to take her to a health centre to get help.

"We went to a health facility where we were welcomed by a caseworker who explained the available services. I felt scared for my daughter. Before we started to explain what had happened, she asked for our consent to provide us with services. In a safe and secure place, Samia disclosed that she had been assaulted by her cousin. After listening to our story, the caseworker immediately referred us to urgent medical services. She said there was still time to receive this service as we had come to the center just after the assault.

"With the support of the caseworker, we developed a safety plan for my daughter, which included my entire family and myself. I openly shared my concerns and fears about our security situation in the camp. We did not have a safe place to stay and we were also afraid that the perpetrator and his family would come back to look for us. Together, we decided that it was better for my family to move to a different camp. The caseworker referred us to a partner organisation to access cash-based assistance. This enabled us to meet our urgent needs and start a new life. We also received a tent, a few mattresses and some heating equipment. The caseworker was always there to evaluate together potential risks and consequences of each decision we took. Even if these decisions were difficult, we felt empowered. Thanks to the information received, I was also able to support my daughter through this difficult journey.

"Today, Samia is back to school. After going through challenging times, we feel empowered again. We live in a safe place, where we can build, as a family, a better future. We also have access to support services, such as psychological and case management support and medical care."

WE DID NOT HAVE A SAFE PLACE TO STAY AND WE WERE ALSO AFRAID THAT THE PERPETRATOR AND HIS FAMILY WOULD COME BACK TO LOOK FOR US.

– AMNA, recently displaced in north-western Syria



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.

19,531

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

78% FEMALE

614

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

60% FEMALE

10,368

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

80% FEMALE

2,321

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,675

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

83% FEMALE

723

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

58

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

57% FEMALE

1,023

PEOPLE TRAINED ON VARIOUS TOPICS

70% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--------------------------------------|-------|----------|
| Family planning consultations | 7,600 | 88% |
| Ante-natal care consultations | 4,568 | 100% |
| Post-natal care consultations | 3,419 | 100% |
| People trained on SRH-related topics | 325 | 62% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with dignity kits | 9,647 | 91% |
| People provided with GBV case management | 292 | 63% |
| People reached with GBV awareness messages | 6,962 | 84% |
| People trained on GBV-related topics | 316 | 58% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 382 | 85% |



4

WOMEN AND GIRLS SAFE SPACES *



14

OTHER SERVICE DELIVERY POINTS



10

MOBILE CLINICS



4

YOUTH CENTRES

* 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.

“ 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

IN TURKEY, UNFPA WORKS TO PROMOTE THE HEALTH AND PROTECTION OF WOMEN AND GIRLS IN MIGRANT COMMUNITIES

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.

The COVID-19 pandemic has had a significant impact on the Turkish economy and labour market. The relatively high unemployment rates (11.2 percent as of November 2021, according to data provided by Turkish Statistical Institute) and high inflation rates (more than 36 percent as of December 2021) have reduced household economic and social gains, negatively impacting incomes and access to basic needs.

According to the World Bank, the pandemic has deepened gender gaps and increased youth unemployment and poverty rates. These converging factors will likely have a negative impact on women and girls' well-being, leading to an increase in gender-based violence and harmful practices, such as child and early marriages.

According to the World Bank, the pandemic has deepened gender gaps and increased youth unemployment and poverty rates.

Meanwhile, the devaluation of the Turkish Lira has had a marked impact on communities throughout the country, including the more vulnerable refugee and migrant communities. In recent months, the Lira has taken a sharp nosedive in terms of value, adding to the economic woes already plaguing Syrian refugees. The inextricable link between the Turkish and regional economies, particularly in light of the current humanitarian needs in the region, underscores the serious risks facing those impacted, both inside Syria and in host communities region-wide.

In Turkey, as the co-chair of the GBV sub-working group, UNFPA continues to target the most vulnerable refugees, including women, girls, young people, key groups, men and boys who are survivors or at risk of sexual violence, and refugees with disabilities). Mobile teams also continue to provide uninterrupted SRH services and protection services, including prevention and response to GBV. Meanwhile, in line with government and inter-

agency guidelines, static service units continued providing support on a hybrid basis, while training programmes continued for healthcare personnel operating migrant health centres in Istanbul, Sanliurfa, and Adana.

In February, based on a Memorandum of Understanding signed with the Turkish Ministry of Health, UNFPA began supplying four Migrant Health Centres (MHCs) that provide SRH services to refugee women and girls with reproductive health commodities, including health kits, condoms, and intrauterine devices (IUDs). The facilities supported are located in Izmir, Ankara, Diyarbakir and Hatay, where UNFPA is already supporting youth centres. This serves to ensure that people reached through these youth centres have a viable referral pathway to uninterrupted sexual and reproductive healthcare, particularly refugee women and girls.

In addition, UNFPA continued to support a wide range of training and awareness programmes targeting service providers as well as communities throughout Turkey. One such training brought together 63 health professionals from government-operated MHCs in Istanbul and Sanliurfa. The training curriculum focused on the essentials of providing sexual and reproductive healthcare to women and girls in migrant communities, covering topics such as efficient counseling on SRH services, patient assessments, contraceptives, voluntary surgical sterilization for women and men, unwanted pregnancies, among others.

UNFPA also continued to provide orientation training sessions for the health mediators working in UNFPA-supported service units to ensure that the SRH service provision is aligned with the interagency guidelines. This has included extensive awareness-raising sessions on key protection topics, including gender-based violence, prevention of sexual exploitation and abuse, and providing services to LGBTQI+ individuals.

"I don't want to get married. I want to study."

Betul was barely a 12-year-old girl when her life changed completely.

In 2015, as she and her friends were outside playing near her house in Syria, an explosive device landed nearby, setting off a violent blast and a flurry of flying shrapnel, a piece of which pierced Betul in her back. The injury nearly took her life, and yet she managed to survive.

Seven years later, that piece of shrapnel remains lodged in her body. The physician who had tended to her injuries in 2015 explained that she had essentially returned from the dead, and that she would either lose her life or become severely impaired if she were to undergo a procedure to remove it.

"Girls are married off when they are still children in Syria. We hear a lot about 15-year-old girls getting married and giving birth, and in the end, we would hear that either the girl or her baby had died."

"That piece is *still* in my back," explains Betul. "While it should have killed me, I am generally fine, aside from the fact that I should not lift heavy objects. It was the trauma of the experience that was much harder to overcome. After the incident, my father was very scared for us. That's why we decided to leave Syria.

While Betul felt safer in Turkey, another challenge soon emerged: her parents wanted her to get married before coming of age.

"Girls are married off when they are still children in Syria. We hear a lot about 15-year-old girls getting married and giving birth, and in the end, we would hear that either the girl or her baby had died," says Betul. "My mother didn't want me to go to the school either; she wanted to get me married."

In fact, even Betul herself was initially somewhat anxious about pursuing an education in Turkey, mainly because she did not speak the local language. She was also still adjusting to a new life in a new environment while still overcoming the trauma of a near-death experience. This is why, when asked about her experience at the UNFPA-supported youth facility, she describes it as "life-altering."

"I came to this centre to feel empowered. First, I attended Turkish speaking clubs and slowly learned the language, which made me less afraid of studying in Turkey," she recalls. "I don't want to get married. I want to study, and the centre helped make that a reality."

Betul also started receiving psychosocial support from the centre to learn how to respond to the pressure her family was putting on her to get married. "I talked to the psychologist here and explained my situation. They guided me on how to talk with my family, and I followed their guidance. I'm attending Grade 12 now and I am hoping to go to a university next."

In addition to Turkish speaking clubs at the center, Betul also attended awareness raising sessions on sexual and reproductive health and gender-based violence. With the guidance of the psychologist and the nurse at the centre, she also received dignity kits and participated in various social cohesion activities. She became a member of the Youth Advisory Board and frequently discussed her needs, challenges, and potential solutions with other young people who have lived similar experiences.

"They taught me a lot," concludes Betul. "I have certainly been empowered here."



LEBANON COUNTRY OFFICE

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

1,529

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

35

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

284

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

100% FEMALE

61

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

100% FEMALE

133

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

15

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|-------------------------------|-------|----------|
| Family planning consultations | 562 | 100% |
| Ante-natal care consultations | 4 | 100% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People provided with GBV case management | 14 | 100% |
| People reached with GBV awareness messages | 487 | 100% |



8

PRIMARY HEALTHCARE FACILITIES *



5

WOMEN AND GIRLS SAFE SPACES



4

MOBILE CLINICS

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. Communities nationwide continue to decry the accelerating depreciation of the local currency, which in February passed 33,000 Lebanese pounds (LBP) to the dollar on the black market. The economic meltdown is made worse by the political deadlock that is preventing meaningful recovery efforts, further complicating the long-term ramifications of the situation.

Throughout 2021, most people in Lebanon were struggling to survive amid soaring inflation coupled with fuel and medicine shortages, severe power cuts, and fuel scarcity, with many families unable to afford generator costs. 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.

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 crisis has exacerbated gender-based violence nationwide, particularly intimate partner violence and sexual exploitation and abuse. According to a survey conducted by the Inter-Agency SGBV Task Force Lebanon in late 2021, more than two-thirds of GBV-related organisations have experienced increased calls for

assistance on their hotlines, and 96 percent report reduced ability of survivors to reach out for assistance.

The impact of the economic crisis can be seen on the ground. In February, the number of Lebanese families registered for two long-awaited cash social assistance programs reached 410,000, or 1.6 million individuals, from different regions across Lebanon, according to a statement issued by the Social Affairs Minister.

To help offset these effects, UNFPA will also continue to provide CVA support programmes, which have proven fundamental to safeguarding the rights, dignity, and well-being of women caught in this crisis. In fact, February saw the value of Emergency Cash Assistance increase to LBP 1400,000, in line with the devaluation of the local currency and the rising inflation rates. Other forms of CVA were also increased, including the Recurrent Cash and Cash for Transport assistance. Unfortunately, the implementation of the CVA faced challenges in February due to continuity gaps between annual work plans, in addition to the added pressure of rising demand for these services. This will require additional

funding so assistance can be channelled to more communities in need, taking into account the continuous fluctuations in the macroeconomic context.

In 2022, UNFPA Lebanon will continue prioritising the well-being and protection of women, girls, boys, and other vulnerable groups, including members of the LGBTQIA+ community, by preventing and mitigating risks of violence, abuse, and exploitation, and providing vital and essential GBV services, including psychosocial support. UNFPA will also ensure access of women and girls to reproductive health services. In addition, teams will continue to engage communities with information to promote gender transformative programming and stronger capacities to address the needs of vulnerable people.

JORDAN COUNTRY OFFICE

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

15,804

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

9

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

100% FEMALE

7,045

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

84% FEMALE

194

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

98% FEMALE

1,376

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

72% FEMALE

1,311

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|-------|----------|
| Family planning consultations | 2,830 | 100% |
| Normal and assisted vaginal deliveries | 210 | 100% |
| Ante-natal care consultations | 5,467 | 100% |
| Post-natal care consultations | 743 | 100% |
| People trained on SRH-related topics | 14 | 100% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People provided with GBV case management | 348 | 93% |
| People reached with GBV awareness messages | 3,462 | 79% |
| People trained on GBV-related topics | 10 | 100% |



16
PRIMARY HEALTHCARE FACILITIES *



19
WOMEN AND GIRLS SAFE SPACES



1
EMERGENCY OBSTETRIC CARE FACILITY



1
YOUTH CENTRE

“ 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

TRIUMPHS AT AZRAQ

WOMEN AND GIRLS AT AZRAQ REFUGEE CAMP FACE NUMEROUS HEALTH AND PROTECTION CHALLENGES. UNFPA CONTINUES TO WORK WITH PARTNERS TO HELP THEM REACH THEIR FULL POTENTIAL.

Health and autonomy go hand-in-hand

UNFPA Jordan has been supporting the delivery of sexual and reproductive health services to women in Azraq since 2017, in cooperation with the International Rescue Committee (IRC).

As a midwife, Lara speaks about adapting sexual and reproductive health services to cope with the challenges faced by women in the camp through her work at the UNFPA-supported clinic in the camp's so-called "Village 5."

"When women get pregnant in the camp, they have to seek healthcare, deliver the baby, and take care of their children all at once"

"I am passionate about my work and proud to be able to help people here at the camp," says Lara. During her nearly five years as a midwife in Azraq, Lara noticed that women in the camp often lack the necessary support, especially during the postnatal period.

"When women get pregnant in the camp, they have to seek healthcare, deliver the baby, and take care of their children all at once," says Lara.

In 2021, the IRC through UNFPA's support provided antenatal, postnatal, and family planning services to over 50,000 women and girls. Among other things, sexual and reproductive health care providers conducted extensive counseling with their patients concerning family planning, antenatal care, postnatal care, danger signs during pregnancy, and sexually transmitted diseases.

"Due to the weather conditions in the camp as well as the difficulties mothers face in carrying their children to and from the clinic, the IRC health team in Azraq noticed a decrease in the number of people requesting postnatal care services," recalls Lara.

"In response, I proposed that we conduct postnatal care consultations in new mothers' homes. I began taking the necessary equipment with me to visit the women in their caravans and provide postnatal care and family planning services in one village as a trial."

Amani, 32, who is raising her seven children in the Azraq camp in Jordan said: "While pregnant, I regularly visited the IRC clinic for regular checkups. However, I was unable to visit the clinic for postnatal care when I gave birth." Her family fled Dara'a to find safety there six years ago. "I was having a hard time going to the clinic and leaving my children at home. Lara has visited me three times since I gave birth five weeks ago," Amani said.

Today, the IRC's health team in the camp conducts home visits in all camp villages. "We started the initiative two months ago," explains Lara. "During the first month, we made 116 home visits. I saw the importance of these home visits during the winter and felt proud to spare moms walking in these harsh weather conditions."

"While pregnant, I regularly visited the IRC clinic for regular checkups. However, I was unable to visit the clinic for postnatal care when I gave birth."

Helping women and girls reclaim their well-being

Sandy, a seventeen-year-old girl, arrived at the Zaatari camp in 2013 with her family as the situation in their hometown of Daraa was getting worse. She was seven years old at the time, with three sisters and a pregnant mother in her final trimester.

Like Sandy herself, Sandy's two sisters are of small stature, but they also suffer from physical disabilities that rendered the journey difficult and risky. Nevertheless, Sandy's father had chosen to relocate to Zaatari camp in order to find work and keep his family safe.

In the camp, people would often make derogatory remarks about the family due to their disabilities, often referring to their living space as the "tent of the disabled." These abuses inevitably caused them significant distress and trauma, to the extent that they were afraid to leave the tent for fear of being mocked and bullied.

Sandy and her sisters were shorter than everyone and people around the camp labelled their tent as the "tent of the disabled"

After some time, Sandy and her sisters decided to enrol in several activities being offered at the UNFPA-supported Safe Space at the camp, realising that these were services designed specifically for girls like them to feel supported and empowered. They joined the Adolescent Girls Empowerment-Led Centre (AGEL), which aims to support adolescent girls by helping them build their economic, health, and social assets.

The programme is designed based on participatory and transformational change approaches to empower adolescent girls from all districts, focusing on issues related to sexual and reproductive health and gender-based violence.

"This centre has had a significant psychological and cultural impact on me"

Eventually, Sandy and her sisters became regular members of the community inside the centre, which resulted in them building confidence, feeling accepted, and expressing themselves more openly.

"This centre has had a significant psychological and cultural impact on me," reflects Sandy. "I can express myself without fear or hesitation, communicate effectively, make better decisions, and raise awareness about issues of violence and early marriage."

"The teachers in the centre encouraged me to be a contributing member of the community. It is vital to take steps to promote this kind of support, and to help girls to be active participants in the community, such as by contributing their ideas and allowing them to become a positive force in other people's lives."



IRAQ COUNTRY OFFICE

IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIAN REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

744
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
100% FEMALE

46
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
93% FEMALE

605
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
100% FEMALE

104
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

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.

| REPRODUCTIVE HEALTH | TOTAL | % FEMALE |
|--|-------|----------|
| Family planning consultations | 1,349 | 100% |
| Normal and assisted vaginal deliveries | 84 | 100% |
| C-Sections | 44 | 100% |
| Ante-natal care consultations | 2,217 | 100% |
| Post-natal care consultations | 550 | 100% |

| GENDER-BASED VIOLENCE | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with dignity kits | 238 | 100% |
| People provided with GBV case management | 17 | 100% |
| People reached with GBV awareness messages | 5,158 | 81% |
| People trained on GBV-related topics | 2 | 100% |



9
PRIMARY HEALTHCARE FACILITIES*



9
WOMEN AND GIRLS SAFE SPACES



1
EMERGENCY OBSTETRIC CARE FACILITY



1
YOUTH CENTRE



1
GBV MOBILE TEAM

“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

WHEN ONE AWARENESS SESSION HELPS SAVE A LIFE

FOR GIRLS LIKE YUSRA, WHOSE CHILDHOODS ARE CONSTANTLY THREATENED BY CHILD MARRIAGE AND OTHER FORMS OF VIOLENCE, AWARENESS AND EDUCATION ARE KEY.

Being forced to flee her home at a young age was life changing for Yusra. It had been a while since she and her brothers had been to school, or out of the house for that matter, as rockets had shelled their neighbourhood.

As the situation continued to be volatile, and with no hope in sight, her parents decided to flee Syria and found refuge in the Gawilan camp in Dohuk, the Kurdistan Region of Iraq.

“I love school and I get very good grades!”

Shortly after they arrived at the camp, Yusra's father's health deteriorated and he was forced to leave his job. Being unemployed meant that the already dire financial situation of the family became worse. Today, Yusra is 17 years old and attends the school in the camp on a regular basis like any other girl.

“I love school and I get very good grades!” she says. Sadly, last summer, Yusra's life nearly became a nightmare.

One evening, her father received a visit from a wealthy man who offered to marry Yusra. Guided by the notion that marriage was an opportunity to give his family a better life and improve his financial situation, her father accepted.

One evening, her father received a visit from a wealthy man who offered to marry Yusra.

“My father truly believed that giving me away to an older man was a way to protect me and help our family. But I don't want to lose my childhood. I don't want to get married before I finish school and build a future for myself,” she explains.

Luckily, Yusra was a regular participant at the UNFPA-supported Safe Space, where she attended awareness sessions offered to adolescent girls. “I remembered the session on child marriage and asked my mother to come with me to attend another one.”

That day, her mother learned about the devastating and often life-long impact child marriage has on young girls.

“My father truly believed that giving me away to an older man was a way to protect me and help our family. But I don't want to lose my childhood.”

“My mom listened to the social worker speaking about how girls married at a young age are at higher risk of physical and sexual violence, and how they are at greater risk of experiencing dangerous complications in pregnancy and childbirth, and suffering domestic violence, in addition to the emotional toll it takes on a girl,” she adds.

After the session, her mother acknowledged the risk posed to Yusra's well-being and that her age was not suitable for marriage. That evening,

the mother spoke to her husband, explained the risks, and successfully convinced him that this marriage will not only destroy his daughter's future but is also not a viable way out of poverty.

For many girls like Yusra, child marriage is a looming risk that threatens to deprive them of their childhoods, their health, and their life prospects. UNFPA firmly believes that awareness is the single most effective tool to help girls overcome the root causes of child marriage and to work towards the future they envision for themselves.

“ I'VE MADE A PROMISE TO MYSELF TO STAY FOCUSED AND TO BEGIN SPECIALISING IN INTERNATIONAL LAW. MY PLAN IS TO TAKE THIS KNOWLEDGE WITH ME BACK HOME AND USE IT TO REBUILD MY COUNTRY.

– NUJOD, a Syrian refugee living in the Kurdistan Region of Iraq



EGYPT COUNTRY OFFICE

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

83
PEOPLE REACHED WITH
REPRODUCTIVE HEALTH SERVICES
100% FEMALE

924
PEOPLE REACHED WITH
GENDER-BASED VIOLENCE SERVICES
97% FEMALE

8
PEOPLE WITH DISABILITIES
REACHED WITH SPECIALISED SERVICES
75% FEMALE

176
ADOLESCENT GIRLS SUPPORTED
THROUGH VARIOUS PROGRAMMES

2
LGBTQI+ INDIVIDUALS SUPPORTED
THROUGH VARIOUS SERVICES

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People provided with GBV case management | 256 | 94% |
| People reached with GBV awareness messages | 127 | 92% |



2
WOMEN AND GIRLS
SAFE SPACES



112
PRIMARY HEALTHCARE
FACILITIES



2
MOBILE CLINICS

UNFPA continues to tailor its programmes in Egypt to respond to the needs of women and girls caught in the crisis

As of early 2022, more than 135,000 Syrian UNFPA and its partners are providing humanitarian interventions to tackle different forms of violence and abuse against refugees in Egypt. In 2021, UNFPA-supported facilities served 14,261 women including 11,187 refugees through the UNFPA supported Safe Spaces, where women and girls receive GBV case management services as well as MHPSS services.

Aya, a 20-year-old Syrian refugee, fled to Egypt with her family in 2011.

Their household was often fraught with challenges; both her parents had separated, and her father had travelled to Europe in search of better living. The separation created constant tension and, according to Aya, often led her parents to project the negative emotions onto Aya in the form of emotional abuse and neglect. These experiences impacted her confidence and her ability to freely express herself, both inside and outside her home.

When Aya first visited the UNFPA-supported Safe Space, she was surprised to see volunteers and professional case workers who were also from the refugee community. She was encouraged to join a group therapy session to help her learn how to

express her emotion in a healthier manner. The sessions incorporate different activities such as yoga, art, dance, and others to help participants exercise their communication skills in a safe and friendly environment. By attending such therapeutic and psychosocial activities, listening to each other's needs with no fear of judgement, negligence, or emotional abuse, participants begin to feel connected and supported, which not only helps to heal past traumas but also helps build their self-worth.

Aya's progress came quickly. "I used to wait for the therapy sessions every week to be able to speak my feelings. After each session, I would feel better, stronger, and less shy. The Safe Space was really the support that I needed and it was where I met so many people that I love".



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 finalized its [2022 HRP framework](#) and conducted the review and vetting of HRP projects submitted by GBV actors. The final 2022 HRP ask from the Whole of Syria GBV AoR is 84.4M USD, which represents a 6.6 percent increase compared to the 2021 ask. According to internal AoR calculations, only 32 percent of the appeal is currently funded. The GBV HRP includes 61 projects from 57 different organizations, with an overall target of 1.7M people for 2022. The AoR also finalized a [guidance note](#) on GBV prevention and response to older women across the Whole of Syria, which is also being produced in Arabic. The AoR will also support hubs in rolling out the guidance by preparing the necessary training material. The AoR also recruited a GBV specialist to support the work of the AoR across the three hubs. The specialist works in close collaboration with the Whole of Syria GBV Coordinator and GBV coordinators in other hubs.

Meanwhile, The Regional Humanitarian Hub for Syria and the Arab States finalised the design of the Rebel Girls Journal for Arab adolescent girls, a project implemented in partnership with [Rebel Girls](#). A total of 2,000 copies of the journal were printed to be distributed to adolescent girls in humanitarian contexts across the region, together with an activity that will be conducted to contextualise the distribution.

In Syria, coordination meetings continued in February, with 12 meetings taking place in Homs, Hama, and the coastal areas. Key topics discussed include 2022 plans and agendas, COVID-19 updates, CVA, and updates on the ABRs approach (challenges, gaps, needs, and ways forward).

Meanwhile, a two-day workshop was organised in Gaziantep targeting GBV actors and service providers with the purpose of enhancing cooperation and improving life-saving cash assistance to survivors in north-western Syria. Another key objective was to identify challenges

and bottlenecks that face the practical implementation of previously developed GBV & cash referral procedures. This was followed by a workshop on legal assistance for GBV survivors in the area, which included an open discussion on good practices that can help improve legal response for survivors.

In Turkey, UNFPA, presented the 2022 work plan to working group members, noting that nine themes have been prioritised for the monthly discussion based on recent feedback. These topics are: (1) engagement with men and boys, (2) prevention of sexual exploitation in SET region, (3) child, early and forced marriages, (4) refugee-led and women-led organizations, (5) mainstreaming in livelihood, (6) engagement with local authorities, (7) safety and security (inclusion of gender sensitive dignity kits), (8) introduction to cash based intervention and GBV, (9) M&E tools and the GBV Information Management System.

Meanwhile, the National Protection Working Group members completed the 5th rounds of Inter-Agency Protection Needs Assessment, which captured the insights of 1,146 individuals, 680 of which were Syrians. The assessment results showed that the refugee and migrant population levels of information on rights and services remain relatively high, with 30 percent of respondents noting they do not have enough information on rights and services in Turkey. Moreover, 40 percent of respondents ranked information on financial and material assistance as most needed, followed by information on labour rights (30 percent), and resettlement to a third country (29 percent). Significant improvements were recorded in access to health services and service providers, which were ranked amongst the hardest to reach across previous rounds.

In Jordan, UNFPA and UNHCR launched the Jordan country level rollout of the GBV Case Management Capacity Building Initiative

supported by the global GBVIMS team. A five-day training programme was conducted to identify a pool of country level certified global trainers for GBV case management according to the guidelines. The upcoming phase of the rollout involves a full review of each trainer and the finalising of their ranking to be considered for inclusion into the global address list for the GBVIMS team. Meanwhile, the Higher Population Council (HPC) presented the National Sexual and Reproductive Health Strategy (2020-2030), which was supported by UNFPA. The strategy provides a reference framework for Jordanian stakeholders to develop, align, or incorporate the necessary interventions to achieve universal access to SRH services and information into institutional plans, thereby promoting household well-being.

In Lebanon, the Emergency Cash Assistance value increased to 1400,000 LBP in line with the protection sector cash assistance update, especially after the devaluation of the Lebanese currency and rising inflation. The Recurrent Cash assistance also increased to 700,000 LBP per household and 150,000 LBP for each member, up to five members. In the same context, the Cash for Transport assistance increased to a maximum amount of 80,000 LBP per person per day.

In Egypt, the GBV Sub Working Group meeting, co-chaired by UNFPA and UNHCR, was held in February. The meeting included a review of the Inter-Agency SOP and Referral Pathway for GBV prevention, protection and response services, which is updated on a yearly basis. A survey was conducted within the GBV SWG to assess the needs and interests of the members in order to plan for a thematic topics calendar for 2022. Organisational updates were shared by the members, especially on their plans for the International Women's Day in 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 CIRCUMSTANCES. ”

– RAYA, who received protection services at a UNFPA-supported facility



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

IMPLEMENTING PARTNERS

In Syria: (MOH) Ministry of Health, (MOHE) Ministry of Higher Education, (Mosaic) Mosaic for Human Relief & Dev., (ICDA) Ihsan Charity Development Association, (NFRD) Nour Foundation for Relief and Development, (SSSD) Syrian Society for Social Development, (Al Tamayouz) Altamayouz for Orphan Sponsorship, (SFPA) Syrian Family Planning Association, (Yamama) Syria Al-Yamama, (Agha Khan) Agha Khan Foundation, (ASSLS) Amelioration of Sanitary and Social Level Society, (CCA) Circassian Charity Association, (Ghiras) Ghiras Ass. for Development, (PACA) Pan Arminian Charity Association, (Sham) Al-Sham Association for Health, (BSWH) Al Bir & Social Welfare Hama, (SARC) Syrian Arab Red Crescent, (SCFAP) Syrian Commission for Family Affairs and Population, (MAC) Mar Asia, (PRCS) The Palestine Red Crescent Society, (IECD) European Institute of Cooperation and Development, (Sanad) Sanad team for development, UNDP, UNICEF, FAO, and WFP.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Akkarouna, 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 (NWHCC), Questscope, Higher Population Council (HPC), Generations for Peace (GFP), Health Care Accreditation Counsel (HCAC), International Rescue Committee (IRC), Royal Health Awareness Society (RHAS), the Jordanian National Commission for Women (JNCW), 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 (MoYS), Etijah, and Care International.

In Turkey: ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's Centre Foundation); Eskisehir Osmangazi University; Harran University; YAHA (Youth Approaches 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 Ankara Municipality, Sanliurfa 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), Ihsan for Relief and Development (IhsanRD), and their sub-implementing partners Masrart (IhsanRD), Women Support Association (IhsanRD), Hope Revival Organization (IRC) and Relief Experts Association- UDER (IRC).

CONTACT INFORMATION

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RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://Syria.humanitarianresponse.info>

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