

# REGIONAL SITUATION REPORT

## FOR THE SYRIA CRISIS

May 2023

“ THE NIGHT OF THE EARTHQUAKE ENCAPSULATED TWELVE YEARS OF CONFLICT. AMIDST THE TREMORS, I HAD FLASHBACKS TO ALL THE LONG YEARS OF SUFFERING, VIOLENCE, AND DESTRUCTION.

— A doctor working in a UNFPA-supported facility in Aleppo governorate that was severely affected by the earthquake

## SNAPSHOT

**As of May 2023, Syrians and host communities throughout the region are living through one of the worst years of the crisis. People in need continue to face the escalating impact of a protracted conflict, further complicated by a collapsing economy, climate-related challenges, and chronic and new emergencies, including the massive earthquake that struck Türkiye and north-west Syria in February 2023.**

The crisis region, which spans the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt, continues to face a multitude of challenges, particularly in light of widespread and ongoing humanitarian challenges in multiple countries, far-reaching inflation and economic recession, as well as the wider impacts of the other crises in the region and beyond. More than twelve years into this protracted crisis, people continue to endure the cumulative effects of years of instability, the risks of which are even higher now due to extended disruption in community networks and the rule of law.

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 (The Hub) in Amman, and spans operations led by UNFPA offices in Türkiye, Lebanon, Jordan, Iraq, and Egypt, in addition to operations led inside Syria, both from Damascus and cross-border via Türkiye.

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 quantitative data presented in this report is cumulative, covering achievements made in 2023 as of the reporting month.**



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REGIONAL HUMANITARIAN HUB  
FOR SYRIA & THE ARAB STATES





VIOLENCE AGAINST WOMEN AND GIRLS HAS BECOME A SERIOUS PROBLEM AFTER THE WAR. WE SIMPLY DO NOT FEEL SAFE ANYMORE.

– YUSRA, a woman from Qamishli

IN THIS REPORT

SITUATION OVERVIEW	3
RESPONSE FROM ALL OPERATIONS	6
WHOLE OF SYRIA	7
SYRIA COUNTRY OFFICE	8
TÜRKIYE CROSS-BORDER	10
TÜRKIYE	12
LEBANON	14
JORDAN	16
IRAQ	18
EGYPT	19
Coordination	21
DONORS & PARTNERS	22

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.

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[www.unfpa.org](http://www.unfpa.org)  
[www.ocha.org](http://www.ocha.org)  
[www.unhcr.org](http://www.unhcr.org)  
<http://syria.humanitarianresponse.info>



## CRISES WITHIN CRISES UNFOLD AS SYRIAN COMMUNITIES ARE PUSHED TO THE BRINK.

In 2023, the needs of Syrians and host communities are higher than ever, particularly in light of widespread economic collapse, the cumulative impact of 12 years of conflict, climate-related challenges, and various other socio-political factors that have exacerbated pre-existing vulnerabilities.

Despite the continuing efforts of humanitarian actors, the Syria crisis remains one of the world's most complex humanitarian and protection emergencies. As of early 2023, 15.3 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes 7.7 million women and girls, 4.2 million of whom are of reproductive age.

Meanwhile, more than 6.8 million Syrian refugees remain as refugees in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt, nearly half of whom are women and girls.

### A disaster unfolds in the north-west

On February 6, communities surviving extreme conditions were in north-west Syria were pushed to the brink after multiple earthquakes, the strongest being of 7.7 magnitude, struck southern Türkiye and northern Syria, creating a disaster of colossal proportions. Following the initial quake, around 17,000 aftershocks occurred until March 13, highlighting the vulnerability of the region to future earthquakes and the severe risks facing communities.

In addition to leaving hundreds of thousands of people – mostly women and children – without access to shelter, food, water, heat, and healthcare, the emergency has further amplified the challenges of an already weak and fragile health system. Maintaining access to lifesaving sexual and reproductive health (SRH) assistance, integrated SRH-GBV services, and other essential health services remains a critical response priority for UNFPA and its partners operating on the ground. Moreover, the situation is further compounding the risks of gender-based violence (GBV), particularly as women and girls are forced to stay in overcrowded shelters that lack adequate privacy, lighting, and security.

Prior to the earthquakes, conditions in displacement camps in the north-west of the country were already dire as people were left with little choice but to return to their homes in front-line areas, where active hostilities and indiscriminate attacks against civilians have claimed countless lives and targeted food and water resources.

Throughout 2022, civilian life and humanitarian assistance were severely impacted by artillery shelling, air strikes, land mines, and unexploded ordnance, creating fear for millions of Syrians who have known nothing but conflict and displacement. Compounding the impact of these challenges is the growing threat of climate-related shocks, with serious drought and flooding creating additional needs and threats. More than a decade of conflict has also resulted in large-scale destruction of the water and sanitation infrastructure, leaving significant numbers of Syrian families in overcrowded displacement sites and poor WASH conditions. Up to 47 percent of the population rely on often unsafe alternatives to piped water, which constitutes a major risk factor for disease outbreaks, including cholera.

### Women & girls pay the steepest price

Assessments and focus group discussions conducted by UNFPA show that gender-based violence continues to pervade the daily lives of Syrian women and girls impacted by the crisis. Their lives are marked by mutually reinforcing forms of violence and gender inequality, often exacerbated by discriminatory attitudes based on age, displacement status, disability, and/or marital status. This has created an environment in which women and girls are consistently devalued, controlled, exploited, and then blamed for the violence they face.

"Things have gotten much worse in recent years," explains Sali, a young woman living in Areesha camp, who was forced into a child marriage when she was 14 shortly after the crisis erupted. Fortunately, she was able to access services at a UNFPA-supported Safe Space, which helped her overcome her trauma. "The situation is the same for so many girls around me, but many are not able to find support as I did."



**15.3 MILLION**  
Estimated people in need inside Syria



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



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



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







FOR MOST PEOPLE IN SYRIA,  
LIFE TODAY CARRIES VERY FEW  
PROSPECTS FOR A BETTER FUTURE.

— RIMA, a young woman from Aleppo

Unsurprisingly, women and girls throughout Syria and the crisis region are telling UNFPA that the violence against them has become normalized. 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. Adolescent girls in particular face a wide range of challenges that usually accompany them throughout their lives. It begins with restrictions on movement and domestic violence, and progresses as the girl grows to include child and serial marriage, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Girls are also being denied their education, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

#### Throughout the region, Syrians & host communities face an uphill battle

More than 6.8 million Syrians remain as refugees in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt. For the women and girls among them, the protracted nature of the crisis has only multiplied the risks, including the growing threat of gender-based violence in its various forms. Many Syrian refugees live in overcrowded and unsafe conditions, where women and girls are at risk of harassment, assault, and exploitation. The worsening macroeconomic context, now worse than ever after the war in Ukraine, is also forcing countless families to resort to negative coping mechanisms to survive, including child and forced marriage.

Moreover, Syrian refugees in host countries continue to face discrimination, even as they struggle to overcome their traumas and rebuild their lives. This can manifest in a multitude of ways, including limited access to employment opportunities, education, healthcare, and basic services. For women and girls, it can also mean further risk of violence and fewer opportunities to access legal assistance. Discrimination continues to be a significant barrier to their integration and can contribute to their marginalisation and exclusion from society, further underscoring the essentiality of programmes tailored to their unique needs and challenges.

#### UNFPA continues to show up

Among the millions of Syrians who have spent the last 12 years surviving conflict, displacement, economic collapse, and mounting risks to their safety, many feel their calls for help have been increasingly drowned out. 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 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.

UNFPA and humanitarian actors will continue to advocate for the rights and well-being of all Syrians, particularly women and girls. As of March 2023, as part of its regional response to the crisis since the beginning of the year, UNFPA has delivered sexual and reproductive health services to more than 400,000 people, while around 250,000 were reached with services designed to prevent and respond to gender-based violence, including around 105,000 adolescent girls. More than 11,000 women were provided with cash and voucher assistance, and more than 2,300 LGBTQIA+ individuals were served.

In 2023, UNFPA is [appealing](#) for a total of \$182.3 million to fund its operations throughout the crisis region. This includes an appeal of \$134.9 million to fund UNFPA's regional Syria crisis response across the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt (36 percent funded), in addition to \$33.6 million to fund its response to the February earthquakes in the Whole of Syria and Türkiye (43 percent funded), \$7.2 million to fund the Lebanon Emergency Response Plan (14 percent funded), and \$6.65 million to fund the Sudan Emergency Response Plan (7 percent funded).





# #ThisIsNotNormal

## Disrupting the normalization of violence against women and girls

[Watch](#) the launch video by UNFPA Executive Director, Natalia Kanem.

The **#ThisIsNotNormal** campaign comes in response to increasing reports by women and girls that violence against them is becoming so widespread and unchecked, that it has been normalized in many communities.

Globally, women and girls continue to bear the brunt of the worst impacts of natural and human-made disasters, and this includes the escalating risks of multiple forms of gender-based violence and harmful practices.

In the Arab region, converging crises are affecting the lives and well-being of women and girls, including protracted humanitarian crises, armed conflicts, forced internal and external displacement, food insecurity and water scarcity, the worsening impacts of climate change, and countless other serious challenges. Meanwhile, the continuing impacts of the COVID-19 pandemic, and high food and fuel prices driven by the ongoing war in Ukraine, are exacerbating the challenges women and girls face in communities across the region and beyond.

In the wake of these unprecedented challenges, more women and girls report to UNFPA that violence against them is becoming increasingly normalized, particularly in humanitarian settings.

Harassment, intimate partner and domestic violence, child and forced marriage, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of cyber violence, have also been observed in recent years. Women and girls also report that this sense of normalization is eroding their resilience, particularly for those living in humanitarian settings.

The normalization of violence against women and girls poses a serious risk to sustainable peace and security and could derail progress towards the United Nation's 2030 Agenda for Sustainable Development. The international community must act with urgency and in solidarity to reject the risk of the normalization of violence against women and girls, and ensure

that programmes designed to respond to this trend are at the front and centre of humanitarian responses.

Featuring the voices of [artists and influencers](#), across Arab region, such as Ghada Saba, Joanna Arida, Maya Ammar, and Alaa Hamdan, the campaign aims to counter this alarming trend, amplify the voices of women and girls survivors of gender-based violence, and reaffirm global commitment to ending gender-based violence, including sexual violence in conflict, and providing justice and support services to all those affected.

**#ThisIsNotNormal is an extended campaign that will continue over the coming months. UNFPA is inviting donor countries, UN and partner agencies, gender-based violence experts, journalists, and other opinion influencers to participate.**

“WOMEN AND GIRLS EXPERIENCE VIOLENCE AND OFTEN ACCEPT IT, NOT KNOWING THAT IT IS NOT NORMAL.”

— SERENA, a young woman from Lebanon



# FROM ALL OPERATIONS

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

636,149

PEOPLE REACHED WITH SRH SERVICES

97% FEMALE

391,412

PEOPLE REACHED WITH GBV PROGRAMMING

92% FEMALE

13,560

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

82% FEMALE

157,981

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

7,625

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

90% FEMALE

3,888

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

12,502

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

97% FEMALE

3,306

PEOPLE TRAINED ON VARIOUS TOPICS

79% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	70,642	100%
Family planning consultations	269,131	99%
Normal / assisted vaginal deliveries	12,972	100%
C-sections	6,286	100%
Ante-natal care consultations	190,703	100%
Post-natal care consultations	32,509	100%
People trained on SRH-related topics	1,018	84%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	81,620	100%
People reached with dignity kits	151,083	100%
GBV case management consultations	16,539	95%
People reached with GBV awareness sessions	285,452	95%
People trained on GBV-related topics	2,103	75%

## YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	5,719	100%
People trained on youth-related topics	185	93%



142

PRIMARY HEALTHCARE FACILITIES \*



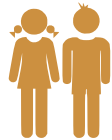
105

WOMEN AND GIRLS SAFE SPACES



30

EMERGENCY OBSTETRIC CARE FACILITIES



15

YOUTH CENTRES



100

MOBILE CLINICS



24

OTHER SERVICE DELIVERY POINTS

### AS THE CHALLENGES DEEPEN, 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 Türkiye, 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 build brighter futures for themselves and their families.



# THE WHOLE OF SYRIA

UNFPA REMAINS COMMITTED TO ENSURING THAT ALL COMMUNITIES THROUGHOUT SYRIA HAVE ACCESS TO QUALITY SERVICES AND SUPPORT

498,052

PEOPLE REACHED WITH SRH SERVICES

97% FEMALE

329,470

PEOPLE REACHED WITH GBV PROGRAMMING

93% FEMALE

5,528

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

81% FEMALE

134,207

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

5,998

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

88% FEMALE

10,844

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

1,742

PEOPLE TRAINED ON VARIOUS TOPICS

78% FEMALE

REPRODUCTIVE HEALTH	TOTAL	% FEMALE
Adolescent girls reached with SRH services	61,515	100%
Family planning consultations	226,581	100%
Normal / assisted vaginal deliveries	12,228	100%
C-sections	6,286	100%
Ante-natal care consultations	168,840	100%
Post-natal care consultations	28,164	100%
People trained on SRH-related topics	735	85%

GENDER-BASED VIOLENCE	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	69,672	100%
People reached with dignity kits	126,665	100%
GBV case management consultations	9,447	96%
People reached with GBV awareness sessions	238,749	96%
People trained on GBV-related topics	985	74%

YOUTH SERVICES	TOTAL	% FEMALE
Adolescent girls reached with youth activities	3,020	100%
People trained on youth-related topics	22	68%



84

PRIMARY HEALTHCARE FACILITIES \*



52

WOMEN AND GIRLS SAFE SPACES



28

EMERGENCY OBSTETRIC CARE FACILITIES



10

YOUTH CENTRES



100

MOBILE CLINICS



11

OTHER SERVICE DELIVERY POINTS

\* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

Cross-border operations in Syria are essential to ensuring that women have access to sexual and reproductive health services and are protected from gender-based violence. With the ongoing crisis, women in Syria face numerous challenges, including limited access to healthcare, displacement, and increased risk of violence. UNFPA's cross-border operations enable the organization to provide vital assistance to women in areas where access to life-saving services is limited or non-existent.

Through its cross-border programming, UNFPA provides essential support to those in need, including emergency reproductive healthcare and gender-based violence response and prevention. These services play a crucial role in saving lives and protecting women from GBV, which has increased significantly during the conflict.

# SYRIA COUNTRY OFFICE

TWELVE YEARS ON, COMMUNITIES THROUGHOUT SYRIA CONTINUE TO SUFFER AS MULTIPLE CRISES CONVERGE.

418,971

PEOPLE REACHED WITH SRH SERVICES

97% FEMALE

279,015

PEOPLE REACHED WITH GBV PROGRAMMING

95% FEMALE

5,528

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

81% FEMALE

118,367

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

2,936

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

94% FEMALE

10,844

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

678

PEOPLE TRAINED ON VARIOUS TOPICS

87% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	61,515	100%
Family planning consultations	217,601	100%
Normal / assisted vaginal deliveries	4,200	100%
C-sections	4,076	100%
Ante-natal care consultations	141,214	100%
Post-natal care consultations	10,362	100%
People trained on SRH-related topics	410	85%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	53,832	100%
People reached with dignity kits	53,693	100%
GBV case management consultations	8,862	96%
People reached with GBV awareness sessions	214,074	97%
People trained on GBV-related topics	246	91%

## YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	3,020	100%
People trained on youth-related topics	22	68%



73

PRIMARY HEALTHCARE FACILITIES \*



38

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



10

YOUTH CENTRES



98

MOBILE CLINICS



11

OTHER SERVICE DELIVERY POINTS



I KNOW THE WORLD I WANT TO LIVE IN. HELP ME BUILD IT, AND I WILL NEVER STOP WORKING.

— RASHA, a young woman from Syria

\* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.



## THREE MONTHS ON

# THE FEBRUARY EARTHQUAKE CAUSED COUNTLESS WOMEN & GIRLS IN SYRIA TO SUFFER LASTING TRAUMA. UNFPA AND ITS PARTNERS ARE HELPING THEM FIND THEIR WAY BACK.

Mira could barely sleep at night but managed to get some rest during the day, albeit in small amounts. Despite the habitability of her residence, she adamantly refused to return home or even visit her neighborhood. The fear was simply too overwhelming.

Such as is the case for countless women and girls who had survived the earthquake that struck Syria and Türkiye in February. Mira had been in the bathroom when the tragedy had hit, causing a neighboring building to collapse. This event left her traumatized and deeply insecure.

Mira is one of many mental health patients being treated Dr. Reem, who works at a UNFPA-supported facility in Aleppo.

“The number of patients with mental health conditions has doubled since the earthquake. Previously, I would typically receive seven patients daily at the clinic, but now there are more than thirteen. On the first day after the earthquake alone, I saw twenty patients at the clinic.”

According to Dr. Reem, the most common mental disorders resulting from the earthquake are anxiety disorder, panic disorder, and acute stress disorder. She noted that all mental health patients who had previously shown improvement through the clinic’s services experienced a relapse and a deterioration of their mental states due to the new shock.

“Psychotic patients, depressed patients, and those suffering from acute anxiety all experienced a relapse, with their conditions worsening,” confirmed Dr. Reem.

Furthermore, many parents, particularly mothers, developed severe post-traumatic anxiety disorder due to concerns for their children’s safety. School-age children, in turn, exhibited worry about their education and future prospects, especially since several schools had to be closed due to earthquake damage, rendering them unsafe environments for children.

## Rising to the challenge

Within a few hours of the earthquake, Dr. Reem joined a medical mobile team supported by UNFPA. Their objective was to conduct field visits to schools, mosques, and churches where numerous families sought shelter in Aleppo city.

“I encountered numerous women and girls traumatized by the earthquake. As a psychiatrist, my first step was to attentively listen to them, followed by assisting them in overcoming their fears and finding relief from stress, thus enabling them to lead as normal a life as possible,” explained Dr. Reem. She had redoubled her efforts during the crisis response period to meet the psychological needs of affected women and girls.

“I realised that now, more than ever, I had a responsibility to serve unwaveringly, as many individuals in such difficult circumstances required psychological support, guidance, and treatment,” she added.

In addition to providing psychological first aid, psychosocial support sessions, guidance, and awareness sessions, Dr. Reem recommended that beneficiaries reduce their caffeine intake as much as possible, avoid exposure to negative news and rumors, and engage in activities that strengthen their resilience in order to overcome the shock.

She also emphasized the importance of paying closer attention to children, helping them understand the situation around them, and teaching them how to protect themselves during earthquakes. Finally, she encouraged people to seek psychological consultations from qualified professionals for appropriate treatment during times of crisis and disaster.

## A new layer of suffering

The devastating earthquake in February exacerbated the humanitarian situation in Syria, particularly in affected governorates like Aleppo. Consequently, the number of individuals requiring support has increased.

“The deteriorating economic situation in Syria, the high poverty rate, and the aftermath of the earthquake have placed additional economic burdens and psychological pressure on most families and caregivers, particularly those who are already vulnerable to psychological disorders due to inherent or acquired susceptibility,” explained Dr. Reem.

Furthermore, the harsh living conditions in shelters are among the primary factors negatively affecting the well-being of mental health patients.

“Living in shelters can have various adverse implications, especially for mental health patients. Depressing stories, myths, and rumors tend to spread rapidly in such environments, as do infectious diseases. However, the most significant issue is the lack of privacy,” confirmed Dr. Reem.

During the earthquake response period, UNFPA and its partner, ICDA, expanded their efforts by including the services of the mental clinic within the medical mobile teams to reach a larger number of people in need in Aleppo. Notably, the mental clinic offers free psychological counseling and medications, alongside awareness activities such as Psychological First Aid, psychosocial support, and self-confidence building.

After seven weeks and with the ongoing provision of calm-down and self-confidence sessions, as well as Psychological First Aid by Dr. Reem, Mira’s trauma significantly diminished. Recently, she agreed to return home with her family.





# TÜRKIYE CROSS-BORDER

FOLLOWING THE EARTHQUAKE IN FEBRUARY, UNFPA CONTINUES TO RESPOND TO AN ONGOING AND FAR-REACHING EMERGENCY.

80,271

PEOPLE REACHED WITH SRH SERVICES

95% FEMALE

51,093

PEOPLE REACHED WITH GBV PROGRAMMING

80% FEMALE

16,644

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,364

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

89% FEMALE

1,019

PEOPLE TRAINED ON VARIOUS TOPICS

72% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	9,240	94%
Normal / assisted vaginal deliveries	8,094	100%
C-sections	2,190	100%
Ante-natal care consultations	41,455	100%
Post-natal care consultations	18,906	100%
People trained on SRH-related topics	280	85%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	16,644	100%
People reached with dignity kits	134,437	100%
GBV case management consultations	626	97%
People reached with GBV awareness sessions	29,104	82%
People trained on GBV-related topics	739	68%



11

PRIMARY HEALTHCARE FACILITIES



14

WOMEN AND GIRLS SAFE SPACES



9

EMERGENCY OBSTETRIC CARE FACILITIES



2

MOBILE TEAMS

“ THE DAY AFTER THE EARTHQUAKE, I COULD NOT WORK BECAUSE OF ALL THE BLOOD ON THE GROUND AT THE HOSPITAL. IT WAS TERRIBLE. TO CONTINUE PROVIDING HEALTH SERVICES, WE SET UP TENTS OUTSIDE THE FACILITY AND NOW, AFTER THREE MONTHS, WE MOVED INTO CONTAINERS. IT WILL TAKE AROUND A YEAR TO REBUILD OUR HOSPITAL BUT WE ARE DOING OUR BEST TO SUPPORT WOMEN AND GIRLS AS WELL AS OUR FAMILIES.

— a gynecologist working in a UNFPA-supported facility in Aleppo



THREE MONTHS ON

# THE NEEDS & CHALLENGES IN NORTH-WEST SYRIA REACH NEW HEIGHTS

Three months after the earthquake, the humanitarian situation in north-west Syria remains dire for 4.1 million individuals who rely on humanitarian assistance provided through cross-border operations. Out of the region's total population of 4.5 million, 2.9 million are internally displaced, with 1.9 million residing in camps and informal settlements. Currently, 3.3 million people require health assistance, 1,305,000 individuals are in need of SRH services, and a minimum of 85,000 urgently require access to GBV services.

In commemoration of the three-month mark since the start of this emergency and to assess the needs of women and girls residing in camps and informal settlements, UNFPA participated in an inter-agency mission in Idlib led by David Carden, the U.N.'s Deputy Regional Humanitarian Coordinator for the Syria crisis. During the visit, David Carden and the UN delegation met with a widow who heads a household and resides in a dignified shelter. She shared her experiences during and after the disaster, expressing that despite the favorable living conditions in the dignified shelter, more must be done to enhance access to economic opportunities, such as income-generating activities and cash-for-work.

As highlighted by UNFPA's representative during the mission, "we have made progress since the initial days, but there is still work to be done. Following the disaster, millions of women and girls sought refuge in camps and reception centers, which often suffer from overcrowded living spaces and heightened risks of GBV exposure. Over the past three months, humanitarian actors have achieved a great deal in improving the safety and security of women in the affected areas. However, further efforts are necessary to establish a safe environment for women, girls, and their families, particularly those most vulnerable." Since the onset of the emergency, UNFPA has collaborated with its sexual and reproductive health (SRH) partners to ensure the continuous provision of critical services. Although the majority of SRH services have been reinstated, women and girls residing in heavily affected areas by the

earthquake still exhibit reluctance in accessing health facilities due to the trauma experienced during the event and the subsequent aftershocks. In response to this challenge, tents have been set up outside the facilities to alleviate anxiety while still enabling those in need to give birth in settings supervised by skilled professionals.

UNFPA has maintained regular cross-border missions into north-west Syria to assess the needs and identify emerging priorities. In May, Laila Baker, UNFPA's Regional Director for Arab States, visited a Safe Space and a maternity hospital in Aleppo and Idlib, both severely impacted by the disaster. During these visits, Baker engaged with women and girls, partners, health practitioners, and social workers to evaluate the needs and gain a deeper understanding of how UNFPA can continue to meet their evolving requirements on the ground.

Presently, UNFPA is conducting a community-based assessment to better adapt its response to the changing SRH needs and priorities. As part of this endeavor, a Training of Trainers was conducted in Gaziantep, covering the methodology and procedures for data collection. Over ten technical partners participated in the training, demonstrating their commitment to subsequently train 50 data collectors in the northern Aleppo and Idlib Governorates. The training encompassed the objectives of the assessment, interview and note-taking techniques, recruitment strategies, as well as ethical considerations and referral pathways.



**I WAS NO LONGER ALONE; I FELT SUPPORTED AND ENCOURAGED EVERY STEP OF THE WAY BY THE CASE MANAGER.**

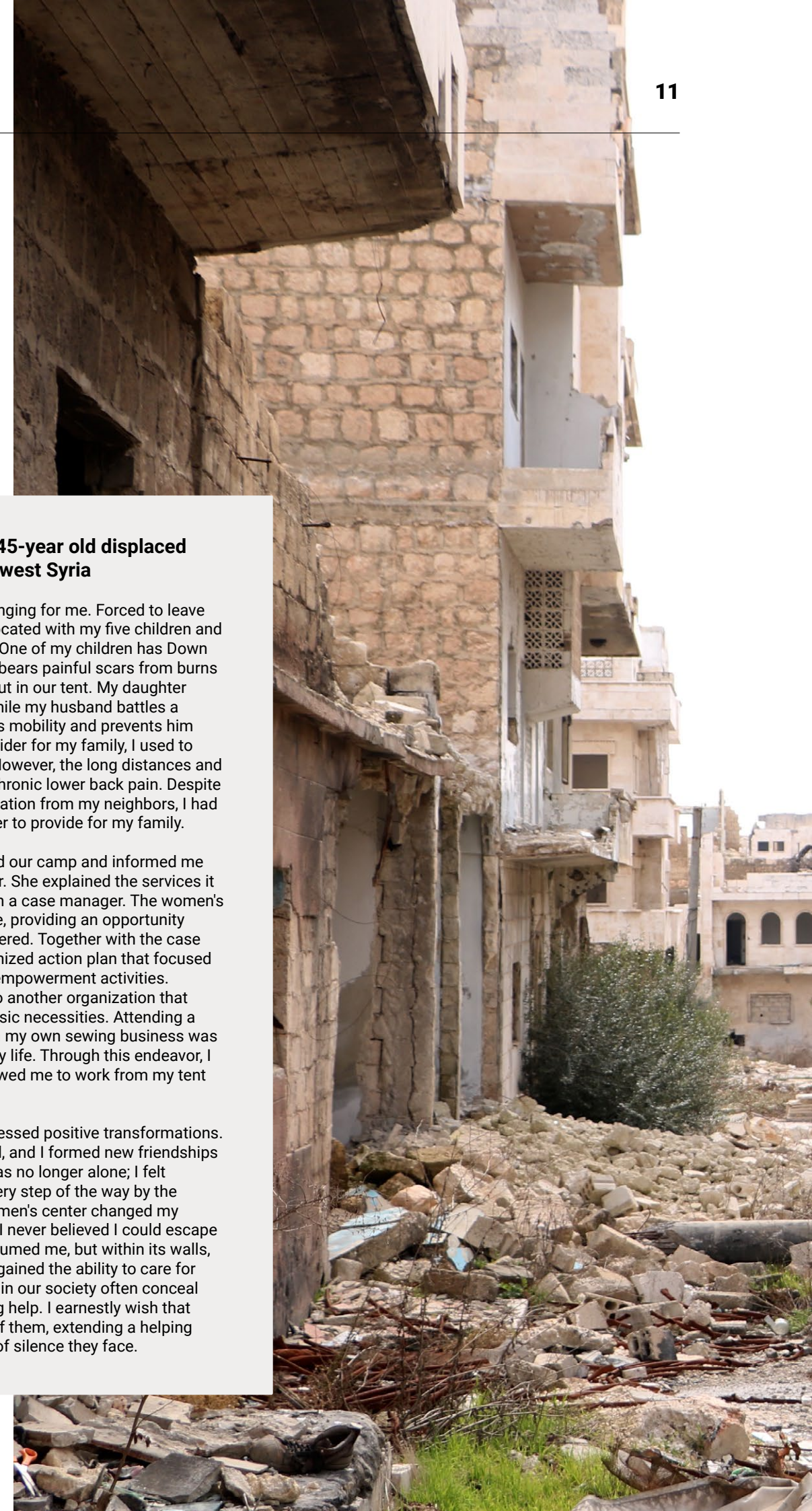
— SARAH, a 45-year old displaced woman from Idlib, northwest Syria

## In the words of Sarah, a 45-year old displaced woman from Idlib, northwest Syria

Life has been incredibly challenging for me. Forced to leave my village due to the war, I relocated with my five children and husband to a dilapidated tent. One of my children has Down syndrome, and his small body bears painful scars from burns sustained in a fire that broke out in our tent. My daughter suffers from a skin disease, while my husband battles a chronic illness that restricts his mobility and prevents him from working. As the sole provider for my family, I used to work as a firewood collector. However, the long distances and heavy loads exacerbated my chronic lower back pain. Despite enduring verbal abuse and isolation from my neighbors, I had no choice but to persist in order to provide for my family.

One day, a social worker visited our camp and informed me about a nearby women's center. She explained the services it offered and connected me with a case manager. The women's center became a lifeline for me, providing an opportunity to rebuild what had been shattered. Together with the case manager, I developed a customized action plan that focused on psychosocial support and empowerment activities. Additionally, she referred me to another organization that could assist us in obtaining basic necessities. Attending a microgrant project to establish my own sewing business was a significant turning point in my life. Through this endeavor, I gained valuable skills that allowed me to work from my tent and earn a living for my family.

Throughout this journey, I witnessed positive transformations. My overall well-being improved, and I formed new friendships within the women's center. I was no longer alone; I felt supported and encouraged every step of the way by the case manager. Visiting the women's center changed my circumstances and my future. I never believed I could escape the haunting tragedy that consumed me, but within its walls, I rediscovered my spirit and regained the ability to care for myself and my family. Women in our society often conceal their suffering and fear seeking help. I earnestly wish that UNFPA could reach out to all of them, extending a helping hand to break down the walls of silence they face.





# TÜRKIYE COUNTRY OFFICE

45,168

PEOPLE REACHED WITH  
SRH SERVICES

92% FEMALE

39,445

PEOPLE REACHED WITH  
GBV PROGRAMMING

82% FEMALE

4,501

PEOPLE REACHED WITH  
YOUTH ENGAGEMENT ACTIVITIES

93% FEMALE

9,261

ADOLESCENT GIRLS SUPPORTED  
THROUGH VARIOUS PROGRAMMES

442

PEOPLE WITH DISABILITIES  
REACHED WITH VARIOUS SERVICES

56% FEMALE

3,865

LGBTQIA+ INDIVIDUALS  
SUPPORTED THROUGH VARIOUS  
SERVICES

815

PEOPLE PROVIDED WITH  
CASH & VOUCHER ASSISTANCE

42% FEMALE

1,331

PEOPLE TRAINED ON  
VARIOUS TOPICS

77% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	3,941	100%
Family planning consultations	12,931	93%
Ante-natal care consultations	3,156	100%
Post-natal care consultations	1,095	100%
People trained on SRH-related topics	109	61%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	4,649	100%
People reached with dignity kits	18,736	98%
GBV case management consultations	1,153	74%
People reached with GBV awareness sessions	30,555	88%
People trained on GBV-related topics	1,085	76%

## YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	671	100%
People trained on youth-related topics	137	99%



5  
WOMEN AND GIRLS  
SAFE SPACES \*



4  
YOUTH CENTRES



13  
OTHER SERVICE  
DELIVERY POINTS



UNFPA HAS BEEN A SOURCE OF STRENGTH AND SUPPORT FOR US SYRIAN WOMEN IN TÜRKIYE. THEY HAVE PROVIDED US WITH ESSENTIAL HEALTHCARE SERVICES AND EMPOWERED US TO TAKE CONTROL OF OUR LIVES.

– RANA, a Syrian woman living in Türkiye

\* Safe Spaces in Türkiye are providing an integrated response to refugees in need, including both gender-based violence and sexual and reproductive health services in the same facility.



THREE MONTHS ON

# UNFPA’S EMPOWERING RESPONSE TO THE KAHRAMANMARAŞ EARTHQUAKES

Three months have passed since the devastating earthquakes in Kahramanmaraş, and numerous challenges and needs still require attention. Reports indicate over 107,000 injuries, with half of those affected being women and girls, and a staggering 50,000 deaths, including 6,600 deaths among refugees and migrants.

Before the earthquake, more than 1.7 million of the four million refugees (primarily Syrians under Temporary Protection, as well as International Protection Applicants and status holders from other nationalities) resided in the affected area. Many refugees and migrant populations from the 11 provinces have since been relocated, with only 62,156 Syrian refugees remaining in 9 temporary accommodation centers. The Presidency of Migration Management (PMM) reported issuing a total of 145,874 travel permits to refugees as of April 4, 2023, enabling them to temporarily reside outside their province of registration.

Access to sexual and reproductive health services and medicine remains limited, as health facilities are either distant or closed due to severe damage from the earthquakes. Additionally, many refugees face difficulties accessing services due to lack of valid identification documents. Pregnant migrant women encounter barriers when seeking maternal health services, and those who recently gave birth face health and hygiene challenges in tent settlements. Concerns over privacy have led to reports of numerous lactating women discontinuing breastfeeding.

The earthquakes have significantly impacted the livelihood opportunities of all survivors, and discrimination against refugee women and girls has created obstacles in accessing life-saving post-earthquake services. These challenges may lead to negative coping mechanisms and increase their vulnerability to health, protection, and GBV risks.

Service providers have not consistently followed the GBV guiding principles of safety and confidentiality. There is an urgent need to strengthen capacity by developing training packages for both NGOs and public institutions’ staff at the provincial level. This training should focus on early risk assessment and prevention of GBV, including child, early, and forced marriages (CEFM). The risk of

CEFM is particularly high in the affected provinces, and there is a lack of early risk assessment tools.

UNFPA plays a crucial role in providing SRH and protection services, including prevention and response to GBV. In response to the earthquake, UNFPA has scaled up its operations by introducing additional service units and mobile teams in affected provinces. These units provide SRH and GBV information and services, including in remote areas and informal shelters. Currently, UNFPA supports a total of 22 static service units, two tent service units, and 10 mobile outreach teams nationwide. Cash assistance is also provided to people facing high protection risks, covering evacuation costs, rental payments, and other essential needs through 11 service units. Plans are underway to expand cash provisions for the most vulnerable women and girls, enabling them to access reproductive health supplies, safe deliveries, and other necessary services.

To ensure that emergency GBV services align with international guidelines, UNFPA continues to strengthen the capacity of its partners. Training sessions on GBV in emergencies have been conducted for staff members from supported service units, while self-care sessions and prevention from sexual exploitation and abuse (PSEA) have also been provided to service providers. Newly hired staff members have also received orientation sessions on the provision of GBV and SRH services.

Furthermore, 26 metric tons of reproductive health supplies have been distributed to provincial health directorates in the earthquake-affected areas. These supplies aim to reduce maternal and newborn mortality and morbidity, manage obstetric complications, prevent unwanted pregnancies, and prevent and treat sexually transmitted infections. The distributed kits are designed to meet the sexual and reproductive health needs of a population of one million people.

## Reclaiming Inner Peace: Amina’s journey towards healing after tragedy

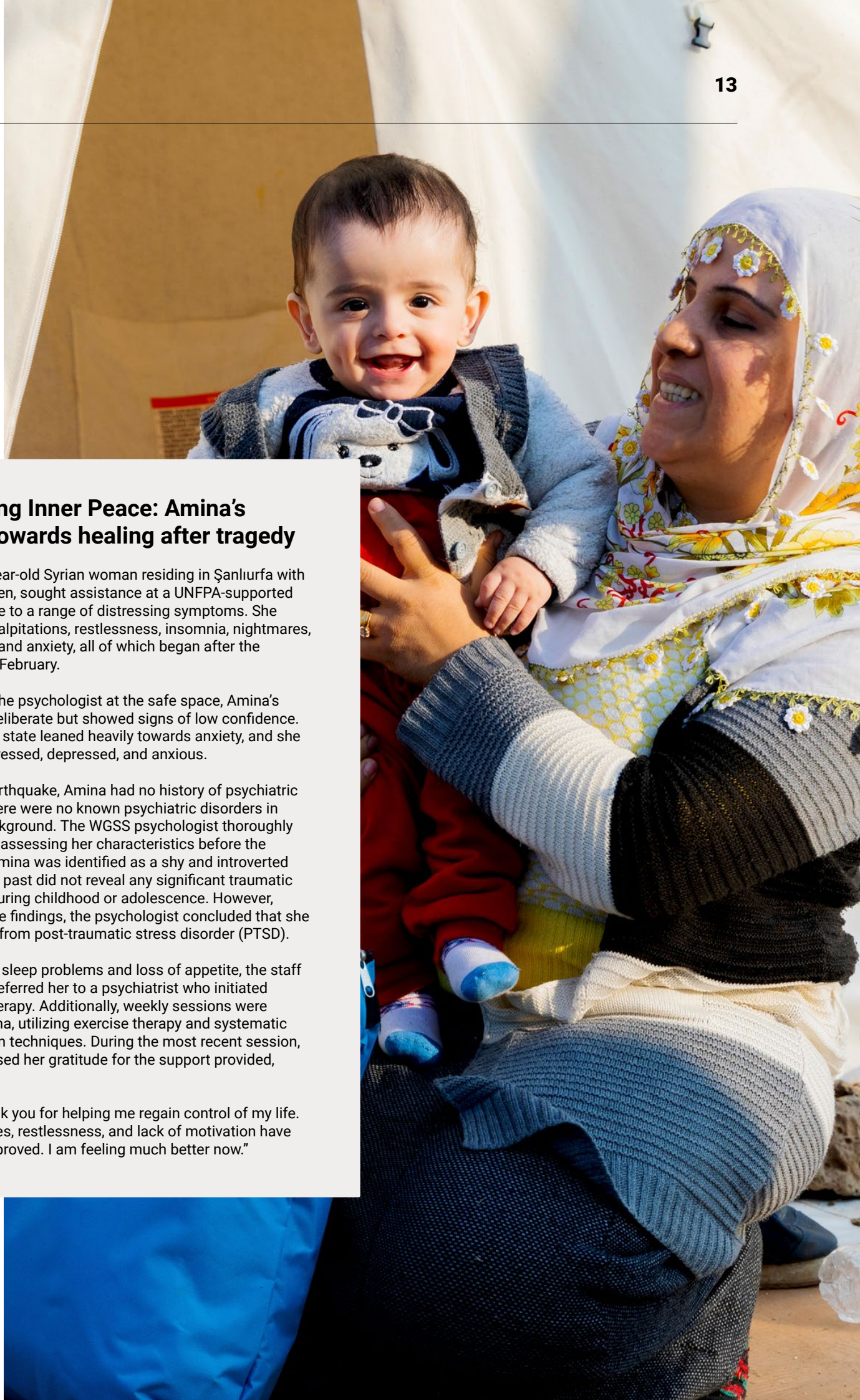
Amina, a 38-year-old Syrian woman residing in Şanlıurfa with her four children, sought assistance at a UNFPA-supported safe space due to a range of distressing symptoms. She experienced palpitations, restlessness, insomnia, nightmares, memory loss, and anxiety, all of which began after the earthquake in February.

According to the psychologist at the safe space, Amina’s speech was deliberate but showed signs of low confidence. Her emotional state leaned heavily towards anxiety, and she appeared distressed, depressed, and anxious.

Prior to the earthquake, Amina had no history of psychiatric illness, and there were no known psychiatric disorders in her family background. The WGSS psychologist thoroughly examined her, assessing her characteristics before the earthquake. Amina was identified as a shy and introverted individual. Her past did not reveal any significant traumatic experiences during childhood or adolescence. However, based on these findings, the psychologist concluded that she was suffering from post-traumatic stress disorder (PTSD).

Given Amina’s sleep problems and loss of appetite, the staff at the center referred her to a psychiatrist who initiated medication therapy. Additionally, weekly sessions were held with Amina, utilizing exercise therapy and systematic desensitization techniques. During the most recent session, Amina expressed her gratitude for the support provided, stating:

“I want to thank you for helping me regain control of my life. My sleep issues, restlessness, and lack of motivation have somewhat improved. I am feeling much better now.”





# 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.

21,668

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

12,503

PEOPLE REACHED WITH GBV PROGRAMMING

95% FEMALE

5,618

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

799

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

96% FEMALE

606

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

98% FEMALE

23

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	910	100%
Family planning consultations	2,156	100%
Ante-natal care consultations	1,791	100%
Post-natal care consultations	416	100%
People trained on SRH-related topics	12	100%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	3,462	100%
People reached with dignity kits	5,187	100%
GBV case management consultations	3,742	98%
People reached with GBV awareness sessions	8,738	97%



42  
PRIMARY HEALTHCARE FACILITIES \*



12  
WOMEN AND GIRLS SAFE SPACES

“ SOME DAYS, I EXPERIENCE THE DISCRIMINATION EXPLICITLY. A SHOPOWNER MIGHT REFUSE MY MONEY BECAUSE I’M SYRIAN, OR BOYS MIGHT CHASE ME IN THE STREET AND SHOUT OBSCENITIES AT ME.

– MAY, a young Syrian woman living in Lebanon



# SYRIAN COMMUNITIES FACE EVER-GROWING CHALLENGES THROUGHOUT LEBANON

Lebanon continues to grapple with a myriad of challenges, including political volatility, economic instability, a rise in joblessness, and soaring prices. In May, interventions by the Central Bank helped stabilise the exchange rate in the informal currency market for the Lebanese Pound (LBP), while commercial banks operated without significant disruptions, ensuring continuity in their services. On May 12, the Ministry of Finance raised the customs dollar exchange.

The latest Lebanon Economic Monitor Report published by the World Bank highlighted numerous economic challenges, such as negative GDP growth, deficits in the current account and exports, revenue losses, and declining reserves in the Central Bank. These economic difficulties, combined with political instability, have had a profound impact on marginalized communities, particularly women, leading to increased risks.

In May, UNFPA and its partners worked jointly to implement and deliver GBV and SRH services in support of vulnerable populations throughout Lebanon. Their efforts encompassed all regions of Lebanon, including Beirut, Mount Lebanon, Tripoli, North, Akkar, and South. Partners diligently provided specialized GBV services, including case management with legal support, psychosocial support, awareness-raising sessions, recreational activities, and appropriate referrals.

Furthermore, with the support of one partner, UNFPA reached out to individuals with disabilities, ensuring they received the necessary support. In collaboration with a newly established partner, UNFPA Lebanon successfully established a shelter for GBV survivors in the southern region. In terms of SRH services, awareness sessions were conducted both within the centers and in the community. Midwives provided family planning counseling and midwifery services within the centers, while medical consultations covered antenatal and postnatal care. Comprehensive SRH tests, including blood tests and imaging, were provided, with a particular focus on pregnant women (maternal package).

UNFPA also celebrated Menstrual Hygiene Day by convening partners and stakeholders to address period

poverty more effectively in Lebanon. UNFPA Lebanon's implementing partners also marked the occasion within their centers through community-based activities, aiming to raise awareness, challenge misconceptions, and combat harmful norms surrounding menstruation. Additionally, UNFPA continued providing cash assistance in USD. They directly implemented recurring cash assistance referrals made by partners, enabling service users to receive transfers from any OMT agent across the country.

However, UNFPA Lebanon's partners encountered several challenges over the course of the month. Security conditions worsened, particularly impacting Syrians, and transportation fee increases led to higher prices. People in need faced limited availability of services, particularly GBV survivors and those seeking food assistance and non-food items. In May, there was a lack of active engagement and participation from males and individuals with disabilities. The need for emergency cash assistance arose as some GBV cases involved violence perpetuated by intimate partners due to financial hardships. Recruitment delays also impacted the activities of one implementing partner during May.

“**THROUGH THESE SESSIONS, I’VE GAINED VALUABLE SKILLS AND KNOWLEDGE TO PURSUE MY DREAMS. I’M MORE CONFIDENT IN MY ABILITIES AND READY TO TAKE ON ANY CHALLENGE.**

— MARYAM, who recently participated in empowerment activities supported by UNFPA Lebanon

## Transformations: Empowering women in Bekaa to fight for their rights and well-being

Ghadir, a compassionate 31-year-old community social worker from ABAAD, UNFPA Lebanon's implementing partner, devoted her time to providing psychosocial support sessions (PSS) for women in the Bekaa area under the EU-funded project. Working with a diverse group of women from different backgrounds, Ghadir conducted outreach activities to raise awareness and implemented PSS sessions focused on empowering them. She discussed their roles in society while emphasizing the importance of self-care.

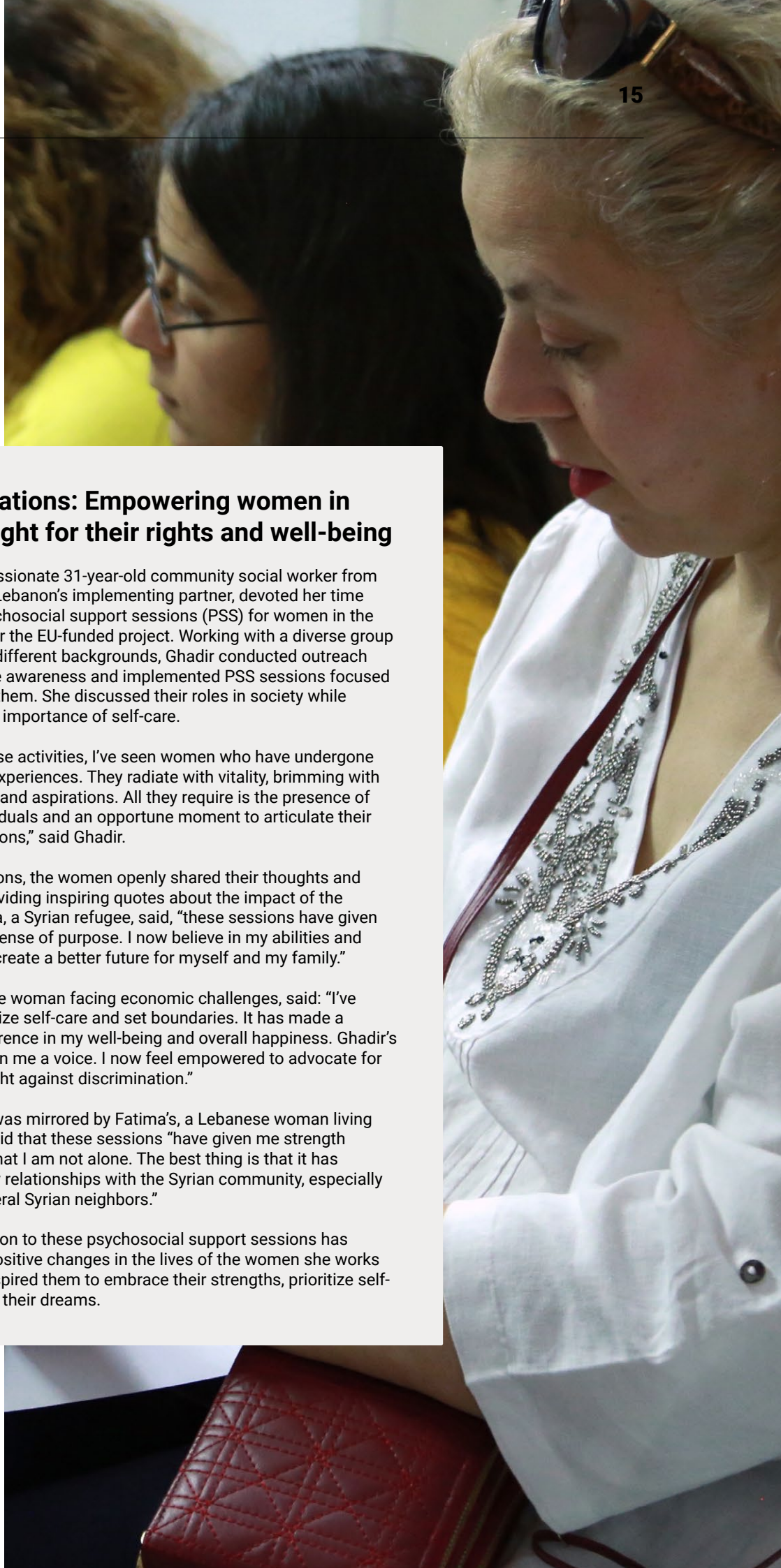
“Throughout these activities, I’ve seen women who have undergone transformative experiences. They radiate with vitality, brimming with innovative ideas and aspirations. All they require is the presence of supportive individuals and an opportune moment to articulate their profound reflections,” said Ghadir.

During the sessions, the women openly shared their thoughts and experiences, providing inspiring quotes about the impact of the activities. Samira, a Syrian refugee, said, “these sessions have given me hope and a sense of purpose. I now believe in my abilities and know that I can create a better future for myself and my family.”

Rana, a Lebanese woman facing economic challenges, said: “I’ve learned to prioritize self-care and set boundaries. It has made a remarkable difference in my well-being and overall happiness. Ghadir’s support has given me a voice. I now feel empowered to advocate for my rights and fight against discrimination.”

Her experience was mirrored by Fatima’s, a Lebanese woman living in Bekaa, who said that these sessions “have given me strength and shown me that I am not alone. The best thing is that it has strengthened my relationships with the Syrian community, especially since I have several Syrian neighbors.”

Ghadir’s dedication to these psychosocial support sessions has brought about positive changes in the lives of the women she works with. She has inspired them to embrace their strengths, prioritize self-care, and pursue their dreams.





# JORDAN COUNTRY OFFICE

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

42,764

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

5,224

PEOPLE REACHED WITH GBV PROGRAMMING

97% FEMALE

2,766

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

74% FEMALE

6,132

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

531

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

38

PEOPLE TRAINED ON VARIOUS TOPICS

86% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	2,205	100%
Family planning consultations	7,237	100%
Normal / assisted vaginal deliveries	554	100%
Ante-natal care consultations	13,205	100%
Post-natal care consultations	1,874	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,907	100%
GBV case management consultations	853	96%
People reached with GBV awareness sessions	2,502	98%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	2,020	100%
People trained on youth-related topics	26	85%



11  
PRIMARY HEALTHCARE FACILITIES



17  
WOMEN AND GIRLS SAFE SPACES



1  
EMERGENCY OBSTETRIC CARE FACILITY



1  
YOUTH CENTRE

“ I DEEPLY DESIRE FOR MY CHILDREN TO ACHIEVE WHAT I COULDN'T. MY GREATEST HOPE IS FOR THEM TO BECOME OUTSTANDING INDIVIDUALS WITH GOOD CHARACTER.

— AMIRA, a Syrian mother living in Jordan



# SAFEGUARDING THE HEALTH AND WELL-BEING OF SYRIAN REFUGEES THROUGHOUT JORDAN

UNFPA Jordan, in collaboration with its implementing partners, is dedicated to improving access to comprehensive sexual and reproductive health (SRH) services, particularly for vulnerable populations such as Syrian refugees and impoverished Jordanians. To achieve this objective, the SRH program supports a network of mobile clinics and 11 static clinics strategically located in underserved areas across Jordan. These clinics offer a wide range of services, including family planning, antenatal and postnatal care, GBV survivor identification and referral, and information and counseling. Additionally, the program focuses on enhancing the capacity of healthcare providers to deliver quality SRH services and conducts outreach activities to raise awareness about the importance of sexual and reproductive health.

## A Positive Impact

People served under the project have lauded its impact on their lives. One Syrian refugee who received services at a Zaatari clinic expressed gratitude, stating, "I was so worried about my pregnancy, but the doctors at the clinic were kind and knowledgeable. They made me feel comfortable and safe, and I'm immensely grateful for the care they provided." Meanwhile, a healthcare provider who underwent training from the project noted that the training they received "has made me a better provider. I feel more confident in my ability to deliver quality care to my patients."

## Inspiring Change in Karak

As part of a program focusing on mental health for young people, UNFPA JCO organized a Community Engagement event in Karak Governorate. The event took place in collaboration with "Muatah," a secondary public school for girls. It was made possible by the participation of 25 mentors who had benefitted from the project. It brought together government representatives, community and religious leaders, school principals, parents, families of the adolescent girls and mentors, and representatives from youth centers.

The goal of the event was to promote knowledge, positive attitudes, and healthy practices among attendees. This was achieved through the use of media messages, creative and engaging tools, community involvement, and effective communication. The event served as a platform to showcase the achievements of the project, share

success stories from mentors and mentees, and featured a Bazar where the products of project mentors were displayed. Additionally, mentees had the opportunity to showcase their artistic talents through performances.

## Promoting Menstrual Hygiene

To mark Menstrual Hygiene Day, UNFPA Jordan took several steps to raise awareness and address period poverty. Collaborating with organizations like the Institute for Family Health, Save the Children Jordan, QuestScope, Jordan Health Aid Society-International, and Jordanian Women's Union, informative videos about menstrual hygiene and period poverty were shared. Information sessions on menstrual hygiene management were conducted for women and teenage girls, with over 250 participants learning about proper practices, dispelling myths, and understanding the importance of menstrual products. UNFPA Jordan also shared a touching story about a woman involved in an initiative promoting menstrual hygiene, arranged media interviews to spread awareness, and shared key messages through various channels. These efforts aim to enhance menstrual hygiene knowledge and combat period poverty in Jordan.

Moreover, UNFPA Jordan hosted a live Instagram session with gynecologist Dr. Asil Jallad, facilitating an important dialogue on menstrual health management for youth and parents. The session covered topics such as the menstrual cycle, best practices for proper management, and common myths and misconceptions. The engaged audience contributed to an enriching discussion.

These initiatives, undertaken by UNFPA Jordan and its partners, aim to raise awareness, break the stigma surrounding menstrual hygiene, and ensure that all women and girls have access to safe and effective menstrual products, facilities, and education. By prioritizing menstrual health, Jordan takes significant strides towards achieving menstrual equity and improving the overall well-being of women and girls.

## A Syrian Mother's Resilience

Amira, a 27-year-old mother, embarked on a challenging journey with her four children, Ali, Sham, Shahid, and Shaima, aged eight, four, three, and one month respectively. In 2011, when she was about 15, she and her family fled their hometown of Homs in Syria due to the ongoing war. "We had to constantly move from one place to another, seeking safety from bombings and gunfire," recalls Amira.

### The search for safety

After a tumultuous journey, Amira's family found refuge in a remote village in the Homs countryside before eventually reaching Jordan. They relied on a smuggler for a grueling week-long journey to the border, where they were then taken to the Zaatari camp. After spending two months there, Amira and her family settled in Irbid, a city in northern Jordan. Amira fondly remembers those years as "delightful."

### From the city to the camp

In 2015, Amira's life took an unexpected turn when she got married and became a wife and mother. However, her husband Ahmad encountered legal issues, which led to his relocation to the Azraq camp. Amira joined him, and they have been living there ever since.

As a mother and life-giver, Amira has faced various health challenges that have taken a toll on her body. "I have been pregnant seven times, but unfortunately, I experienced two miscarriages - one at four months and another at five months. Additionally, one of my babies passed away just 15 days after birth," shares Amira. "I also have blood clotting, iron deficiency, and anemia."

During her most recent pregnancy with Shaima, Amira was concerned about her health and the risk of another miscarriage. She sought medical care at one of the two UNFPA-supported clinics in the camp, where the International Rescue Committee provides essential reproductive health services.

"The clinic and midwives Aml and Bayan closely monitored my pregnancy from the beginning. They provided both medical care and emotional support during difficult times."

Amira received treatment for her blood clotting disorder, anemia, and iron deficiency at the UNFPA-supported clinic. She was also prescribed medication to help prevent another miscarriage.

Amira is among the many women in the camp who require assistance with family planning, antenatal and postnatal care, post-abortion care, and referrals. Access to comprehensive family planning services is vital for women's health and empowerment. By offering a range of contraceptive methods, including long-lasting options like IUDs and hormonal injections, as well as short-term solutions like birth control pills and condoms, the clinic plays a crucial role in meeting the community's needs. With continued support and investment in such services, we can work towards a future where every woman has access to the tools and information she needs to make informed choices about her reproductive health and future. "After careful consideration, I realised the importance of family planning. Given my personal struggle with anemia and other health issues, it is essential to treat our bodies with care and respect," says Amira.

### Hope in the face of adversity

Despite the immense challenges they have faced as Syrian refugees and the health problems Amira has encountered during her pregnancies, she holds onto hope for a brighter future for her children.

"I deeply desire for my children to achieve what I couldn't. My greatest hope is for them to become outstanding individuals with good character. I also have a specific aspiration for one of my daughters to become a lawyer." Amira expresses a wish to return to her homeland, Syria, but recognizes that there is nothing left for them there. Therefore, she hopes to immigrate to a better country where they can build a new and improved life.



# IRAQ COUNTRY OFFICE

IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 290,000 REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

3,171

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

1,481

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,415

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

40

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

95% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	751	100%
Family planning consultations	3,063	100%
Normal / assisted vaginal deliveries	190	100%
Ante-natal care consultations	3,711	100%
Post-natal care consultations	960	100%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	730	100%
People reached with dignity kits	495	100%
GBV case management consultations	33	100%
People reached with GBV awareness sessions	4,517	89%



5

PRIMARY HEALTHCARE FACILITIES



8

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY

## IRAQ IN 2023: AN EVOLVING CONTEXT

Almost a decade since its initiation, the United Nations is concluding its stewardship of humanitarian aid in Iraq, with coordination shifting towards area-based approaches led jointly by the government. While the UN's decision to phase out humanitarian assistance is justified by Iraq's transition from emergency to recovery, reduced funding, and the involvement of development actors, the situation on the ground is far from straightforward.

Despite the presence of over 260,000 Syrian refugees in the Kurdistan Region, approximately 1.2 million internally displaced Iraqis remain scattered across the country. Many live in informal camps that are expected to be closed soon. Even among the millions who have returned, their towns and villages lie in ruins, with scarce resources, contested land, and fragile security.

Access to government services continues to be hindered by the lack of civil documentation, affecting around 433,000 people who lack proper identification, though the actual number is likely higher. Additionally, the increasingly severe climate poses a growing threat to livelihoods, food security, and the risk of climate-induced displacement.

Meanwhile, the UNFPA continues its vital support of reproductive health clinics in both refugee and internally displaced persons (IDP) camps. The range of services provided includes awareness sessions on family planning, counselling, contraceptive provision, and postnatal care. These services ensure that IDPs and refugees have access to high-quality reproductive health care.

Through a partnership with the Ministry of Social and Labour Affairs (MoLSA), the UNFPA has been actively delivering GBV services to the refugee population as part of its gender equality and women's empowerment program. In the Duhok governorate, GBV services are offered through Women and Girls Community Centres (WCCs) in refugee camps, encompassing awareness-raising sessions, psychosocial support, case management, referrals, follow-ups, adolescent girl training utilizing the Adolescent Girl's toolkit, male engagement sessions, and recreational activities.

In Erbil, GBV services persist in refugee camps such as Kawrgosk, Qushtapa, Basirma, and Darashakran, offering case management, psychosocial support, follow-ups, awareness raising, outreach activities, and vocational/recreational programs. Several successful cases were supported during April, demonstrating the positive impact of these interventions.



# EGYPT COUNTRY OFFICE

UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY, WITH A FOCUS ON WOMEN AND GIRLS.

25,326

PEOPLE REACHED WITH  
SRH SERVICES  
100% FEMALE

1,282

ADOLESCENT GIRLS  
SUPPORTED THROUGH  
VARIOUS PROGRAMMES

3,355

PEOPLE REACHED WITH  
GBV PROGRAMMING  
96% FEMALE

183

PEOPLE TRAINED ON  
VARIOUS TOPICS  
94% FEMALE

67

PEOPLE REACHED WITH  
YOUTH ENGAGEMENT ACTIVITIES  
100% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	74	100%
Family planning consultations	15,557	100%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,200	100%
GBV case management consultations	1,311	97%
People reached with GBV awareness sessions	391	100%
People trained on GBV-related topics	23	100%



11  
WOMEN AND GIRLS  
SAFE SPACES

As of May 31, 2023, Egypt is home to 299,167 registered refugees and asylum-seekers. The majority of them reside in urban areas, particularly Greater Cairo and the North Coast. While 49% of the refugees are Syrians, there has been a notable increase in the number of Sudanese refugees due to the ongoing crisis in Sudan. Since mid-April, approximately 145,000 Sudanese refugees have sought refuge in Egypt, and this number is expected to rise further (UNHCR Monthly Statistical Report, May 2023).

In response to the growing needs, UNFPA and its partners have continued to operate 10 Women and Girls Safe Spaces (WGSS) in Egypt. These safe spaces provide essential services and support to refugee women and girls. Additionally, in light of the Sudan Crisis, an additional WGSS has been established to ensure accessibility and availability of services for the newly arrived refugee women and girls.

Across the 11 WGSS, over 1,000 women have participated in a range of gender-based violence (GBV) program activities. These activities include GBV case management services, mental health and psychosocial support (MHPSS) activities, and awareness-raising sessions. Furthermore, the WGSSs actively celebrated the global Menstrual Hygiene Day on May 28. Adolescent girls were engaged in breaking the taboo surrounding menstruation and provided with the necessary support and information.

Through these initiatives, UNFPA and its partners are working diligently to support and empower refugee women and girls in Egypt. The provision of safe spaces and comprehensive services helps address their unique needs and ensures their well-being in challenging circumstances.



SINCE I STARTED PARTICIPATING IN THE ACTIVITIES, ESPECIALLY THE SUPPORT GROUP, MY VOICE WENT UP AND I WAS ABLE TO TALK TO PEOPLE. I USED TO BE ISOLATED AND MY HUSBAND PUT ME DOWN, BUT I GOT MYSELF BACK UP AND LEARNED TO SAY ‘NO.’

— FARAH, who recently accessed GBV programming at a UNFPA-supported facility in Egypt



# THE LIFE-ALTERING IMPACT OF PROFESSIONAL SUPPORT

Samar, a 54-year-old Syrian woman and mother of six, has endured significant hardships throughout her life, having been forced to marry at the tender age of 15. Her husband, a controlling individual, subjected her to verbal and physical abuse, isolating her from her own family. "I was defeated, repressed, and I cried many times," recalls Samar. "He made me believe that I was entirely under his control and that my only role was to obey."

Despite her desire to break free from this abusive relationship, societal stigma and cultural traditions surrounding divorce prevented her from doing so. Samar's suffering persisted for years until she made the decision to marry her children. In 2020, she fled the conflict in Syria and sought refuge in Egypt. It was there that one of her daughters, who frequented the Sanad safe space, encouraged Samar to join in an effort to alleviate her suffering and connect with others.

At the safe space, Samar found solace and support. The case manager attentively listened to her problems and guided her towards the appropriate activities. Engaging in psychodrama, art therapy, yoga, awareness workshops, and one-on-one psychological support sessions, Samar gradually regained her courage and developed a deeper understanding of her rights.

"Psychodrama sessions helped me express my emotions," shared Samar. "I learned to speak up, realising that it was my right as a woman. I now venture out alone, something I couldn't do for many years. When my husband attempts to insult me, I stand up for myself and refuse to be beaten. I used to endure the abuse silently, but not anymore."

Driven by her determination to protect her teenage daughter from experiencing similar suffering, Samar brings her to the safe space, raising her awareness and empowering her to navigate life with confidence. To this day, Samar continues to visit the safe space, actively participating in various activities and sessions that contribute to her ongoing growth and well-being.

I LEARNED TO SPEAK UP, REALIZING THAT IT WAS MY RIGHT AS A WOMAN. I NOW VENTURE OUT ALONE, SOMETHING I COULDN'T DO FOR MANY YEARS.

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# COORDINATION

## Whole of Syria

In May, The Whole of Syria GBV AoR continued to advocate for the rights and well-being of women and girls, particularly in the lead up to the Brussels VII conference on supporting Syria and the region. UNFPA and the GBV AoR reinforced its calls to donors to place women and girls at the centre of any response and to ensure that their voices are guiding the priorities and objectives. The GBV AoR also participated in the development of key documents on sectors achievements and funding gaps in preparation for the Senior Officials Meeting on Syria, during which UNFPA reiterated its urgent call for strategic solutions to the needs of women and girls, particularly as Syrians and host communities live through one of the worst years of the crisis.

Meanwhile, a gender analysis commissioned by the Whole of Syria humanitarian leadership and conducted by UNFPA revealed glaring gaps in gender-responsive data collection and analysis, as well as in the use of such data in humanitarian programming as a whole. The findings of the analysis have been summarized in an [advocacy brief](#) that communicates key findings, challenges, and recommendations.

Lastly, a global protection and AoR retreat took place in Amman, followed by the Whole of Syria protection and AoR retreat. The global retreat was an opportunity to share experiences from different humanitarian emergencies and across AoRs, in addition to serving as an important platform to discuss the structure of the protection cluster and AoR. During the WoS forum, coordinators and information management officers (IMOs) from all hubs and AoRs engaged in discussions on the protection assessment for the Humanitarian Needs Overview (HNO), which posed challenges due to the absence of comprehensive data collection across the Whole of Syria, as was done in previous years.

## Türkiye Cross-Border

Throughout May, the GBV AoR Türkiye Cross-Border Hub continued its vital work in providing life-saving services to women and girls at risk in earthquake-affected areas. Efforts were also made to advocate for sustained prioritization of GBV interventions during the post-earthquake recovery phase.

In Aleppo and Idlib Governorate, the GBV inter-agency capacity-building taskforce trained 52 health service providers on crucial aspects such as GBV mainstreaming, safe identification and referrals, and the provision of health services to GBV survivors. Furthermore, 39 GBV service providers received training on core concepts and effective case management.

Significant progress was made in the field of SRH as well. Over 40 organizations and health directorates from north-west Syria actively participated in the SRH Technical Working Group Meeting. During the meeting, partners shared valuable insights into their SRH interventions and services, including those related to the earthquake response. Thanks to effective coordination efforts, new camps and reception centers established since the earthquake were successfully reached, ensuring the delivery of much-needed SRH services.

Additionally, GenCap presented its gender analysis research on the earthquake response in north-west Syria, offering partners valuable recommendations for fostering a more inclusive and gender-balanced approach in their future activities.

These collective efforts demonstrate a strong commitment to addressing the urgent GBV and SRH needs in earthquake-affected areas, prioritizing the well-being and safety of women and girls in the recovery process.

## Türkiye Country Office

As part of the inter-agency refugee response coordination structure, the 3RP partners are actively assisting the Government of Türkiye in its refugee response, with UNFPA focusing on the Protection, Health, and Basic Needs sectors.

In the context of earthquake response coordination, UNFPA takes the lead in the GBV Sub-Sector, which has developed a 6-month work plan to enhance the capacity of service providers and address operational priorities. Collaborating with the Child Protection Subsector, the PSEA Network, the Disability Inclusion Task Force, and the Key Refugee Groups Thematic Coordination Group, the GBV Sub-Sector has designed a joint Safety Audit Observation Tool. This tool aims to assess GBV/SEA risks related to WASH, Shelter, and non-food item distribution in various settlements within the earthquake-affected provinces.

Furthermore, in coordination with the Protection Sector, the GBV Sub-Sector, supported by UNFPA, conducted a Protection Mainstreaming training to enhance risk mitigation efforts across other sectors. As part of this broader approach, a specialized GBV risk mitigation in cash and voucher assistance training will be carried out in collaboration with the CBI Task Force.

To support efforts to prevent sexual exploitation and abuse, information, education, and communication materials targeting affected communities have been produced, and existing materials have been collected and shared by the PSEA Task Team partners. The PSEA Network has also reviewed its Terms of Reference to incorporate earthquake response activities. UNFPA has deployed a PSEA specialist embedded within the Resident Coordinator's Office in Gaziantep. This specialist operates in southeastern Türkiye to expand the efforts of the PSEA Network in this region. These comprehensive efforts aim to support Türkiye's refugee response and strengthen measures against gender-based violence within ongoing relief operations.

## Iraq Country Office

Out of a total of 55 Women and Child Centers (WCCs), 20 have been transferred to the Ministry of Labor and Social Affairs (MoLSA), although not all of them have been handed over yet. As for the One-Stop Assistance Centers (OSACs), there are four in total, but only one has been transferred to the government.

Under the collaboration of the 3RP partners and the Kurdistan Regional Government (KRG), significant progress has been achieved in strengthening the legal frameworks, policies, and Standard Operating Procedures (SOPs) to combat gender-based violence (GBV). The development of the National Strategy to Combat Violence against Women (2018-2023) has provided a solid legal and policy framework to protect all women and girls, including those who are refugees.

Moreover, support has been extended to government and local organizations to enhance their capacity in delivering GBV services to refugees. However, the provision of these services remains constrained due to limited funding and capacity, impacting both refugees and local communities alike. Consequently, the remaining 3RP partners will continue to provide technical support, complementary awareness-raising initiatives, and case management services. Concurrently, the



# DONORS & PARTNERS

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

## IMPLEMENTING PARTNERS

**In Syria:** (MOH) Ministry of Health, (MOHE) Ministry of Higher Education, (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 (MoPH), Ministry of Social Affairs (MoSA), National Commission for Lebanese Women (NCLW), AMEL Association, Lebanese Order of Midwives (LOM), AKKAROUNA, SIDC, SALAMA, LECORVAW, CARITAS, CONCERN, NABAD, ABAAD, MAKASSED, Imam Sadr Foundation (ISF).

**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), and Etijah.

**In Türkiye:** 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).

**Türkiye Cross-Border:** Relief International (RI), Shafak, Syrian American Medical Society (SAMS), Ihsan for Relief and Development (IhsanRD), and their sub- implementing partners AMAL (Ihsan RD), Women Support Association (IhsanRD), Hope Revival Organization (Ihsan RD), Medina (Shafak), Relief Experts Association- UDER (Relief International) and Syria Relief and Development (Relief International).

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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.

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## RELEVANT RESOURCES

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