

REGIONAL QUARTERLY REPORT

ON THE SYRIA CRISIS

July – September 2024

“ EVERY YEAR IS PROVING WORSE THAN THE YEAR BEFORE, ESPECIALLY IN TERMS OF THE RISKS AND STRUGGLES OF DAILY LIFE.

– A woman from Aleppo, Syria

SNAPSHOT

As of Q3 2024, the needs of Syrians and host communities are higher than ever, particularly in light of widespread economic collapse, the cumulative impact of nearly 14 years of conflict, climate-related challenges, natural disasters, and various other socio-political factors.

Despite the continuing efforts of humanitarian actors, the Syria crisis remains one of the world's most complex humanitarian and protection emergencies. In 2024, 16.7 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes more than 8 million women and girls, around 4 million of whom are of reproductive age. Meanwhile, more than 6 million Syrian refugees remain displaced in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt, nearly half of whom are women and girls.

This report 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 the Whole of Syria (operations led inside Syria, both from Damascus and cross-border via Gaziantep, Türkiye).

With the exception of data on service delivery points, the quantitative data presented in this report is cumulative, covering achievements made between January 2024 and the end of the reporting quarter.



JULY — SEPTEMBER
2024



“ 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

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REGIONAL HUMANITARIAN HUB
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SITUATION OVERVIEW



Despite the continuing efforts of humanitarian actors, the Syria crisis remains one of the world's most complex humanitarian and protection emergencies. In 2024, 16.7 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes 8.4 million women and girls, around 4.1 million of whom are of reproductive age.

Meanwhile, more than 6.3 million Syrian refugees remain in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt, nearly half of whom are women and girls who face mounting risks of violence, exploitation, and lack of access to essential services.

Hostilities and regional tensions place lives at risk

Syria's humanitarian crisis remains deeply volatile, with the threat of a broader regional conflict heightening risks for millions of civilians. Daily airstrikes, landmines, and unexploded ordnance continue to endanger lives and hinder aid operations. Spillover effects from escalating conflicts in Gaza and Lebanon are further destabilising

Syria, deepening the fear and uncertainty that have plagued Syrians through nearly 14 years of conflict and displacement. With critical infrastructure and services crumbling, severe health challenges are on the rise, including disease outbreaks, persistent water shortages, and growing food insecurity, especially in severely impacted areas such as Rural Damascus, Idleb, Ar-Raqqa, Quneitra, and Lattakia, where Global Acute Malnutrition rates are alarmingly high.

The economy has also worsened dramatically, leaving more than 12.9 million people in need of food assistance as basic commodity prices have quadrupled in just two years. Economic pressures—driven by extreme inflation, a devaluing currency, and soaring commodity costs—have pushed many into poverty and heightened dependence on humanitarian aid. The plummeting value of the Syrian pound has forced many families into internal migration, seeking access to livelihoods and services elsewhere.

This complex emergency has trapped vulnerable groups, particularly those with disabilities, in cycles of deprivation. Overstretched or non-existent services and constant military threats, including shelling

near frontlines, hinder humanitarian access and restrict civilians' access to essential services. The prolonged conflict, coupled with economic collapse and deteriorating infrastructure, has left Syria in a humanitarian crisis of enormous proportions, with no resolution in sight.

Women & girls feel unheard and forgotten

The ongoing Syrian crisis has profoundly impacted women and girls, with widespread gender-based violence (GBV) and limited access to quality sexual and reproductive health (SRH) services.

A UNFPA review of Syria's healthcare system in 2024 revealed that nearly 40% of primary and secondary facilities are not fully operational, leaving 4.8 million people in need. SRH services are critically low, with only 36% of government-controlled areas providing access. Essential maternal healthcare, such as emergency obstetric care and antenatal care, faces severe gaps, leading to high rates of malnutrition and anaemia, especially among teenage mothers. Meanwhile, UNFPA assessments reveal a grim reality where multiple forms of violence and gender inequality intersect, often exacerbated by discrimination based on age, displacement status, disability, and marital status. This toxic environment consistently endangers women's and girls' health and lives, subjecting them to devaluation, control, exploitation, and victim-blaming.

The situation has deteriorated significantly in recent years, as illustrated by Sali, a young woman from Areesha camp. Forced into child marriage at 14, Sali found support through a UNFPA-supported Safe Space. "Things have gotten much worse in recent years," she reflects. "The situation is the same for so many girls around me, but many can't find support like I did." This narrative echoes across Syria and the surrounding crisis region, where violence against women and girls has become normalized.

Common forms of abuse include harassment, intimate partner and family violence, child and forced marriage, early pregnancies, and sexual exploitation. New trends, such as technology-facilitated GBV, have also emerged. Adolescent girls face a particularly harrowing set of challenges that often persist throughout their lives, typically beginning with restricted movement and domestic violence, then progressing to forced marriages, early pregnancy, and sexual exploitation. The denial of education further limits their prospects, potentially trapping them in an endless cycle of abuse.

This multifaceted crisis underscores the urgent need for comprehensive interventions to protect and empower Syrian women and girls, addressing both immediate safety concerns and long-term societal changes. As the situation continues to evolve, it's clear that sustained effort and resources are required to combat the pervasive gender-based violence and inequality that have become entrenched in the wake of the prolonged conflict.

Syrians & host communities still face an uphill battle

The over 6 million Syrian refugees spread across neighbouring countries face increasing vulnerability, with women and girls especially at risk. Crowded, unstable living conditions heighten their exposure to gender-based violence, including harassment, assault, and exploitation. Economic strain, compounded by regional conflicts in Gaza, Lebanon, and Ukraine, has left families with dwindling resources, forcing many into harmful survival strategies like child and forced marriages. In host countries, persistent barriers like language and cultural differences, discrimination, and limited job opportunities severely limit access to essential services in employment, education, and healthcare, obstructing refugees' efforts to recover from trauma and rebuild their lives.

Amid these challenges, Syrian refugees, particularly those in Lebanon, increasingly feel that returning to Syria is their only option, despite the risks associated with such a decision. For many, this decision is made in the absence of real safety or dignity, underscoring the urgent need for strengthened support systems and sustainable solutions within host countries.

The challenges faced by displaced Syrian women and girls heighten their vulnerability to violence and exploitation while limiting access to legal recourse, which hampers their social integration and often leads to deeper marginalization. This urgent situation calls for targeted interventions tailored to their specific needs for safety, dignity, and empowerment. Long-term solutions must go beyond immediate relief to equip Syrian women and girls with resources for self-reliance and opportunities for meaningful integration, helping them build more secure, hopeful futures.

Despite these hardships, Syrian women across the region demonstrate extraordinary resilience. Many are not only enduring but actively reshaping their lives by becoming artists, advocates, and community leaders. Their determination and strength inspire hope for a brighter future, reflecting the immense potential within these communities to contribute and thrive.

UNFPA stands with those impacted

UNFPA believes that every Syrian woman and girl has the right to access quality SRH services and to be protected from violence, regardless of the circumstances.

Since January 2024, as part of its regional response to the crisis, UNFPA has delivered SRH services to more than 1.2 million people, while around 592,000 reached with services designed to prevent and respond to GBV. In addition to reaching more than 293,000 adolescent girls with vital services, around 6,000 women were provided with cash and voucher assistance, and around 5,800 LGBTQIA+ individuals were served.

FROM ALL OPERATIONS

ACHIEVEMENTS MADE THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TÜRKIYE, LEBANON, JORDAN, IRAQ, AND EGYPT.

1,227,485

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

16,529

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

90% FEMALE

591,911

PEOPLE REACHED WITH GBV PROGRAMMING

94% FEMALE

5,777

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

67,993

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

81% FEMALE

5,966

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

97% FEMALE

293,118

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

9,572

PEOPLE TRAINED ON VARIOUS TOPICS

81% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	128,171	100%
Family planning consultations	481,056	100%
Total SRH services	3,073,787	100%
Normal / assisted vaginal deliveries	19,805	100%
C-sections	9,013	100%
Ante-natal care consultations	377,152	100%
Post-natal care consultations	42,203	100%
People trained on SRH-related topics	4,169	90%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	136,277	100%
People reached with dignity kits	110,229	98%
GBV case management consultations	29,169	96%
People reached with GBV awareness sessions	447,507	94%
People trained on GBV-related topics	4,728	74%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	28,670	100%
People trained on youth-related topics	675	73%



133
PRIMARY HEALTHCARE FACILITIES *



127
WOMEN AND GIRLS SAFE SPACES



27
EMERGENCY OBSTETRIC CARE FACILITIES



21
YOUTH CENTRES



120
MOBILE CLINICS



26
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.

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

994,996

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

449,111

PEOPLE REACHED WITH GBV PROGRAMMING

94% FEMALE

56,020

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

80% FEMALE

220,763

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

9,806

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

89% FEMALE

3,315

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

5,152

PEOPLE TRAINED ON VARIOUS TOPICS

76% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	97,746	100%
Family planning consultations	436,322	100%
Total SRH services	2,745,829	100%
Normal / assisted vaginal deliveries	19,063	100%
C-sections	9,013	100%
Ante-natal care consultations	344,369	100%
Post-natal care consultations	35,444	100%
People trained on SRH-related topics	1,202	92%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	98,106	100%
People reached with dignity kits	40,990	97%
GBV case management consultations	17,703	99%
People reached with GBV awareness sessions	361,361	95%
People trained on GBV-related topics	3,386	70%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	24,911	100%
People trained on youth-related topics	564	76%



93

PRIMARY HEALTHCARE FACILITIES *



62

WOMEN AND GIRLS SAFE SPACES



26

EMERGENCY OBSTETRIC CARE FACILITIES



18

YOUTH CENTRES



102

MOBILE CLINICS



16

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.



I NEVER EXPECTED TO UNDERGO SUCH A SIGNIFICANT TRANSFORMATION. I'VE BECOME A DIFFERENT, STRONGER PERSON, MORE CAPABLE OF REACHING MY GOALS.

— RAYA, a 24-year-old woman survivor of gender-based violence

SYRIA COUNTRY OFFICE

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

921,674

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

5,984

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

94% FEMALE

374,382

PEOPLE REACHED WITH GBV PROGRAMMING

98% FEMALE

3,181

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

36,343

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

70% FEMALE

2,345

PEOPLE TRAINED ON VARIOUS TOPICS

83% FEMALE

174,140

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	84,900	100%
Family planning consultations	426,776	100%
Total SRH services	2,549,044	100%
Normal / assisted vaginal deliveries	9,011	100%
C-sections	5,908	100%
Ante-natal care consultations	287,619	100%
Post-natal care consultations	15,488	100%
People trained on SRH-related topics	1,128	92%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	74,934	100%
People reached with dignity kits	21,634	99%
GBV case management consultations	16,504	99%
People reached with GBV awareness sessions	320,980	99%
People trained on GBV-related topics	653	71%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	14,306	100%
People trained on youth-related topics	564	76%



85

PRIMARY HEALTHCARE FACILITIES*



52

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



18

YOUTH CENTRES



101

MOBILE CLINICS



16

OTHER SERVICE DELIVERY POINTS



I WANT MY DAUGHTERS TO HAVE A BETTER LIFE THAN THE ONE I'VE HAD. THAT'S PERHAPS THE HARDEST PART ABOUT THIS CRISIS – WE ARE WATCHING AN ENTIRE GENERATION REPEAT THE SAME MISTAKES.

– 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.

AS CHALLENGES CONVERGE AND NEEDS WORSEN, UNFPA REMAINS AT THE FOREFRONT IN SYRIA

In September, hostilities in Lebanon escalated, leading to a significant rise in the number of people crossing into Syria, including both Syrians and Lebanese nationals. Approximately 100,000 people crossed the border during this period, with 60 percent being Syrian and 40 percent Lebanese. Most of those fleeing are women, children, and people with disabilities, with around 50 percent under the age of 18. The majority are being hosted by extended families and local communities across governorates such as Homs, Hama, Tartous, and Damascus. Collective shelters have been established for a small number of displaced Lebanese, with fully operational facilities in Tartous and additional shelters being set up in Lattakia, Homs, and Rural Damascus.

In response, UNFPA and its partners are rapidly expanding SRH services and GBV programmes for the incoming Syrian and Lebanese populations. Ten Integrated Mobile Teams (IMTs) have been deployed to provide SRH and mental health and psychosocial support (MHPSS) services, while static SRH and GBV facilities are operational in key areas such as Rural Damascus, Homs, Daraa, and Tartous. UNFPA is also leading efforts to assess gaps in SRH services and coordinate with partners to distribute emergency supplies and mitigate GBV risks. Preparations for a comprehensive GBV risk assessment are underway, in coordination with key actors like OCHA, UNHCR, and the Inter-Sector Coordination Group (ISCG).

Songs of Resilience

"I've loved singing since I was a child," says Nadia, a 24-year-old resident of one of the camps in northeastern Syria. "It is my way of expressing my feelings and thoughts."

Since 2019, Nadia has called this sprawling refugee settlement home, her arrival coinciding with her husband's imprisonment. Residents of Athis camp are forced to contend with a plethora of challenges, including harsh desert conditions, lack of electricity and clean water, poverty, and scarce employment opportunities. These hardships temporarily silenced Nadia's song, until the opening of a nearby Women and Girls' Safe Space offered a glimmer of hope.

A childhood marred by tragedy

Nadia's journey with music began at the tender age of six, following her father's untimely death. Singing became her solace, a means to navigate the complex emotions of loss. As life's pressures mounted, her musical refuge only grew in importance. Three years after losing her father, Nadia and her siblings faced another devastating blow: their mother's kidnapping in Iraq. This cruel twist of fate stripped them of their remaining sources of safety, support, and love.

"I was forced to drop out of school to escape the stigma and bullying from my classmates," Nadia explains, her voice tinged with lingering pain. By 14, Nadia found herself a bride, and two years later, a mother. "The marriage was my grandparents' decision, not mine," she reflects. "If my parents were alive, they wouldn't have allowed it. They wanted me to continue my education."

Today, Nadia is mother to two children, aged eight and six.

The power of self-belief

Despite her truncated formal education, Nadia's thirst for knowledge remained unquenched. She embarked on a journey of self-education, honing her reading and writing skills through sheer determination.

"I spent most of my free time at home, absorbing everything I could get my hands on to develop my academic skills," Nadia explains proudly. "That's why I can read and write now."

Over several months, Nadia received psychosocial support, case management services, and participated in English language and sewing courses. "The assistance I received helped me recover my mental health and regain my footing," Nadia says. "I rediscovered my confidence and true self, allowing me to return to the activities I love, especially singing."

This newfound literacy ignited a passion for literature and cultural topics. "Reading has enhanced my knowledge and strengthened my personality," Nadia asserts. This inner strength fuels her continued dedication to singing, even in the face of societal disapproval within this camp.

Nadia is acutely aware of the challenges she faces. While she refuses to engage in open conflict with the camp's more extremist elements, she remains steadfast in her dream of becoming a singer.

"Some women and girls who visit my tent believe singing is forbidden. They've threatened to shun me if I don't stop," Nadia confides. "So I sing very quietly in my tent, ensuring my neighbours can't hear."

Since early 2024, 530 women like Nadia have benefited from individual and group psychosocial support, while over 600 have participated in vocational training and life skills courses.

The journey towards a dream

Undeterred, Nadia has begun transcribing songs to practise in her tent, honing her vocal skills and performance. She envisions herself one day singing on stage before an audience. In fact, her ambition has led her to reach out to TV channels and radio stations.

"After several rejections, I finally succeeded in participating in two radio shows, sharing my songs and experiences with listeners," Nadia says, her eyes glistening with pride. Her ultimate goal? To become a renowned singer, recognised worldwide.

UNFPA plays a vital role in this camp, operating four women and girls' safe spaces and a maternity clinic. These facilities provide essential reproductive health services and support for gender-based violence survivors, offering antenatal and postnatal care, family planning, psychosocial support, and more. Since the beginning of 2024, around 19,000 individuals have benefited from these services in this camp, which houses approximately 40,000 refugees and internally displaced people.

Nadia's story is a testament to the resilience of the human spirit and the transformative power of support and education, even in the most unfathomable circumstances.



CROSS-BORDER OPERATIONS

AS THE NEEDS WORSEN IN NORTH-WEST SYRIA, UNFPA CONTINUES TO PROVIDE IRREPLACEABLE PROGRAMMES TO THOSE IN NEED

73,322

PEOPLE REACHED WITH SRH SERVICES

93% FEMALE

74,729

PEOPLE REACHED WITH GBV PROGRAMMING

75% FEMALE

19,677

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

100% FEMALE

46,623

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,822

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

81% FEMALE

134

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

2,093

PEOPLE TRAINED ON VARIOUS TOPICS

68% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH programming	12,846	100%
Family planning consultations	9,546	96%
Total SRH services	196,785	100%
Normal / assisted vaginal deliveries	10,052	100%
C-sections	3,105	100%
Ante-natal care consultations	56,750	100%
Post-natal care consultations	19,956	100%
People trained on SRH-related topics	74	89%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	23,172	100%
People reached with dignity kits	19,356	94%
GBV case management consultations	1,199	97%
People reached with GBV awareness sessions	40,381	67%
People trained on GBV-related topics	2,733	69%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	10,605	100%



8

PRIMARY HEALTHCARE FACILITIES



10

WOMEN AND GIRLS SAFE SPACES



7

EMERGENCY OBSTETRIC CARE FACILITIES



1

MOBILE CLINICS

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.

Situation Update

In Idlib and northern Aleppo, 3.4 million of the 5.01 million residents are internally displaced, with 2.1 million living in camps or informal sites where 79% are women and children. Approximately 76% of these sites lack safe, adequate shelter, exposing women and girls to increased risks of violence and exploitation. Over 2 million women and girls in north-west Syria face serious obstacles in accessing SRH and GBV protection services, compounded by economic hardship, cultural norms, displacement, and ongoing political instability. These conditions heighten their vulnerabilities and reinforce the urgent need for dedicated support and protection.

Reproductive health services in north-west Syria are critically underfunded, endangering the health of vulnerable women and newborns. Already, five health facilities have depleted their funds, with 30 more expected to run out by December 2024. Of the 63 active emergency obstetric and newborn care centres, half are at risk of closure due to a \$22 million annual funding shortfall. Without immediate financial intervention, 1.3 million women could lose access to essential reproductive health services, forcing many to give birth without adequate medical care and support.

In addition, 29 women and girls safe spaces may close by the end of 2024 if funding gaps persist, directly affecting 100,400 women who rely on these safe spaces for vital services. Urgent funding is essential to prevent these closures and ensure that women and girls continue to receive the support and protection they need.

Programme update

The UNFPA Gaziantep Cross-Border office continues its critical delivery of life-saving reproductive health supplies in north-west Syria, working closely with local partners to sustain services for vulnerable women and girls. In the third quarter of 2024, UNFPA supported six essential health facilities, facilitating 86,115 reproductive health consultations, which included 3,616 normal and assisted vaginal deliveries, 22,396 antenatal care consultations, and 8,006 postnatal care sessions.

During this period, UNFPA delivered 178 reproductive health kits and 15,455 supply items to 16 medical organizations, reaching

approximately 158,570 women and girls. These supplies supported 218 service delivery points, ensuring they were equipped with necessary medicines and resources for safe deliveries and emergency reproductive care. In addition, UNFPA is supporting the operation of 10 Women and Girls Safe Spaces (WGSS), which offer case management and psychosocial support for survivors and at-risk individuals. GBV services are further integrated into eight health facilities offering comprehensive sexual and reproductive health services.

Through initiatives like the AMAL programme for adolescent girls and community awareness campaigns, these safe spaces reached 19,994 individuals with GBV prevention and response services in this quarter alone. These efforts are part of a broader commitment by UNFPA to address reproductive health and gender-based violence needs, using structured toolkits and community outreach to foster resilience and safety among those most affected by the crisis.

A Lifeline in Crisis

“Terrified, I searched for a well-trained doctor who could handle my case,” shared 35-year-old Khansa Harbeh, a mother of two who recently endured a severe placental abruption in north-west Syria. This life-threatening condition, where the placenta prematurely detaches from the uterus, is particularly critical in Syria, where conflict has strained health systems, caused severe shortages of medical supplies, and overwhelmed healthcare workers.

Dr. Abdul Aziz Hamza, an obstetrician at Idlib Maternity Hospital who treated Khansa, explained, “Placental abruption is a serious emergency that requires immediate intervention. We had to act fast to save both the mother and baby.”

Finding refuge at Idlib Maternity Hospital, Khansa recalled, “They assured me that the blood tests and check-ups I needed were available.” During her stay, she felt reassured by the hospital’s attentive care: “The doctors and staff closely monitored us at night, checking my and my baby’s vital signs.”

Idlib Maternity Hospital, supported by UNFPA, is one of the few facilities in north-west Syria equipped to manage such emergencies. Dr. Ikram Haboush, Director of the hospital, underscored the severe risk facing women in the region: “Many women lose their lives

while being transferred between hospitals in the absence of essential supplies for critical conditions like placental abruption.” Khansa’s story is one of many illustrating how healthcare access in this region can be the difference between life and death.

Despite the critical support provided by Idlib Maternity Hospital and similar facilities, reproductive health services in north-west Syria are in urgent need of funding. If additional support is not secured, an estimated 1.3 million women may lose access to essential reproductive health services, leaving many to give birth without the necessary medical care. Furthermore, 29 safe spaces, serving 100,400 women in need of protection and care, also risk closure by the end of 2024 without urgent funding.

MANY WOMEN LOSE THEIR LIVES WHILE BEING TRANSFERRED BETWEEN HOSPITALS IN THE ABSENCE OF ESSENTIAL SUPPLIES LIKE CRITICAL CONDITIONS LIKE PLACENTAL ABRUPTION.

— DR. IKRAM HABOUSH, Director of the Idlib Maternity Hospital



TÜRKIYE COUNTRY OFFICE

77,874

PEOPLE REACHED WITH SRH SERVICES

96% FEMALE

84,551

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

6,089

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

96% FEMALE

25,476

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

331

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

89% FEMALE

3,070

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

399

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

76% FEMALE

1,235

PEOPLE TRAINED ON VARIOUS TOPICS

80% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	7,086	100%
Family planning consultations	28,852	97%
Total SRH services	57,352	100%
Ante-natal care consultations	7,416	100%
Post-natal care consultations	2,239	100%
People trained on SRH-related topics	279	70%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	17,533	100%
People reached with dignity kits	8,975	100%
GBV case management consultations	2,582	79%
People reached with GBV awareness sessions	45,831	95%
People trained on GBV-related topics	956	83%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	857	100%



20

PRIMARY HEALTHCARE FACILITIES *



8

WOMEN AND GIRLS SAFE SPACES



11

MOBILE CLINICS



2

YOUTH CENTRES



10

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.

Situation Update

According to the Presidency of Migration Management of Türkiye, as of September 2024, there are 3,090,975 Syrians under Temporary Protection, and 19,107 refugees under International Protection from different nationalities including Afghans, Iraq, Iran and others. Türkiye continues to be one of the largest refugee populations in the world with a comprehensive and inclusive legal framework and also being impacted by the devastating earthquakes in 2023. These earthquakes had a profound impact, affecting more than 9 million people, including over 1.7 million (43%) of the refugee and migrant population.

Programme Update

In the third quarter, UNFPA supported 21 service units, both static and mobile, delivering essential sexual and reproductive health (SRH) and protection services across earthquake-affected and other provinces. These services included vital GBV prevention and response initiatives, alongside emergency and recurrent cash assistance for women, girls, and key refugee groups facing high GBV risks. UNFPA continued to support five dedicated service units for Key Refugee Groups (KRGs), transitioning to direct implementation as of June 2024. The Ankara and Eskişehir units, supported by PRM funding, focused on SRH counselling and protection, while units in Istanbul, Izmir, and Mersin, funded by ECHO and PRM, provided protection services and SRH counselling.

To enhance service quality, UNFPA delivered capacity-building training for KRG Project staff in the third quarter. August marked the handover of Youth Center activities in Izmir to the Izmir Metropolitan Municipality (IzMM), following Youth-Friendly Service Provision Training led by UNFPA to build capacity among IzMM personnel for sustained youth-oriented services. This transition included the development of an action plan to integrate inclusive programming for youth in Izmir's municipal facilities. UNFPA also phased out its support of the Hatay Youth Center in August, incorporating youth and adolescent components into outreach activities managed by another implementing partner in the area.

In Eskişehir and Diyarbakır, Women and Girls Safe Spaces (WGSSs) continued providing individual and group SRH and GBV response services to refugee women and girls. Additionally, UNFPA held a strategic planning meeting with implementing partners to advance service inclusion for women with disabilities.

Breaking Free: One Woman's Journey from Abuse to Empowerment

"My husband threatened me with death. I don't know my legal rights and I want to get support from you," said Yara, as she sought help at the women and girls safe space in Diyarbakır.

The 43-year-old woman had endured years of psychological and verbal abuse. Just a year into her marriage, Yara discovered she was unable to have children, and her husband's attitude quickly shifted from indifference to cruelty. His behaviour grew more abusive over time, with constant accusations, infidelity, and, eventually, threats to her life. Seeking help, she learned about the safe space, a safe haven provided by UNFPA Türkiye and its implementing partner KAMER, where she hoped to find guidance and support.

At the safe space, Yara shared her story with a social worker who provided immediate assistance by arranging an appointment with an on-site psychologist, as the trauma of her experience was evident. Determined to rebuild her life, Yara expressed her wish to divorce. The team at the safe space informed her of her legal rights and directed her to the Bar Association for further support. With this assistance, she obtained a restraining order and was also connected with the Land Registry for help in securing her residence rights. Additionally, the WGSS guided her through applying for financial aid from the Social Assistance and Solidarity Foundation of the Ministry of Family and Social Services.

Reflecting on her journey, Yara shared, "Being scolded for not having a child was exceedingly difficult. I lived in a marriage full of constant insults and lovelessness. I thought I loved him, but that wasn't love. I wasn't even aware of the violence I was experiencing until I came here."

With funding from The Swedish International Development Cooperation Agency and in partnership with KAMER, UNFPA Türkiye provides essential psychological and legal support to women facing violence, empowering them to rebuild their lives safely and with dignity.



BEING SCOLDED FOR NOT HAVING A CHILD WAS EXCEEDINGLY DIFFICULT. I LIVED IN A MARRIAGE FULL OF CONSTANT INSULTS AND LOVELESSNESS. I THOUGHT I LOVED HIM, BUT THAT WASN'T LOVE. I WASN'T EVEN AWARE OF THE VIOLENCE I WAS EXPERIENCING UNTIL I CAME HERE.

— YARA, a Syrian refugee living in Türkiye



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.

97,625

PEOPLE REACHED WITH SRH SERVICES

92% FEMALE

42,929

PEOPLE REACHED WITH GBV PROGRAMMING

90% FEMALE

35,897

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

4,652

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

88% FEMALE

2,706

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

1,763

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

95% FEMALE

2,934

PEOPLE TRAINED ON VARIOUS TOPICS

90% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	19,383	100%
Family planning consultations	3,089	95%
Total SRH services	139,392	100%
Ante-natal care consultations	2,709	100%
Post-natal care consultations	214	100%
People trained on SRH-related topics	2,638	91%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	16,514	100%
People reached with dignity kits	60,232	99%
GBV case management consultations	5,355	94%
People reached with GBV awareness sessions	21,809	84%
People trained on GBV-related topics	296	83%



11

PRIMARY HEALTHCARE FACILITIES *



19

WOMEN AND GIRLS SAFE SPACES

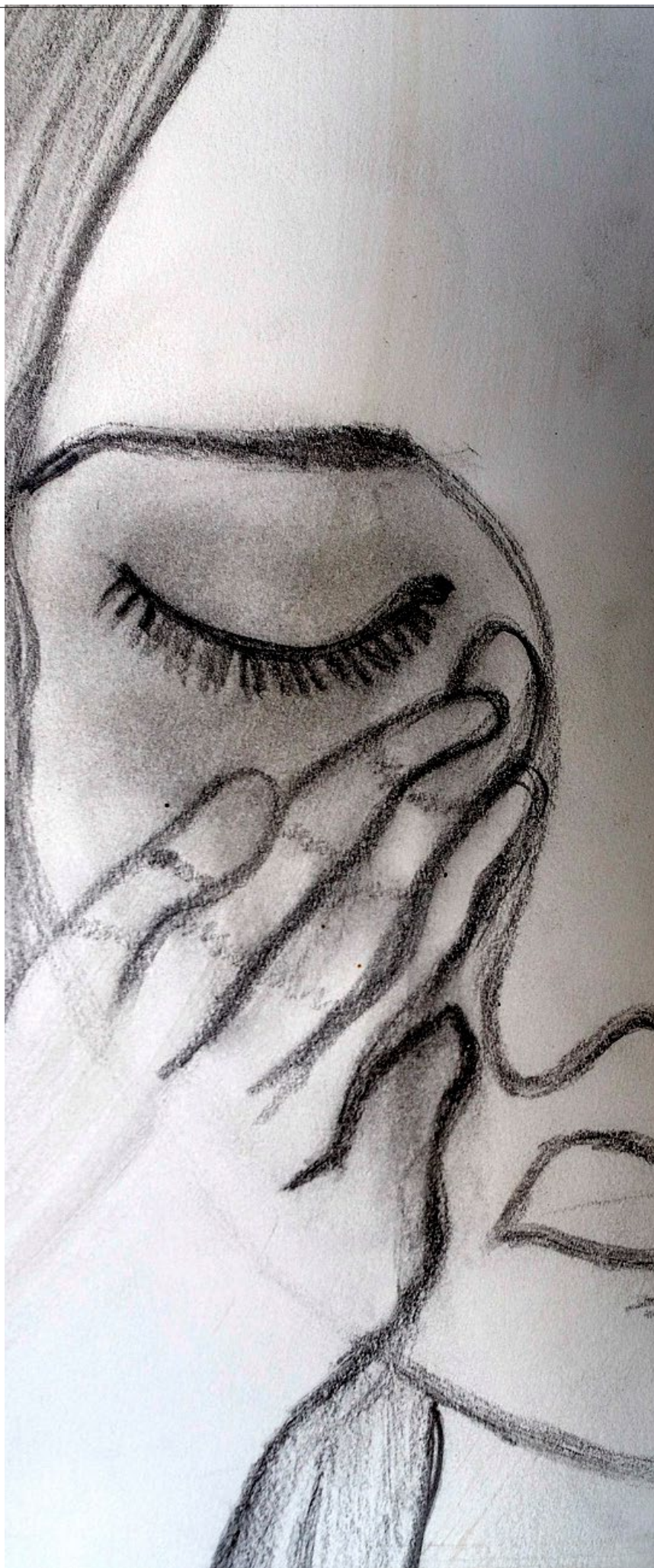


7

MOBILE CLINICS

“SOME DAYS, I EXPERIENCE THE DISCRIMINATION EXPLICITLY. A SHOP OWNER 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



Situation update

During the third quarter of 2024, Lebanon experienced an unprecedented increase in casualties and displacement as hostilities escalated sharply across the country. This intensification, beginning on September 17, significantly compounded the toll of one year of violence following the spillover of the Israeli-Gaza conflict into Lebanon on October 8, 2023. As of October 15, the Ministry of Public Health (MoPH) reported 2,309 deaths and 10,782 injuries nationwide.

Intense bombardment and widespread conflict have severely impacted Lebanon's health infrastructure, with five hospitals and 100 of the 207 primary healthcare centres forced to close due to structural damage. Furthermore, 94 health workers have lost their lives while on duty, making access to critical medical services even more challenging. Since last October, Israel has conducted 36 attacks on healthcare facilities in Lebanon, with 23 of these attacks occurring after September 17, 2024. Among the 16 primary healthcare centres supported by UNFPA, six have been forced to cease operations.

The deteriorating security situation, coupled with forced evacuation orders from Israel, has triggered massive new waves of displacement. As of October 14, over 746,000 displaced individuals have sought refuge in 1,059 collective shelters across Lebanon. Women constitute more than half of the displaced population, including an estimated 209,044 of reproductive age and 59,727 adolescent girls. Approximately 8,655 women are currently pregnant, with 962 expected to give birth next month. Operational challenges remain significant, as ongoing security threats and airstrikes limit humanitarian access to affected areas. Beirut's only airport operates at limited capacity, further complicating the delivery of essential supplies.

Programme update

Despite significant operational challenges, UNFPA continues to deliver critical GBV and SRH services to affected populations through 19 women and girls' safe spaces—including mobile units and a shelter—seven medical mobile units, and 11 primary health care centres, in close partnership with the Ministry of Public Health (MoPH), the Ministry of Social Affairs (MoSA), and local organisations.

Throughout the quarter, UNFPA distributed dignity kits across Beirut, Mount Lebanon, Akkar, Bekaa, North, and South Lebanon, accompanied by life-saving GBV interventions such as Psychological

First Aid (PFA), safe identification, and referral. Additionally, UNFPA has been providing information on GBV prevention and protection from sexual exploitation and abuse (PSEA) to displaced women and girls. Training on PFA and safe GBV referral practices was conducted for 271 humanitarian service providers across Beirut, South Lebanon, and Bekaa.

UNFPA is also facilitating safe deliveries in 30 hospitals nationwide and deploying mobile healthcare teams to shelters linked to primary healthcare centres. Furthermore, 30 Inter-Agency Reproductive Health Kits were delivered to MoPH, supporting emergency obstetric care for an estimated 1,050 displaced pregnant women. UNFPA has aided MoPH in packing, transporting, and delivering medical supplies, including contraceptives, to over 60 primary health care centres across Lebanon.

Moreover, to strengthen case identification and referral efficiency, refresher training sessions on emergency obstetric care are being conducted for healthcare providers. UNFPA is also disseminating vital information on mental health services and SRH, covering topics like clinical management of rape, STIs, family planning, and maternal nutrition and care for pregnant and lactating women.

Paths of Survival: A Mother's Story Through the Storm of War

Dania's life has been punctuated by multiple forced displacements, each one more harrowing than the last. She was four months pregnant with Aya during the first evacuation from her home in Kfarkila, South Lebanon, then seven months along when she had to flee again. By the third evacuation, Aya had been born, and at just four months old, she found herself fleeing once more with her mother, who was still healing from her C-section. Recalling that initial displacement in February, Dania remembers the relentless airstrikes on her village, which forced her husband to quit his restaurant job. They found temporary refuge with a relative's friend in Nabatieh, but it wasn't long before the family faced further upheaval.

"One month later, my mother and relatives also fled Kfarkila to an empty apartment in Nabatieh. We moved in with them because we no longer wanted to feel like a burden, and, more importantly, I wanted to be around my mother and sisters, especially as I was so close to giving birth," Dania shared.

Amid this turmoil, she managed to arrange prenatal care through a friend of her cousin's, a compassionate gynaecologist who monitored her weekly and ultimately delivered Aya in May

2024 at a public hospital in Nabatieh. Tragically, in September, an intense bombardment of Nabatieh forced them to flee yet again.

"When the first airstrike hit, it was so close," recalls Dania. "I remember clutching a broom and screaming the names of my son and husband who were outside at that moment. My husband had taken my son for a walk, and for a few terrifying minutes, I thought they were dead. My first instinct was to grab Aya from my sister's arms and run towards the door to find my family. I didn't realise I had gone temporarily deaf, and couldn't hear my mother shouting, 'they're right outside the house, you can see them from that window.'"

That same day, Dania's husband learned through a relative of a public school in Basta, Beirut, that it had been converted into a shelter. "We crammed ourselves into two cars and arrived here three weeks ago," she explained. Now, Dania, her husband, and baby Aya—now nearly six months old and the youngest child in the shelter—share a classroom with her brother-in-law and his family. The school-turned-shelter, Basta Middle School, has become a lifeline for displaced families like Dania's since hostilities escalated on September 17, 2024.

In coordination with partners like Amel, UNFPA has conducted a needs assessment at the shelter, distributed dignity kits to women and girls, and offers psychological first aid alongside awareness sessions on gender-based violence, sexual and reproductive health, and critical topics like menstrual hygiene, antenatal, and postnatal care.

“WHEN THE FIRST AIRSTRIKE HIT, IT WAS SO CLOSE. I REMEMBER CLUTCHING A BROOM AND SCREAMING THE NAMES OF MY SON AND HUSBAND WHO WERE OUTSIDE AT THAT MOMENT.”

— DANIA, a displaced woman from Lebanon

JORDAN COUNTRY OFFICE

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

54,837

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

4,425

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

5,884

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

71% FEMALE

8,967

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,646

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

98% FEMALE

345

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

171

PEOPLE TRAINED ON VARIOUS TOPICS

70% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	3,273	100%
Family planning consultations	11,240	100%
Total SRH services	113,966	100%
Normal / assisted vaginal deliveries	690	100%
Ante-natal care consultations	21,430	100%
Post-natal care consultations	3,327	100%
People trained on SRH-related topics	24	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	2,792	100%
GBV case management consultations	1,918	97%
People reached with GBV awareness sessions	15,971	83%
People trained on GBV-related topics	36	94%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	2,902	100%
People trained on youth-related topics	111	56%



9

PRIMARY HEALTHCARE FACILITIES



17

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE



SPENDING TIME AT THE SAFE SPACE MAKES ME FEEL SUPPORTED AND MOTIVATED. IT BRINGS OUT THE BEST IN ME, DESPITE THE DIFFICULT CIRCUMSTANCES I FACE AS A REFUGEE.

– SALAM, a young Syrian woman living in Jordan



Situation update

As of 2024, Jordan continues to host a large Syrian refugee population, estimated at over 1.3 million, with 699,247 registered under UNHCR. The prolonged Syrian conflict has led many refugees to seek lasting safety in Jordan, intensifying the strain on national resources and infrastructure.

Jordan's approach to the refugee crisis has been commendable, with strong collaboration between the government and international organisations to address key needs. However, challenges remain, especially in health, education, and employment. Many refugees reside in urban areas outside formal camps, often facing high living costs and limited access to essential services. Additionally, limited legal rights restrict employment options, heightening poverty among refugees.

Healthcare access, particularly for quality and affordable services, remains a pressing issue. Although UN agencies and NGOs support health services, demand frequently exceeds supply, especially for mental and reproductive health services. In education, overcrowded classrooms and resource constraints impact refugee children's learning experiences, despite initiatives to integrate them into Jordan's national system. Sustained international support and policies promoting integration are essential to address the enduring impacts of the refugee crisis on both refugees and host communities in Jordan.

Programme update

On September 25-26, 2024, UNFPA and the Higher Population Council hosted an impactful event for World Contraception Day, themed "A choice for all. Freedom to plan, power to choose." This gathering spotlighted family planning as a catalyst for gender equality, economic empowerment, and human rights, addressing specific reproductive health needs in Jordan, including within refugee camps. Discussions underscored the country's reproductive health challenges, such as unmet family planning needs and reliance on traditional contraceptive methods, while also identifying gaps in reproductive health counselling and infrastructure. UNFPA and its partners are committed to bridging these gaps, ensuring that access to comprehensive reproductive health services becomes a universal reality.

Furthering its community initiatives, UNFPA Jordan, in collaboration with mobile provider Zain Jordan and a local civil society organisation, launched the 2024 "Me and

My Mobile" program. This programme will equip thirty young women from the northern and southern governorates with essential digital skills, including understanding online gender-based violence, digital financial services, social media safety, and cybercrime awareness, empowering them to navigate the digital landscape securely and confidently.

To help prevent child marriage within refugee and host communities, UNFPA Jordan has launched a new project focused on safeguarding adolescent girls in humanitarian settings, particularly Syrian and other refugee populations in the Zaatari and Azraq camps. Supported by the U.S. Department of State, Bureau of Population, Refugees, and Migration (PRM), this initiative seeks to protect young girls at risk of early marriage by fostering a secure and nurturing environment that prioritises their well-being, development, and empowerment.

Dreaming Big in Zaatari

Basma, a 15-year-old Syrian refugee, has lived in the Zaatari Refugee Camp in Jordan since she was three years old. Her life, marked by early responsibilities and profound hardship, is shaped by her role as a caregiver for her mother, who suffers from a severe illness. These challenges have left her with little time for herself, and for many years, her shy nature and social anxiety held her back from dreaming of anything beyond her daily routines. But all of that changed when Basma joined the Adolescent Girls Empowerment Led (AGEL) Initiatives program, which offered her a chance to reimagine her future.

The AGEL program, implemented in partnership with Save the Children and UNFPA, offers a safe space for girls like Basma to learn, grow, and find their voice. The program's multifaceted approach addresses GBV and Sexual and Reproductive Health and Rights (SRHR), while also providing the tools to navigate complex issues like climate change. With a focus on building economic, social, and health assets, the initiative empowers girls to lead transformational efforts through both digital and non-digital means. Basma was drawn to the programme through friends who shared its positive impact on their lives. As she explains, "At first, I was shy and didn't really talk to many people. I was always busy at home, and I didn't think much about what I wanted for myself. But then my friends told me about this program. They said it was a place where I could learn new things, meet new people, and feel better about myself."

Since joining AGEL, Basma has embraced a series of workshops that include self-defence training, reproductive health education, and language courses, all while receiving crucial psychosocial support. She has particularly benefited from the art therapy sessions, which allowed her to confront and express her complex emotions in a constructive way. "The art therapy sessions were my favourite because they helped me express what I was feeling inside. Now, I'm more confident and not afraid to speak up," she shares. These sessions have helped her channel her emotions, transforming her sense of self-worth and empowering her to see a future with possibilities.

The support from AGEL has also sparked Basma's ambition to become a lawyer, driven by her desire to advocate for others who lack a voice. "My dream is to become a lawyer, to help others like me who need someone to stand up for them," she says with determination. With the program's backing, she is not only pursuing her own dreams but is also inspiring other young girls in the camp to envision a brighter future for themselves.

For Basma, the programme represents more than just skill-building; it has restored her belief in her ability to shape her own future. "The programme has made a huge difference in my life. It's more than just the skills I'm learning; it's the belief that I can shape my own future." Through initiatives like AGEL, UNFPA and Save the Children are helping young girls in Zaatari Refugee Camp reclaim their confidence, learn vital life skills, and foster a supportive environment for growth and resilience. Basma's journey is a testament to the power of such programs, illustrating how even in the toughest environments, young girls can become leaders and advocates for change.

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.

677

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

686

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

4,333

PEOPLE REACHED WITH GBV PROGRAMMING

100% FEMALE

60

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

95% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	119	100%
Family planning consultations	1,553	100%
Total SRH services	17,236	100%
Normal / assisted vaginal deliveries	52	100%
C-sections	1,228	100%
Ante-natal care consultations	979	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	567	100%
People reached with dignity kits	24	100%
GBV case management consultations	92	100%
People reached with GBV awareness sessions	116	21%



8

WOMEN AND GIRLS SAFE SPACES

Despite Iraq's strides toward stability, pressing humanitarian needs persist, especially among displaced populations and their host communities. These challenges are heightened by the recent arrival of Lebanese nationals escaping the escalating conflict in Lebanon. Displaced people in Iraq, including refugees and internally displaced persons (IDPs), face ongoing difficulties in accessing essential services like SRH and GBV prevention support.

Many IDPs outside formal camps still encounter barriers to returning to their original areas, due to insecurity, damaged infrastructure, and limited livelihood opportunities. While camp closures are currently on hold, access to services remains inadequate for most displaced populations outside these camps. To address these gaps, the government and humanitarian agencies, including UNFPA, continue advocating for sustained support to ensure SRH and GBV services reach those most in need.

Adding to the existing pressures, over 6,000 Lebanese nationals have recently sought refuge in Iraq, primarily in Najaf and Karbala, following intensified conflict in Lebanon. The majority of these arrivals are staying with family, friends, or in designated residential accommodations, while about half of the newly arrived households are female-headed. Immediate needs for these families include medical supplies, sanitary products, and other essential assistance to relieve the mounting strain on host communities.

In the third quarter of 2024, UNFPA Iraq continued to extend critical support to refugees, internally displaced persons (IDPs), and newly arrived Lebanese nationals. To enhance access to sexual and reproductive health (SRH) services, UNFPA has integrated these offerings within local community health facilities. This integration has expanded access to maternal care, family planning, and emergency services, benefiting both displaced populations and host communities.

In tandem, UNFPA's GBV prevention efforts have grown to include safe spaces established within host communities, where women and girls can access psychosocial support, resources, and referrals. Dignity kits have been distributed to those most in need, providing essential items that restore a sense of security and dignity.

These efforts underscore UNFPA's commitment to supporting the resilience and health of displaced individuals and host communities alike, ensuring that essential services are available to those facing hardship and uncertainty.

EGYPT COUNTRY OFFICE

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

1,476

PEOPLE REACHED WITH SRH SERVICES

79% FEMALE

92

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

6,562

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

34

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

1,329

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

79

PEOPLE TRAINED ON VARIOUS TOPICS

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	564	100%
Total SRH services	12	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	765	100%
People reached with dignity kits	8	100%
GBV case management consultations	1,474	99%
People reached with GBV awareness sessions	2,419	90%
People trained on GBV-related topics	54	100%



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WOMEN AND GIRLS SAFE SPACES



SPENDING TIME AT THE SAFE SPACE MAKES ME FEEL SUPPORTED AND MOTIVATED. IT BRINGS OUT THE BEST IN ME, DESPITE THE DIFFICULT CIRCUMSTANCES I FACE AS A REFUGEE.

– SALAM, a young Syrian woman living in Jordan

Situation update

As of 30 September 2024, Egypt hosts 792,783 registered refugees and asylum-seekers from 62 countries, with Sudanese nationals comprising the largest group (64%), followed by Syrians (20%) and other nationalities (16%). This population includes approximately 190,300 women of reproductive age and 182,300 adolescents, with nearly 19,000 estimated to be currently pregnant. An expected 6,300 live births are projected in the coming three months. With the intensifying conflict in Sudan, the Government of Egypt reports that over 1.2 million Sudanese refugees have sought safety across the border as of September 2024.

However, recent government regulations state that all foreigners, including refugees and asylum seekers, will soon be required to hold a valid residence permit to access public services. Set to take effect in October 2025, these regulations pose significant challenges, as current backlogs mean it could take over 700 days to obtain valid residency status. This situation raises urgent protection concerns, as refugees face restricted access to essential services. Meanwhile, Egypt's economic difficulties continue to exacerbate risks for refugee women and girls, as they struggle with limited income sources, increasing their vulnerability to GBV and negative coping strategies, including sexual exploitation and abuse.

Rising living costs are compounding these pressures, pushing many refugee women and girls to make difficult choices to support themselves and their families. Economic instability is also affecting host communities, adding strain to local resources and fueling tensions between refugees and Egyptian residents.

Programme update

In the third quarter of 2024, UNFPA, together with its implementing partners Etijah and the Ministry of Youth and Sports, continued its support for refugee women and girls through 13 women and girls safe spaces across Egypt. These spaces provide essential SRH and GBV services, reaching over 13,000 refugees of various nationalities. Among the

beneficiaries, 4,100 were Syrian refugees, with more than 1,000 receiving mental health and psychosocial support (MHPSS) through group sessions and individual counselling. Additionally, 420 Syrians were supported with multi-sectoral case management consultations, and 50 received cash assistance as part of GBV case management.

UNFPA's programming at WGSS in Egypt has also emphasised community outreach and empowerment. Around 1,700 Syrian refugees participated in GBV awareness sessions, while 500 attended RH awareness workshops. Over 300 Syrian adolescent girls benefited from menstrual hygiene management (MHM) support, receiving menstrual products along with informative sessions. Additionally, nearly 700 Syrian women participated in economic empowerment initiatives, including livelihood and vocational training sessions, to support financial independence and resilience. To strengthen WGSS operations, UNFPA Egypt conducted three training sessions on integrating cash assistance into GBV case management, reaching 45 staff across the 13 safe spaces.

Samia's Path to Healing: From Loss to Light

When Samia first stepped into the women and girls safe space in Egypt's 10th of Ramadan City, she was carrying a heavy burden. Ten years ago, she fled Syria with her children, leaving behind the only life she'd ever known. The war had stolen her husband, her two brothers, and the sense of home she'd once cherished. Arriving in Egypt, Samia felt like a ghost, moving through days in silence, shattered by grief and loss, weighed down by invisible scars.

A turning point came when a neighbour mentioned the safe space for women and girls. Desperate for relief, she decided to visit, not expecting much. But the moment she walked through the doors, something shifted. The warm, welcoming faces and gentle words of the staff were the first kindness she'd felt in years. "When I first came here, I was shattered—mind, heart, and soul," Samia recalls. "But with every session, every conversation, I began to feel like myself again."

Through individual counselling, Samia found a place to begin unpacking her pain. The words came slowly at first, fragments of a story too painful to relive. But as she spoke, piece by piece, the weight began to lift. In group sessions, surrounded by other Syrian women who had suffered similar losses, she found an unexpected gift: connection. Together, they shared stories, tears, and strength, creating a new community of resilience. "They didn't just help me survive; they gave me the strength to live," she says, a testament to the transformative power of shared healing.

Today, Samia is a volunteer at the safe space, offering the same compassion and understanding that once helped her find her way back to herself. She now sees the space not only as a sanctuary but as a place of empowerment. "I never thought I'd feel peace again," she reflects. "Now, I want to give that same hope back to others, the way it was given to me."

In volunteering, Samia has found a new purpose, becoming a beacon of hope for others who arrive as she once did—broken, but not beyond healing.

“WHEN I FIRST CAME HERE, I WAS SHATTERED—MIND, HEART, AND SOUL. BUT WITH EVERY SESSION, EVERY CONVERSATION, I BEGAN TO FEEL LIKE MYSELF AGAIN.”

— SAMIA, a Syrian refugee living in Egypt

THE CONSEQUENCES OF UNDERFUNDING

The services provided by UNFPA in the crisis region are

IRREPLACEABLE

In 2024, UNFPA is appealing for \$145.6 million to fund its regional Syria crisis response

Underfunding UNFPA's crisis response jeopardises essential health and protection services for women, girls, and infants, increasing mortality risks and leaving many without access to vital gender-based violence programming. Throughout Syria, at least 42 health facilities, 52 mobile teams, 36 safe spaces, and 8 youth centres are at risk of closure due to funding shortfalls, resulting in unmet needs for over one million women and girls. Similar risks face neighbouring host countries, where more than 700,000 people will face challenges accessing the care they need.

As the world navigates an era marked by escalating global conflicts, the pressing challenges of climate change, and a stagnating global economy, the plight of those in humanitarian settings grows increasingly precarious. This is particularly evident in the case of the Syria crisis, whose protracted nature starkly illustrates the consequences of placing politics before humanity.

For 13 years, this particular crisis has not only caused widespread devastation but also set a precedent for the neglect of urgent humanitarian needs amidst political stalemates and shifting global priorities. As other areas in the region head in a similar direction, drawing attention and resources away, Syrians throughout the region – already grappling with the long-term impacts of their crisis – risk being forgotten. This situation underscores a worrying trend where those most in need are continually sidelined by the world's ever-changing focus and the complex interplay of global events.

Underfunding UNFPA's regional response to the crisis will significantly impact health facilities that provide sexual and reproductive health services. These services are vital for pregnant women, new mothers, and their infants. Maternal health services, including prenatal and postnatal care, family planning, and safe childbirth, are crucial for preventing maternal and infant morbidity and mortality. It also deprives them of a crucial entry point for survivors of sexual violence in conflict and other forms of gender-based violence to access specialised support and services.

Another dire consequence of underfunding is the inevitable closure of women and girls' safe spaces, which have proven to be unparalleled tools for safeguarding the health and well-being of women and girls in need. The gap left behind by such closures leave women and girls without essential protection and support services, often in areas where no alternatives exist, putting them at further risk of gender-based violence, exploitation, and abuse. The situation is further exacerbated for the millions of displaced and refugee women and girls throughout the region, whose access to such services is even more critical.

Most importantly, the loss of funding will have a ripple effect on communities and societies at large. It threatens to reverse vital progress in gender equality and women's empowerment, as programmes supporting these areas are often the first to face budget cuts. This not only hampers individual advancement but also stymies broader societal progress toward gender parity, which is crucial for community development and regional stability.

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COORDINATION



UNFPA's coordination of gender-based violence is critical as it addresses a major health, human rights, and protection issue that often intensifies during emergencies. This coordination is key to providing accessible and safe services from the onset of a crisis and implementing prevention and mitigation mechanisms to reduce GBV. It involves collaboration between UN agencies, national governments, and local organisations to effectively deliver responses, meet priority needs, and reduce duplication of efforts.

The GBV Area of Responsibility (AoR), led by UNFPA, plays a significant role in ensuring a multi-sectoral response at various levels, offering crucial services like health, mental health, legal aid, and livelihood support. This coordination is not only vital for immediate response but also for the long-term prevention and empowerment of survivors and at-risk individuals.

Whole of Syria (The Hub)

The 2025 Humanitarian Needs Overview (HNO) for Syria is a priority focus for the Whole of Syria GBV AoR, especially regarding severity assessments and people in need (PIN) estimates. Due to limited household data in Government of Syria-controlled areas, GBV needs are primarily analysed through qualitative data. However, the GBV AoR has collaborated closely with the WoS Protection and other AoRs to calculate severity and PIN levels at the sub-district level, using a methodology aligned with Global Protection Cluster standards. This approach involves categorizing protection risks, rated on a severity scale from 1 to 5, by experts in GBV, child protection, and mine action. Protection data from these categories is then triangulated with proxy indicators from the Food Security and Agriculture (FSA) sector, one of the few household datasets available at the WoS level.

Looking ahead, the GBV AoR is organizing focus group discussions (FGDs) for the "Voices from Syria 2025" report. Although fewer FGDs are planned this year, geographic diversity will remain a priority to capture the varied needs and experiences of women and girls across Syria. Meanwhile, the GBV AoR released its January-July 2024 WoS GBV [dashboard](#), updated with funding data. To date, the Humanitarian Response Plan (HRP) has received \$19 million of its \$83 million appeal, marking a funding rate of only 23%. Additionally, a WoS assessment was launched in September to examine the sustainability and effectiveness of safe spaces. The assessment, supported by an external consultant, aims to pinpoint essential factors for sustaining safe spaces amid evolving contexts where humanitarian efforts are increasingly tied to early recovery and to gauge the impact of safe space closures on individuals and communities.

The GBV AoR also conducted a mid-year coordination survey with a 57% response rate from 72 partners, revealing key insights. While 58% of respondents found coordination meetings useful, others recommended increased GBV actor participation, Arabic translation improvements, and expanded advocacy opportunities. Additionally, 99% of respondents deemed meeting information beneficial for implementing programs, 90% acknowledged active member engagement in decision-making, and another 90% reported enhanced GBV programme knowledge since joining the coordination forum.

Gaziantep Cross-Border

The Sexual and Reproductive Health Technical Working Group (SRH TWG), coordinated by UNFPA and consisting of 52 NGO and INGO members, plays a pivotal role in enhancing access to essential SRH services in north-west Syria. This collaborative group facilitates partnerships among stakeholders, shares advocacy updates, and supplies vital information to the health cluster and donors to maintain critical services despite ongoing challenges. One of its notable initiatives, the SRH service mapping dashboard,

supports strategic planning and resource allocation—particularly important following the 2024 funding cuts.

Similarly, UNFPA's leadership of the Gender-Based Violence Area of Responsibility (GBV AoR) strengthens GBV response by holding monthly meetings with its 53 members, which include women-led organisations. Recent initiatives have expanded capacity, with 314 staff trained in GBV case management. Furthermore, UNFPA's SRH-GBV Integration Initiative has extended integrated SRH and GBV services across 117 health facilities, training 343 staff and conducting 69 supervision sessions in the third quarter alone. These coordinated efforts are essential in ensuring the continuity and quality of lifesaving services for vulnerable populations in a complex and resource-limited environment.

Türkiye Country Office

UNFPA continued its co-chairing role in the national and sub-national GBV Sub-Working Groups in İzmir and Istanbul, as well as the GBV Sub-Sector for earthquake response coordination. Efforts remained focused on enhancing awareness, response, and mitigation services for gender-based violence in areas affected by the earthquake. Capacity-building initiatives covered various crucial topics, such as Gender Transformation: Working with Men & Boys (attended by 66 participants from 25 institutions), GBV and Climate Change Correlation and Disaster Preparedness (96 attendees from 34 institutions), and GBV Risk Mitigation in Other Sectors, which featured a best practices session by UNFPA Ukraine (67 attendees from 26 institutions).

UNFPA also spearheaded provincial coordination in Hatay and Malatya, addressing women's employment, implementing the provincial GBV action plan in Malatya, and forming women's committees for both Syrian and Turkish women in Hatay. In the Aegean regional GBV Sub-Working Group, discussions included challenges refugee children face, particularly around school access and registration barriers.

In addition, UNFPA continues to co-chair the Key Refugee Group (KRG) Thematic Coordination Groups across the Marmara, Aegean, and Southeast Turkey regions. The quarterly meetings included discussions on key issues like voluntary returns, detentions, registration with Provincial Directorates of Migration Management (PDMMs), and GBV service access for refugees with HIV.

Lebanon Country Office

UNFPA plays a critical role in Lebanon's humanitarian efforts, co-chairing the Gender-Based Violence Working Group (GBV-WG) with the Ministry of Social Affairs and UNHCR under the National Protection Sector. This group includes all GBV-focused organisations in Lebanon and is tasked with implementing effective prevention, response, and risk mitigation programmes. As the Provider of Last Resort, UNFPA is enhancing its coordination capacity to support over a million

COORDINATION



displaced people, ensuring a streamlined and comprehensive approach among partners. UNFPA facilitates this by establishing referral pathways, mapping services to improve coordination, and advocating for GBV concerns within the Humanitarian Country Team. Additionally, UNFPA issues strategic guidance, monitors activities to avoid overlap, and provides essential training for partners to ensure best practices and to secure much-needed funding.

In the field of sexual and reproductive health, UNFPA co-leads the Reproductive Health Sub-Working Group (RH-SWG) alongside the Ministry of Public Health (MoPH) within the National Health Sector. This coalition includes NGOs, academics, ministries, and UN agencies, all collaborating to strengthen the reproductive health response for displaced populations. UNFPA's coordination efforts involve comprehensive SRH service mapping to optimize coverage, support referrals, and respond to displacement trends with critical Clinical Management of Rape services. Monitoring of partner activities and data collection allows UNFPA to adapt and inform response efforts based on real-time needs. In partnership with MoPH, UNFPA standardises informational materials for community outreach, enhances coordination among health partners, advocates for SRH integration into emergency response planning, and regularly updates RH actors on the evolving situation and needs across the country.

Jordan Country Office

The Sexual and Reproductive Health Sub-Working Group (SRH SWG) meeting highlighted Jordan's National SRH Strategy 2020-2030, designed to enhance sexual and reproductive health by focusing on family planning, maternal care, and addressing gender-based violence. Key challenges identified included a lack of adequate funding, outdated training resources, and cultural factors limiting access to services. The discussion also touched on Jordan's growing population and notably higher fertility and child marriage rates among Syrian refugees compared to Jordanians.

The group underscored the importance of continuous training for healthcare providers, annual progress monitoring for the SRH strategy, and improving access to family planning during antenatal and postpartum care. Members also advocated for tailored programs to reach underserved populations, such as migrants and domestic workers, to ensure inclusive and adaptable reproductive health services for all.

Iraq Country Office

UNFPA Iraq plays a vital role in coordinating responses to GBV, co-chairing the GBV Working Group to ensure that survivors receive the necessary support through close collaboration with humanitarian organisations. In October, support for newly arrived Lebanese families

became a priority, following a visit by the Minister of Migration and Displacement to Karbala on October 5, 2024. The Minister's discussions with local officials and religious leaders focused on arranging humanitarian aid, particularly safe shelter for the displaced families.

To further facilitate the arrival of Lebanese nationals, the Iraqi government has simplified entry procedures, permitting entry with alternate identification, including expired passports and civil status extracts. The Lebanese embassy in Syria is also expediting emergency travel documents to ensure swift passage for those in need.

In addition, the Iraqi government has worked to integrate Lebanese arrivals into national systems. The Minister of Education has directed schools to accept Lebanese students, preventing disruption to their education, while public health services are accessible to all new arrivals, ensuring that essential needs in health and education are met as these families settle temporarily in Iraq.

Egypt Country Office

The GBV Sub-Working Group in Egypt, co-chaired by UNFPA and UNHCR, has strengthened its coordination among GBV partners through targeted initiatives. In August, the annual GBV training workshop focused on essential topics, including GBV data management and

the sustainability of GBV services. Several action points emerged from the workshop, including the decision to unify GBV referral forms across partners and to conduct an in-depth assessment on GBV data protection to enhance the confidentiality and security of survivors' information.

Meanwhile, the newly established sub-national GBV Sub-Working Group in the North Coast has taken root successfully. This group has developed a GBV referral pathway specific to the region and is planning its first annual training workshop in Alexandria, set to build local capacity and increase awareness. Additionally, the GBV Information Management Task Force has completed a quarterly trend analysis on reported GBV incidents using a new Incident Recorder tool, providing valuable insights into patterns and responses. To increase awareness among refugees, the GBV Sub-Working Group is also working on developing information, education, and communication (IEC) materials to help refugees understand their rights and learn about available GBV services.

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In Syria: (MoH) Ministry of Health, (MoHE) Ministry of Higher Education, (Aga Khan) Aga Khan Foundation, (Al Tamayouz) Al Tamayouz for Orphan Sponsorship, (ASSLS) Amelioration of Sanitary and Social Level Society, (BSWH) Al Bir and Social Welfare Hama, (CCA) Circassian Charity Association, (Ghiras) Ghiras Association for Development, (GOPA-DERD) Greek Orthodox Patriarchate of Antioch and all the East, (ICDA) Ihsan Charity Development Association, (IECD) European Institute of Cooperation and Development, (MAC) Mar Assia Center, (Mosaic) Mosaic Human Relief and Development, (NFRD) Nour Foundation for Relief and Development, (PACA) Pan Armenian Charity Association, (PRCS) Palestine Red Crescent Society, (Sanad) Sanad Team for Development, (SARC) Syrian Arab Red Crescent, (SCFAP) Syrian Commission for Family Affairs and Population, (SFPA) Syrian Family Planning Association, (Sham) Al-Sham Association for Health, (SSSD) Syrian Society for Social Development, (SYC) Syrian Youth Council, (Al Yamama) Al Yamamah Syria, (YCA) Youth Charity Association, (FAO) Food and Agricultural Organization, (UNICEF) United Nations Children's Fund, (UNDP) United Nations Development Programme, (WFP) World Food Programme.

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, LECORVAV, 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, HASÜDER (Public Health Specialists Association), Mdm (Doctors of the World / Médecins du Monde). For the service units that are under direct implementation, UNFPA is collaborating with Sanliurfa Municipality.

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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