

REGIONAL QUARTERLY REPORT

ON THE SYRIA CRISIS

October – December 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 Q4 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.



OCTOBER —
DECEMBER 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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SITUATION OVERVIEW



Despite ongoing efforts by humanitarian actors, the Syria crisis remains one of the world's most complex humanitarian and protection emergencies. By the end of 2024, 16.7 million people were in need of humanitarian assistance — the highest figure recorded since the crisis began in 2011. Among them are 8.4 million women and girls, including 4.1 million of reproductive age. Additionally, over 6.3 million Syrian refugees continue to reside in five neighboring countries—Türkiye, Lebanon, Jordan, Iraq, and Egypt. Nearly half of these refugees are women and girls, who face increasing risks of violence, exploitation, and limited access to essential services.

Political instability and dire economic conditions continue to place lives at risk

As of late 2024, persistent violence, political instability, and 14 years of conflict continued to disrupt civilian life and severely hinder humanitarian efforts in Syria. Millions of Syrians, displaced and living in precarious conditions since 2011, struggle to access essential services as critical infrastructure — including water, sanitation, and public health systems — deteriorates due to insufficient

investment. The country faces recurrent disease outbreaks, waterborne illnesses, vaccine-preventable diseases, prolonged drought, and widespread food insecurity, all contributing to rising malnutrition, increased mortality, and a growing demand for humanitarian aid.

The worsening economic crisis, characterized by soaring inflation, currency depreciation, and escalating commodity prices, has driven further internal migration as families seek better livelihoods and access to services. Vulnerable populations—particularly women, girls, and individuals with disabilities—bear the brunt of these intersecting crises, with limited access to essential services increasing their risk of harm, exploitation, and social exclusion.

Worsening tensions in the region have had a profound impact on Syrians and Syrian refugees in neighboring countries, particularly in Lebanon. The final quarter of 2024 saw escalating hostilities in Lebanon, marked by widespread attacks, political instability, and deteriorating security conditions. These developments have intensified cross-border movements, with more than 500,000 people crossing from Lebanon in Syria. Refugees faced a difficult choice between the risks of staying in a volatile Lebanon or the uncertainties of returning to Syria, where safety, stability, and access to essential services remain significant challenges. Despite the precarious conditions, some refugees are cautiously optimistic about rebuilding their lives in Syria. Additionally, spillover of the war in Gaza into Syria has further complicated the situation, with strikes on Syrian territory, including civilian infrastructure, threatening civilian safety and disrupting critical aid deliveries.

Moreover, in late 2024, Syria experienced a significant regime change when rebel forces launched a coordinated offensive, culminating in the capture of Damascus and the collapse of the longstanding government after over five decades of rule. This seismic political shift displaced approximately 1.1 million people, primarily from Aleppo, Idleb, Hama, and Homs, with many seeking refuge in Idleb, Hama, Rural Damascus, Aleppo, and Tartous. Over five thousand internally displaced persons (IDPs) in northwest Syria left camps to return to their homes despite the precarious conditions. While some areas in Syria have seen improved security, the country remains largely unstable due to ongoing clashes and major territorial and political shifts, which continue to hinder aid delivery and access to services.

Women & girls feel unheard and forgotten

Amid ongoing displacement, women and girls in Syria face escalating risks, particularly in overcrowded camps and fragile environments. Access to essential services such as healthcare, education, and legal support remains extremely limited, leaving many without the protection or resources they urgently need. The cumulative impact of the crisis has left many health facilities ill-equipped to meet even basic needs, further straining the ability to provide care. This gap is particularly acute in sexual and reproductive health (SRH) services, with rural communities and areas affected by security risks being the most underserved. Thousands of women and

girls lack access to essential SRH services, including transportation, safe referrals, and access to skilled providers, placing their health and safety in jeopardy.

Meanwhile, gender-based violence (GBV) is pervasive, compounded by the scarcity of support systems like psychosocial services, safe shelters, and legal protection. Evidence from assessments and focus group discussions reveals that violence and gender inequality permeate daily life, disproportionately impacting women and girls. Discriminatory attitudes rooted in age, displacement, disability, and marital status amplify these risks, fostering an environment where women and girls are devalued, controlled, and exploited. This systemic violence leaves survivors vulnerable and often subject to blame for the harm they endure.

“The violence feels constant, and we’ve grown used to it, which makes it even scarier,” says Mariam, a mother of three living in a camp near Hama. Humanitarian organizations are striving to address these gaps, but persistent insecurity, restricted access, and under-resourced facilities continue to hinder their efforts, leaving thousands without the care and protection they need.

Adolescent girls in Syria face profound challenges, including movement restrictions, domestic violence, forced marriage, and early pregnancies, which trap them in cycles of exploitation and poverty. Many are denied education, cutting off opportunities for a better future. “I had to leave school to care for my siblings. Now I don’t see how I’ll ever go back,” shares Nour, a displaced girl in Aleppo. Families often resort to child marriage, viewing it as the only way to protect their daughters. “Girls are being married off younger and younger because families don’t know how else to protect them,” explains Amal, 16, now in Tartous.

Syrians & host communities still face an uphill battle

More than 6 million Syrian refugees living in neighboring countries face growing vulnerability, with women and girls disproportionately at risk. Overcrowded and unstable living environments increase their exposure to GBV, including harassment, assault, and exploitation. The severe economic strain — intensified by ongoing regional conflicts in Gaza, Sudan, Lebanon, and Ukraine — has left many families struggling to meet basic needs. With few viable options, some are resorting to harmful coping mechanisms, such as child and forced marriages, in a desperate attempt to secure safety or financial stability.

In host countries, language and cultural barriers, combined with widespread discrimination and limited access to employment, education, and healthcare, have made it difficult for many refugees to regain stability. These persistent obstacles undermine efforts to recover from trauma and rebuild livelihoods. The situation is particularly dire in Lebanon, where escalating hostilities and a deteriorating economy have pushed many Syrian refugees to consider returning to Syria, despite the risks involved. For most, returning is not driven by real

prospects of safety or dignity, but by a lack of sustainable options in host countries, highlighting the urgent need for enhanced support systems and durable solutions.

The challenges faced by displaced Syrian women and girls are especially acute. Heightened risks of violence and exploitation, combined with limited access to justice and legal protection, hinder their ability to integrate into host communities. Many remain socially isolated, further deepening their marginalization. This underscores the critical need for targeted interventions that prioritize their safety, dignity, and empowerment. Sustainable solutions must extend beyond immediate relief, focusing on equipping Syrian women and girls with education, vocational training, and opportunities for self-reliance. Providing these resources can enable them to regain a sense of control over their lives, fostering long-term resilience and meaningful societal participation.

Despite these immense challenges, Syrian women across the region continue to display remarkable resilience. Many are not only navigating the difficulties of displacement but are also transforming their communities by becoming artists, activists, and leaders. Their determination to overcome adversity and their contributions to community life reflect a powerful source of hope. Empowering these women and supporting their potential can play a vital role in building more inclusive and sustainable futures, both within host countries and eventually in Syria itself. Moreover, as parts of Syria stabilize, some refugees are cautiously optimistic about rebuilding their lives in Syria.

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 1.7 million people, while around 800,000 reached with services designed to prevent and respond to GBV. In addition to reaching around 400,000 adolescent girls with youth-friendly services, more than 13,000 women were provided with cash and voucher assistance, and around 7,900 LGBTQIA+ individuals were served.

VOICES

from Syria 2024

Assessment Findings of the Humanitarian Needs Overview



NEW & NOTEWORTHY

The *Voices from Syria* report offers an in-depth look at gender-based violence within the Syria crisis, now in its thirteenth year and still one of the world's most enduring humanitarian emergencies. In 2024, Syrians faced one of the worst years of this crisis, marked by relentless challenges, including ongoing conflict, economic collapse, disease outbreaks, natural disasters, and mass displacement. These intersecting issues have eroded household coping capacities to an all-time low, while funding shortfalls have significantly reduced humanitarian aid. As a result, women and girls, already among the most vulnerable, face escalating risks and hardships.

Throughout Syria, women and girls encounter pervasive forms of gender-based violence, both in public and within their homes. They report daily threats, including sexual violence, forced and child marriage, tech-facilitated abuse, movement restrictions, and the denial of fundamental rights such as education and inheritance.

These forms of violence are deeply ingrained in patriarchal norms and institutions that reinforce gender inequality and make it exceedingly difficult for women and girls to seek support or voice their experiences. Risk factors vary based on age, marital status, ability, and displacement, adding further complexity to the threats they face.

Despite these barriers, Syrian women and girls continue to demonstrate resilience, navigating immense challenges to support themselves and their families. They aspire to futures free from violence, with opportunities to study, work, participate in their communities, and be treated as equals. However, dwindling household resources and humanitarian funding have made their resilience more precarious.

The *Voices from Syria* report gathers perspectives from women, girls, men, and boys across Syria, highlighting the urgent need for targeted gender-based violence programming to address the unique needs of women and girls and to support their safety and well-being in these difficult times.

[READ THE FULL REPORT HERE](#)

FROM ALL OPERATIONS

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

1,708,349

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

21,228

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

91% FEMALE

798,683

PEOPLE REACHED WITH GBV PROGRAMMING

94% FEMALE

7,860

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

96,050

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

81% FEMALE

13,047

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

98% FEMALE

399,422

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

15,423

PEOPLE TRAINED ON VARIOUS TOPICS

84% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	175,308	100%
Family planning consultations	668,001	99%
Total SRH services	4,432,787	100%
Normal / assisted vaginal deliveries	28,275	100%
C-sections	12,383	100%
Ante-natal care consultations	530,877	100%
Post-natal care consultations	57,659	100%
People trained on SRH-related topics	8,093	92%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	179,348	100%
People reached with dignity kits	177,573	99%
GBV case management consultations	40,884	96%
People reached with GBV awareness sessions	614,052	94%
People trained on GBV-related topics	6,557	74%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	44,766	100%
People trained on youth-related topics	773	72%



154
PRIMARY HEALTHCARE FACILITIES *



117
WOMEN AND GIRLS SAFE SPACES



28
EMERGENCY OBSTETRIC CARE FACILITIES



19
YOUTH CENTRES



125
MOBILE CLINICS



23
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

1,387,512

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

595,411

PEOPLE REACHED WITH GBV PROGRAMMING

94% FEMALE

82,162

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

81% FEMALE

301,962

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

12,419

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

90% FEMALE

4,353

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

7,977

PEOPLE TRAINED ON VARIOUS TOPICS

78% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	131,912	100%
Family planning consultations	609,967	99%
Total SRH services	4,001,133	100%
Normal / assisted vaginal deliveries	27,394	100%
C-sections	12,215	100%
Ante-natal care consultations	487,469	100%
Post-natal care consultations	48,862	100%
People trained on SRH-related topics	2,550	93%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	130,140	100%
People reached with dignity kits	70,165	98%
GBV case management consultations	25,475	99%
People reached with GBV awareness sessions	479,807	95%
People trained on GBV-related topics	4,822	71%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	39,910	100%
People trained on youth-related topics	605	75%



96

PRIMARY HEALTHCARE FACILITIES *



62

WOMEN AND GIRLS SAFE SPACES



27

EMERGENCY OBSTETRIC CARE FACILITIES



18

YOUTH CENTRES



104

MOBILE CLINICS



15

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.

1,275,017

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

7,241

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

95% FEMALE

495,465

PEOPLE REACHED WITH GBV PROGRAMMING

98% FEMALE

3,253

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

54,458

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

71% FEMALE

3,910

PEOPLE TRAINED ON VARIOUS TOPICS

86% FEMALE

237,669

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	114,193	100%
Family planning consultations	588,870	100%
Total SRH services	3,671,457	100%
Normal / assisted vaginal deliveries	12,418	100%
C-sections	7,969	100%
Ante-natal care consultations	404,409	100%
Post-natal care consultations	20,498	100%
People trained on SRH-related topics	2,132	94%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	99,080	100%
People reached with dignity kits	21,764	99%
GBV case management consultations	23,880	99%
People reached with GBV awareness sessions	422,903	99%
People trained on GBV-related topics	1,173	78%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	24,396	100%
People trained on youth-related topics	605	75%



89

PRIMARY HEALTHCARE FACILITIES *



52

WOMEN AND GIRLS SAFE SPACES



18

EMERGENCY OBSTETRIC CARE FACILITIES



18

YOUTH CENTRES



103

MOBILE CLINICS



15

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.

CRISIS-BORN NEEDS: MOBILIZING MATERNAL HEALTH SERVICES FOR DISPLACED WOMEN IN SYRIA

Over 11,000 pregnant women have been affected by the intensified bombardment in Lebanon, with around 1,300 expected to give birth in the next month. The already fragile health system has been pushed to the brink, as an estimated one-quarter of Lebanon's infrastructure has been destroyed. Over 100 primary healthcare centers and dispensaries, as well as several hospitals, have shut down, leaving thousands without access to critical maternal care.

“Over 100 primary healthcare centers and dispensaries, as well as several hospitals, have shut down, leaving thousands without access to critical maternal care.”

The crisis, described by the United Nations Secretary-General as having “taken on an entirely different nature and scale,” has uprooted over a million people, many of whom crossed into neighboring Syria to escape violence and uncertainty.

Among those displaced is Soumaia, who fled southern Lebanon with her husband and eight children after the shelling began. “We didn’t know where to go,” she told UNFPA, the United Nations sexual and reproductive health agency. Pregnant at the time, she endured a harrowing four-day journey with little food, only to find the Syrian border closed. Days later, they were finally able to enter Syria and reach a shelter in Al-Horjelah, rural Damascus.

“I was five months into my pregnancy, and my baby was gone.”

Tragically, Soumaia experienced a stillbirth shortly after arriving. “I woke up in the middle of the night with sharp pain and cramps. When I went to the bathroom, I realized something was wrong. I was five months into my pregnancy, and my baby was

gone,” she said. She was rushed to a maternity hospital, where doctors managed to remove the placenta and control her bleeding. “Losing my baby in the midst of all this chaos felt like the final blow,” she said.

UNFPA has mobilized maternal health services in response to the influx of displaced families. Medical mobile units have been deployed to shelters across Syria, providing basic healthcare, conducting needs assessments, and offering referrals for specialized care. Refresher training on emergency obstetric care has been delivered to healthcare workers in government hospitals, enhancing their ability to manage high-risk pregnancies, treat reproductive health infections, and provide family planning services.

In collaboration with local partners, such as the Syrian Family Planning Association, UNFPA is supporting essential health and psychosocial services for displaced women and girls. After her stillbirth, Soumaia received critical support from the association. “They gave me vitamins, painkillers, and a hygiene kit. They also provided medicine and nutrition for my children,” she said. “I didn’t even have clothes for myself or my children, but they contacted other organizations and helped us get what we needed.”

“The psychologist listened to me. She didn’t rush or judge me. For the first time since all of this happened, I felt heard.”

Beyond physical aid, Soumaia was given psychosocial support to help her cope with the loss of her baby. “The psychologist listened to me. She didn’t rush or judge me. For the first time since all of this happened, I felt heard,” she said.

In the face of overwhelming odds, the mobilization of maternal health services by UNFPA and its partners is proving essential, offering displaced women like Soumaia a chance to heal, recover, and rebuild amidst the ongoing turmoil.



CROSS-BORDER OPERATIONS

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

112,495

PEOPLE REACHED WITH SRH SERVICES

89% FEMALE

99,946

PEOPLE REACHED WITH GBV PROGRAMMING

75% FEMALE

27,704

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

100% FEMALE

64,293

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

Amid deepening political turmoil and hostilities, the people of Syria continue to endure immense suffering after nearly 14 years of conflict. Health care services, already crippled by years of war, are now further strained by damaged infrastructure, shortages of medicines, equipment, and fuel, as well as a lack of medical staff. For women and girls, including pregnant women, this means a critical lack of access to life-saving care.

In Idlib, the escalation of conflict between regime forces and opposition groups has taken a heavy toll on health services. Airstrikes recently damaged several facilities, including a UNFPA-supported maternity hospital. Fortunately, no casualties were reported, as staff and patients had moved into the basement before the attack.

5,178

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

82% FEMALE

324

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

4,067

PEOPLE TRAINED ON VARIOUS TOPICS

70% FEMALE

Meanwhile, displaced women and girls living in overcrowded collective shelters, especially in north-east and north-west Syria, face heightened risks of gender-based violence. Limited access to food, water, sanitation, and privacy has created unsafe living conditions, compounding the hardships faced by vulnerable populations.

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH programming	17,719	100%
Family planning consultations	21,097	86%
Total SRH services	329,676	100%
Normal / assisted vaginal deliveries	14,976	100%
C-sections	4,246	100%
Ante-natal care consultations	83,060	100%
Post-natal care consultations	28,364	100%
People trained on SRH-related topics	418	90%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	31,060	100%
People reached with dignity kits	48,401	98%
GBV case management consultations	1,595	98%
People reached with GBV awareness sessions	56,904	68%
People trained on GBV-related topics	3,649	68%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	15,514	100%



7

PRIMARY HEALTHCARE FACILITIES



10

WOMEN AND GIRLS SAFE SPACES



8

EMERGENCY OBSTETRIC CARE FACILITIES



1

MOBILE CLINICS

In north-west Syria, UNFPA has delivered 90 Interagency Reproductive Health (IARH) kits and 22,526 bulk items – including essential pharmaceutical supplies such as contraceptive pills, IUDs, Anti-D, and oxytocin – to implementing partners for distribution. These supplies will ensure access to critical SRH services for 122,559 people. Additionally, to address urgent gaps in SRH service delivery, UNFPA has launched a three-month bridge support initiative, starting in January 2025, for one BEmONC and one CEmONC facility in Aleppo to strengthen maternal and neonatal care services.

TÜRKIYE COUNTRY OFFICE

102,092

PEOPLE REACHED WITH SRH SERVICES

96% FEMALE

497

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

88% FEMALE

99,091

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

4,240

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

6,089

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

96% FEMALE

1,747

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

93% FEMALE

29,643

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,680

PEOPLE TRAINED ON VARIOUS TOPICS

80% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	9,613	100%
Family planning consultations	37,108	95%
Total SRH services	76,260	100%
Ante-natal care consultations	9,190	100%
Post-natal care consultations	2,715	100%
People trained on SRH-related topics	363	74%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	19,173	100%
People reached with dignity kits	9,436	100%
GBV case management consultations	3,697	79%
People reached with GBV awareness sessions	59,116	96%
People trained on GBV-related topics	1,277	82%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	857	100%
People trained on youth-related topics	40	65%



14

PRIMARY HEALTHCARE FACILITIES *



6

WOMEN AND GIRLS SAFE SPACES



7

MOBILE CLINICS



8

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

During the fourth quarter of 2024, UNFPA Türkiye supported 21 static and mobile service units delivering SRH and protection services, including GBV prevention and response, across earthquake-affected and other provinces. Additionally, targeted cash assistance—both one-off and recurrent—was provided to women, girls, and key refugee groups identified as being at high risk of GBV. Voucher assistance for menstrual hygiene management (MHM) and family planning services was also introduced in selected service units to improve access to essential reproductive health supplies.

UNFPA continued direct support to five Key Refugee Group (KRG) service units, providing SRH and protection services. To maintain high-quality, specialized care, capacity-building training for KRG staff was conducted during Q4. Meanwhile, Sweden-funded Safe Spaces in Eskişehir, Şanlıurfa, and Diyarbakır continued to offer SRH and GBV response services to refugee women and girls. By the end of December 2024, UNFPA phased out the WGSS in Eskişehir and Diyarbakır due to funding expiration. A formal closure event, attended by key stakeholders, including Provincial Directorates of Health, Family and Social Services, and Migration Management, was held to mark the handover.

Throughout Q4, with generous funding from the US Bureau of Population, Refugees, and Migration (PRM), UNFPA-supported static and mobile services continued operating in Safe Spaces in Hatay, SRH service units in Hatay and Adıyaman, and Persons with Disabilities Service Units in Gaziantep and Kahramanmaraş. By the end of 2024, thanks to multi-donor support for refugee and earthquake response efforts, UNFPA service units had reached approximately 94,600 individuals—primarily from vulnerable groups—with SRH information and services, and 89,150 individuals with GBV-related services. Additionally, 184 women and girls who were survivors of or at risk of GBV received one-off or recurrent cash assistance to address urgent, life-saving needs.

Moreover, in line with efforts to strengthen health systems, UNFPA provided capacity-building support to

the Ministry of Health (MoH), the Ministry of Family and Social Services (MoFSS), and local municipalities. This included a workshop for MoH staff on the Minimum Initial Services Package (MISP) for reproductive health and contributions to a Steering Committee working on clinical guidelines for reproductive health services for persons with disabilities.

Additionally, five primary healthcare facilities in the earthquake-affected region were equipped with essential medical equipment, including two ultrasound machines, to ensure uninterrupted SRH service delivery. UNFPA also supported the establishment of five pregnancy classes in Hatay by providing necessary equipment and anatomical models.

From volunteer to leader: Rabia's journey of empowerment through education and service

"I never gave up on my dream to improve my life. When I started working as a health mediator at the center—where I first volunteered as a translator and later received support myself—everything changed. I learned to read and write, I learned how to use a computer, and I discovered that I could stand on my own feet."

These words come from Rabia, a 35-year-old mother of three, whose inspiring journey of resilience and empowerment serves as a powerful testament to the transformative impact of support and opportunity.

Rabia's life has been marked by hardship. Orphaned at the age of seven, she came to Türkiye with her cousin in search of a better future. Despite being denied an education, forced into child labour, and married as a child, Rabia never lost hope. With unwavering determination, she overcame the adversities that shaped her early years.

"The turning point in my life was when I first stepped into the Women and Girls Safe Space in Eskişehir."

"The turning point in my life was when I first stepped into the Women and Girls Safe Space in Eskişehir," Rabia recalls. During the pandemic, she began volunteering as a telephone interpreter, helping women in her community communicate with the center's staff. Recognizing her linguistic skills in Turkish and Persian, as well as her eagerness to help others, the center invited her to join as a health mediator.

Encouraged by the center's staff, who believed in her potential and told her, "You will succeed, you will learn to read and write," Rabia began a new chapter of her life. She not only learned basic literacy and computer skills but also pursued formal education. After completing

primary and secondary school through distance learning, she is now enrolled in high school—a remarkable achievement for someone who once had no access to education.

"More than 18,000 women and girls like Rabia have received free services over the past eight years. These services include health care, protection, and mentorship in education—offering thousands of women a chance to transform their lives and build brighter futures."

As a health mediator, Rabia played a critical role in reaching out to vulnerable women and girls. She conducted household visits alongside the center's psychologist, met with seasonal agricultural workers living in tents, and informed women about the services available at the Women and Girls Safe Space. She identified their needs and became a bridge for women and girls seeking support, just as she once had.

Rabia's story illustrates both the struggles faced by women and girls in vulnerable situations and the extraordinary things they can achieve when given support and encouragement. Her journey from volunteer to health mediator, and from illiteracy to pursuing high school education, demonstrates the life-changing impact of empowerment initiatives.

Through the Women and Girls Safe Space project, implemented by UNFPA in partnership with Eskişehir Osmangazi University and with financial support from Sweden, more than 18,000 women and girls like Rabia have received free services over the past eight years. These services include health care, protection, and mentorship in education—offering thousands of women a chance to transform their lives and build brighter futures.

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.



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.

148,045

PEOPLE REACHED WITH SRH SERVICES

92% FEMALE

82,326

PEOPLE REACHED WITH GBV PROGRAMMING

93% FEMALE

52,971

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

5,784

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

89% FEMALE

3,619

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

3,014

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

95% FEMALE

5,464

PEOPLE TRAINED ON VARIOUS TOPICS

93% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	28,281	100%
Family planning consultations	4,399	95%
Total SRH services	199,640	100%
Normal / assisted vaginal deliveries	52	100%
C-sections	168	100%
Ante-natal care consultations	3,241	100%
Post-natal care consultations	308	100%
People trained on SRH-related topics	5,114	93%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	24,690	100%
People reached with dignity kits	95,911	99%
GBV case management consultations	6,867	94%
People reached with GBV awareness sessions	43,571	90%
People trained on GBV-related topics	350	83%



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PRIMARY HEALTHCARE FACILITIES *



19

WOMEN AND GIRLS SAFE SPACES



14

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

Since September 2024, hostilities in Lebanon have resulted in over 4,000 deaths (20% women) and 16,500 injuries. A ceasefire between Israel and Hezbollah came into effect on November 27, but strikes continued in the South and Bekaa governorates, further weakening the healthcare system. Targeted attacks on healthcare facilities left 241 health workers dead and 158 health centers damaged. Over 100 primary healthcare centers and 8 hospitals were forced to close, including 11 UNFPA-supported primary healthcare facilities and Safe Spaces. By mid-December, 19 health facilities and dispensaries and three hospitals remained closed, with 6 hospitals operating only partially. Gaps in life-saving obstetric care persist, particularly in Bent Jbeil, Marjaayoun, and El Nabatiyeh districts.

The ceasefire prompted large-scale population returns. Prior to its implementation, over one million people were displaced (52% women), with 1,100 schools converted into overcrowded collective shelters lacking privacy and proper sanitation. As of December 12, more than 902,700 people have returned to their areas of origin, but many continue to face insecurity, unexploded ordnance, disrupted services, and restricted access to over 70 localities in South Lebanon. Around 178,800 people (52% women) remain internally displaced, with 48% staying in host settings, 46% in rentals, 3% (6,100 people) in 65 collective shelters, and 1% in unfinished buildings, tents, or on the streets.

Meanwhile, the change of authorities in Syria on December 8, combined with the ceasefire in Lebanon, triggered daily cross-border movements. The Government of Lebanon reported 10,000 Syrians returning to Syria and 55,000 individuals (30,000 Syrians and 25,000 Lebanese) entering Lebanon, including those fleeing the conflict with Israel.

The ongoing situation has exacerbated safety risks and protection concerns, particularly for women and girls. Reports GBV, sexual exploitation, harassment, and psychological distress are on the rise, especially for displaced populations and those returning to unsafe or damaged homes. The displacement has led to more women-headed households, increasing vulnerability to violence and exploitation. Between September and November 2024, GBVIMS data recorded a rise in sexual assault incidents affecting both women and men, particularly in public spaces, collective shelters, and workplaces.

Programme update

During Q4, UNFPA provided vital support to 32 hospitals across Lebanon, covering childbirth costs, supplying essential medical materials, and ensuring access to emergency obstetric care for women experiencing complications. SRH services were also delivered at 35 primary healthcare centers (PHCCs) and through 14 mobile medical units operating in local communities. These services included pre- and postnatal care, information on menstrual management, sexually transmitted infections, family planning, and nutrition for pregnant and breastfeeding women. UNFPA facilitated referrals to specialized services and deployed a network of 240 midwives across the country to provide maternal health care and family planning services for pregnant women and new mothers.

To support displaced populations in shelters, UNFPA deployed 35 social workers to deliver information on SRH, GBV, and mental health services, including psychological first aid (PFA). Additionally, UNFPA assisted the Ministry of Public Health (MoPH) in transporting and delivering medical supplies, including contraceptives and reproductive health medicines, to PHCCs across Lebanon. Inter-Agency Reproductive Health kits containing critical equipment and supplies for emergency obstetric care and safe deliveries were also procured and distributed through MoPH to hospitals. UNFPA strengthened healthcare capacity by conducting refresher training on emergency obstetric care and SRH for healthcare providers and frontline workers. To improve access to clinical management of rape (CMR) services, UNFPA provided specialized training on standard operating procedures for healthcare staff at public hospitals.

In parallel, UNFPA distributed dignity kits to women and girls residing in shelters across Akkar, Beirut, Bekaa, Mount Lebanon, and North and South Governorates. These kits served as an entry point for PFA, support and referral of GBV cases, and dissemination of information on available mental health, psychosocial support, and protection services. In coordination with sister UN agencies, UNFPA participated in humanitarian convoys to deliver dignity kits in hard-to-reach areas. UNFPA also supported case management for individuals at risk of or subjected to GBV, provided cash assistance, and implemented psychosocial support programs. Awareness-raising initiatives were conducted to challenge harmful gender norms and foster GBV prevention, risk mitigation, and survivor support.

To enhance GBV response, UNFPA built the capacity of specialized service providers on GBV case management and trained non-GBV humanitarian actors on PFA and the safe support and referral of GBV survivors. As part of its Protection from Sexual Exploitation and Abuse (PSEA) awareness efforts, UNFPA organized 10 puppet shows for children, 12 theater forum performances for adult community members, and 10 shows for aid workers, focusing on PSEA core concepts and reporting channels. These interactive sessions helped raise awareness among affected communities and humanitarian staff, reinforcing a culture of safety and accountability.

Carrying life through crisis: Hala's journey amid conflict and complications

At six months pregnant, Hala was forced to flee her home in South Lebanon in early October, seeking refuge in a shelter in Keserwan. A 32-year-old Syrian woman married to a Lebanese man, Hala faces a high-risk pregnancy due to a complex medical history, including epilepsy and three previous C-sections, one of which resulted in a premature delivery at eight months. Just two weeks after arriving at the convent shelter, Hala began experiencing severe contractions and pain.

UNFPA's local partner, Caritas, immediately transported her to the nearest hospital, where she underwent monitoring. Although results showed no immediate risk of premature birth, her condition required ongoing care. A few days later, a UNFPA-supported mobile medical unit visited the shelter, accompanied by a gynecologist who conducted a physical examination and an ultrasound. Despite the stress and recurring pain, her baby was developing well. "New life gives hope for a brighter tomorrow. I cannot wait to meet this warrior inside of me," Hala said, expressing both hope and resilience.

The medical team advised her to remain on bed rest, adhere to her prescribed medications, and continue regular follow-up to closely monitor her condition and safeguard her baby's health. UNFPA remains committed to ensuring Hala receives the care she needs during this critical time, offering hope and stability in the face of adversity.

JORDAN COUNTRY OFFICE

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

68,213

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

5,984

PEOPLE REACHED WITH GBV PROGRAMMING

97% FEMALE

7,799

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

71% FEMALE

12,402

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

2,409

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

3,668

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

214

PEOPLE TRAINED ON VARIOUS TOPICS

74% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	4,762	100%
Family planning consultations	14,974	100%
Total SRH services	138,394	100%
Normal / assisted vaginal deliveries	777	100%
Ante-natal care consultations	29,749	100%
Post-natal care consultations	4,795	100%
People trained on SRH-related topics	32	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	3,641	100%
GBV case management consultations	2,604	98%
People reached with GBV awareness sessions	26,174	83%
People trained on GBV-related topics	54	96%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	3,999	100%
People trained on youth-related topics	128	59%



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PRIMARY HEALTHCARE FACILITIES



17

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE

In December 2024, UNFPA Jordan's timely procurement of life-saving medical supplies ensured the continued provision of quality maternal and newborn healthcare services in Zaatari Camp. This critical intervention safeguarded the lives of mothers and their babies, providing vulnerable populations with access to safe deliveries and essential care.

Meanwhile, UNFPA, in partnership with Save the Children, celebrated the graduation of the Adolescent Girls-Led Center in Zaatari Camp. More than a graduation, this milestone marked the extraordinary achievements of the young women who led the center. It was a testament to their resilience, creativity, and determination to create positive change within their community.

Over the past months, the center has served as a vibrant space for adolescent girls to express themselves, build their skills, and thrive. From art therapy and drama performances to language clubs, self-defense classes, and podcast initiatives, these young leaders demonstrated what empowerment truly means. Their leadership shone brightly during the 16 Days of Activism, when they developed a videocast that highlighted their passion and commitment to ending violence against women and girls.

This initiative underscores UNFPA's commitment to fostering safe spaces where adolescent girls can develop their potential, build confidence, and become leaders in their communities. The Adolescent Girls-Led Center stands as a powerful example of how investment in young women can yield transformative results for both individuals and their wider community.

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

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%



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WOMEN AND GIRLS SAFE SPACES

Significant humanitarian needs remain among IDPs and returnees in Iraq, with many families facing inadequate housing, limited access to services, food insecurity, and high healthcare costs, often relying on credit to meet essential needs. Delays in government resettlement grants further compound these challenges, leaving many vulnerable.

Following the ceasefire in Lebanon, over 4,000 Lebanese refugees returned from Iraq via the Al-Qaim border crossing, peaking between November 26 and 30 before declining due to partial border closures and travel restrictions. Discussions are underway with the Ministry of Transport to facilitate air departures, with the Prime Minister directing free flights for returnees. Despite the ceasefire, small numbers of Lebanese refugees continue to arrive in Iraq. UNHCR, in partnership with MOMD and other UN agencies, is preparing short- and long-term plans to support those remaining in Karbala and Najaf.

During Q4 2024, UNFPA Iraq focused on supporting vulnerable populations, particularly women and girls, and played a key role in launching Iraq's first national population and housing census in over 30 years. Conducted in November, the census used advanced digital tools to ensure comprehensive coverage of marginalized groups, including IDPs. Adhering to international standards, the census will provide critical data for evidence-based policymaking and guide national development efforts aimed at improving the well-being of all Iraqis.

EGYPT COUNTRY OFFICE

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

1,810

PEOPLE REACHED WITH SRH SERVICES

83% FEMALE

265

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

11,538

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

59

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

1,758

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

86

PEOPLE TRAINED ON VARIOUS TOPICS

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	621	100%
Total SRH services	124	100%
People trained on SRH-related topics	32	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,137	100%
People reached with dignity kits	2,037	100%
GBV case management consultations	2,104	99%
People reached with GBV awareness sessions	5,268	93%
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 31 December 2024, Egypt hosts 877,012 registered refugees and asylum-seekers from 59 nationalities. Sudanese refugees remain the largest group, comprising 602,702 individuals (69%), followed by Syrians (17%) and other nationalities (14%). Among the registered population, an estimated 210,000 women of reproductive age and 201,000 adolescents require targeted support. Approximately 21,000 women are currently pregnant, with nearly 7,000 live births anticipated over the next three months.

In November, Egypt enacted a new asylum law, shifting from UNHCR-led registration and Refugee Status Determination (RSD) to a government-led national asylum system. To support this transition, UNHCR and the Ministry of Foreign Affairs held an Asylum Management Workshop in October, involving key government officials to develop a national framework. As co-chair of the GBV Sub-Working Group, UNFPA joined a newly formed Taskforce under the Protection Working Group to provide legal analysis, technical support, and ensure that the emerging asylum system adheres to international standards, safeguarding the rights of vulnerable women, girls, and LGBTIQ+ refugees.

Following the fall of the previous Syrian regime, Syrian refugees in Egypt have expressed concerns about security, financial uncertainty, and misinformation regarding potential returns and entry requirements into Egypt. In response, UNHCR has emphasized the need for clear communication to counter misinformation and mitigate fears. While large-scale voluntary repatriations to Syria are not being promoted due to ongoing instability, UNHCR stresses the importance of individual assessments and adherence to the principle of non-refoulement.

Programme update

In collaboration with implementing partners Etijah and the Ministry of Youth and Sports, UNFPA continued providing SRH and GBV services through 13 established Safe Spaces for women and girls across Egypt. Between October and December, these Safe Spaces supported approximately 24,100 refugees

of various nationalities, including over 5,400 Syrian refugees (22 per cent). Among the Syrian beneficiaries, 748 received mental health and psychosocial support (MHPSS), including individual counseling and group sessions, 414 accessed comprehensive case management services, and 121 were provided with cash assistance as part of GBV case management. Additionally, 2,849 Syrian refugees participated in awareness sessions on GBV prevention and harmful practices, while 334 attended RH awareness sessions. Through the medical counseling rooms in the Safe Spaces, 112 Syrian refugees received SRH consultations and basic medical care, and dignity kits were distributed to 2,028 Syrian women and girls.

To support the well-being of frontline staff, UNFPA organized psychosocial support workshops and a staff retreat for those working in the Safe Spaces. UNFPA also marked the 16 Days of Activism with a Community Festival in Cairo, featuring a panel discussion on services provided through the Safe Spaces and an exhibition of refugee women's artwork and vocational products. Throughout the event, UNFPA and its partners highlighted GBV prevention and response services, ensuring continued access to protection and support for women and girls in need, including refugees and asylum seekers.

From surviving to thriving: Amal's rise as a community leader

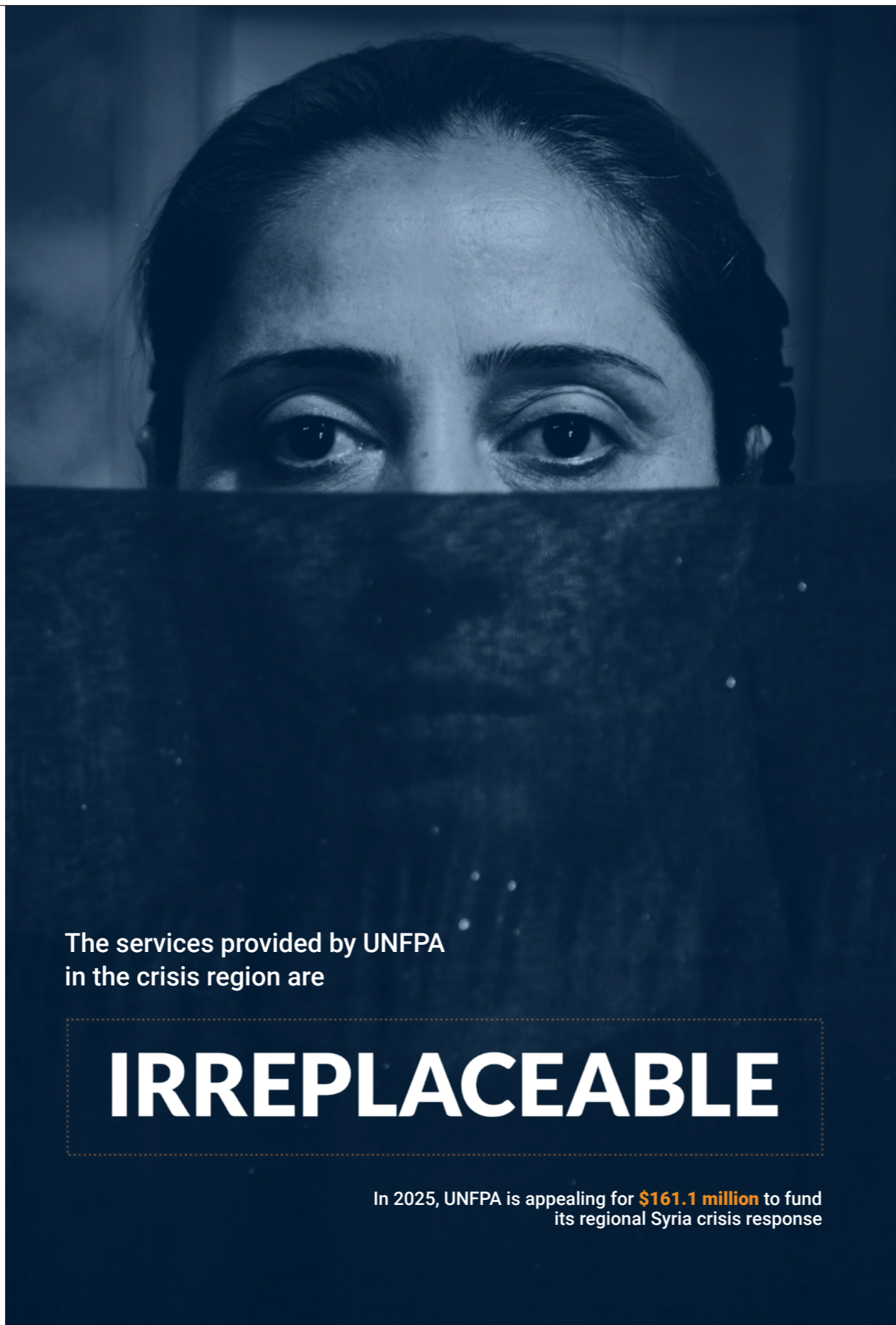
When the Syrian war erupted, Amal (a fictional name for her safety), a 56-year-old woman, was already well-acquainted with hardship. Married at 17, she had dreamed of a life filled with hope and opportunity, but instead found herself trapped in a cycle of emotional abuse, oppression, and denial of basic rights. Seeking refuge from the violence, she fled to Egypt with her husband and children, only to face new layers of adversity. Displacement intensified the domestic violence she endured, plunging her into severe psychological trauma. Despite her desire to escape her abuser, Amal's love for her three children kept her bound to the marriage, further weighing on her mental health.

“Married at 17, she had dreamed of a life filled with hope and opportunity, but instead found herself trapped in a cycle of emotional abuse, oppression, and denial of basic rights.”

Her turning point came when a friend encouraged her to seek help. This led her to one of UNFPA's Safe Spaces in Egypt, where she began attending therapy and psychosocial support sessions. Through activities such as art therapy, psychodrama, and yoga, she started to rebuild her self-esteem. “I learned to ask for my rights, and I was able to gain some freedom, at least to leave the house. It was oppressive, and it erased my identity. I started to care about myself and my health,” Amal says, reflecting on her journey of self-discovery and healing.

With time, Amal found more than just personal freedom — she discovered a way to transform her life. Learning embroidery and emo-gram skills through vocational training at the center, she began earning her own income. This financial independence was a critical step, but equally important was the emotional support she received from the community she found at the Safe Space. Beyond her entrepreneurial success, Amal began organizing small trips and events for women, fostering a sense of solidarity and joy among the group. What started as a path to healing soon evolved into a purpose-driven life.

THE CONSEQUENCES OF UNDERFUNDING



The services provided by UNFPA in the crisis region are

IRREPLACEABLE

In 2025, UNFPA is appealing for **\$161.1 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 nearly 14 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.

With Syria's fragile new political reality, the remaining numbers of internally displaced persons, devastated infrastructure, and the significant population in need create immense pressure on an already strained system. The anticipated return of displaced individuals, many to areas with no homes or functioning services, risks further overwhelming local communities and recovery efforts. This underscores an urgent need for sustained humanitarian aid and recovery support to stabilize the situation, rebuild critical infrastructure, and ensure that returnees can reintegrate safely without exacerbating existing vulnerabilities.

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.

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 Whole of Syria GBV AoR completed the calculations for the GBV People in Need (PIN) and severity levels, aligning the methodology with Global Protection Cluster standards. This process involved selecting eight critical protection risks (from a list of 15) and rating them on a severity scale from 1 to 5, with input from GBV, child protection, and mine action experts. As a result, the 2025 GBV PIN stands at 8.5 million, with 93% being women and girls. The calculations were completed before the Lebanon crisis triggered increased cross-border movement and prior to the fall of the Assad regime in early December; hence, the impact of these events is not reflected in the current PIN estimates.

The GBV AoR had also planned focus group discussions (FGDs) for the Voices from Syria 2025 report. However, these were initially paused due to the December events and are now resuming where conditions for access and safety permit. Adjustments to the originally planned sampling may be considered. Similarly, data collection for the WoS assessment on the sustainability and effectiveness of safe spaces, which had been halted, is now being gradually resumed under similar accessibility and safety considerations.

In early November, the GBV AoR organised a one-day, in-person workshop to finalise the PIN and severity calculations and to plan for the 2025 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), including reviewing sector achievements and identifying priorities for the coming year. This was followed by a three-day protection sector workshop with similar objectives. Since then, due to current circumstances, humanitarian leadership decided to pause the 2025 HNO and HRP, opting instead to develop a No Cost Extension (NCE) document for January to March, to which the WoS GBV AoR is contributing.

Various activities for the 16 Days of Activism against GBV were planned by GBV actors across the three hubs under the common theme "Tracing the Roots: Standing Against GBV", focusing on the heightened vulnerability of women and girls uprooted by escalating global crises. However, the campaign was abruptly interrupted due to escalating hostilities, population displacement, and security concerns.

As part of the 16 Days campaign, the ASRO Hub participated in an internal UNFPA global webinar organised by the Humanitarian Response Division, presenting the regional knowledge product *Stronger Together*, which highlights the integration of GBV and SRH services and its impact on programme quality. The ASRO Hub is leading on the development of a training curriculum aimed at strengthening the administrative and managerial capacities of women-led organisations (WLOs) in Syria and the wider region.

Lastly, the ASRO Hub led the UNFPA regional delegation at the Sexual Violence Research Initiative (SVRI) Forum held in South Africa in October. UNFPA ASRO contributed presentations from Tunisia, Lebanon/Jordan (jointly), and Syria, while also organising two participant-led events on GBV and climate change, as well as GBV in the humanitarian-development-peace nexus.

Gaziantep Cross-Border

Amid deepening political turmoil and hostilities, the people of Syria continue to endure immense suffering after nearly 14 years of conflict. Health care services, already crippled by years of war, are now further strained by damaged infrastructure, shortages of medicines, equipment, and fuel, as well as a lack of medical staff. For women and girls, including pregnant women, this means a critical lack of access to life-saving care.

In Idlib, the escalation of conflict between regime forces and opposition groups has taken a heavy toll on health services. Airstrikes recently damaged several facilities, including a UNFPA-supported maternity hospital. Fortunately, no casualties were reported, as staff and patients had moved into the basement before the attack.

Meanwhile, displaced women and girls living in overcrowded collective shelters, especially in north-east and north-west Syria, face heightened risks of gender-based violence. Limited access to food, water, sanitation, and privacy has created unsafe living conditions, compounding the hardships faced by vulnerable populations.

Türkiye Country Office

During Q4, UNFPA continued its leadership role in GBV coordination, co-chairing national and sub-national GBV sub-working groups in Izmir and Istanbul, as well as the GBV Sub-Sector for earthquake response. The GBV Sub-Sector focused on enhancing GBV awareness and service delivery in earthquake-affected areas. Capacity-building efforts included specialized training, such as the Prevention of Sexual Exploitation and Abuse (PSEA) training, attended by 38 individuals from 16 institutions, and the Legislative Framework Training on Child, Early, and Forced Marriages, attended by 60 individuals from 31 institutions.

In Hatay and Malatya, UNFPA led GBV coordination efforts, strengthening partnerships and referral pathways between government agencies and NGOs. These efforts included the development of provincial action plans aimed at improving GBV response and service accessibility for vulnerable groups.

UNFPA also co-chairs Key Refugee Group (KRG) Thematic Coordination Groups in three regions, holding quarterly meetings on critical topics such as voluntary returns, detentions, PDMM registrations, and HIV treatment access for refugees. A key focus of these discussions has been the potential return of individuals to Syria following recent regime changes, with particular attention on the heightened GBV risks faced by women, girls, and other vulnerable groups during the return journey and upon their arrival.

Throughout 2024, UNFPA's coordination efforts, in collaboration with co-chairing agencies, engaged more than 400 partners and provided training to over 1,000 individuals on key topics, including SRH and GBV prevention and response.

Lebanon Country Office

Within the framework of the National Protection Sector, UNFPA co-chairs the Gender-Based Violence Working Group (GBV-WG) alongside the Ministry of Social Affairs and UNHCR. Through this platform, UNFPA coordinates a unified response among partners to ensure comprehensive GBV services, including mapping and updating referral pathways, providing guidance on remote case

COORDINATION



management, distributing dignity kits, addressing service gaps, and strengthening partner capacities. Advocacy efforts focus on GBV mainstreaming across sectors and incorporating best practices into partner programs. By December 15, GBV partners had supported nearly 82,000 individuals by providing information on GBV services and psychological first aid (PFA) to women and girls. Close to 54,000 dignity kits were distributed, and over 27,500 individuals—mostly women and girls—received remote GBV case management and psychosocial support.

In the health sector, UNFPA co-leads the Reproductive Health Sub-Working Group (RHSWG) in partnership with the Ministry of Public Health (MoPH). By December 24, health partners reported that 56,626 beneficiaries across Lebanon had accessed SRH services, while 3,248 menstrual health management kits were distributed. SRH services, including family planning consultations, were provided by physicians and midwives in shelters, primary healthcare centers (PHCCs), and communities. UNFPA has focused on engaging health partners to expand support for hospital deliveries and clinical management of rape (CMR) services, ensuring MoPH SRH information is prioritized for outreach, and enhancing SRH service delivery and reporting mechanisms. Additionally, UNFPA leads the production of the RHSWG quarterly newsletter; during this quarter, the third edition was published, highlighting the health sector's response during the ongoing conflict.

To address the escalating humanitarian crisis, the humanitarian community, in coordination with the Government of Lebanon, has extended the Flash Appeal for Lebanon until March 2025, requesting an additional \$371.4 million to support one million people affected by the hostilities and displacement. Of this amount, \$46.5 million has been allocated to health initiatives, including restoring critical SRH services, while \$7.5 million has

been earmarked for GBV prevention and response, with a focus on rehabilitating safe spaces and expanding essential services. The Flash Appeal complements the Lebanon Response Plan (LRP) 2025, ensuring a coordinated approach that bridges immediate life-saving assistance with medium-term recovery and stabilization efforts. UNFPA's leadership in GBV and SRH coordination remains crucial to ensuring that women and girls continue to receive the support and care they need during this critical period.

Jordan Country Office

The Sexual and Reproductive Health Sub-Working Group (SRH-SWG) in Jordan recently focused its discussions on the Women-Friendly Health Centers (WFHC) program, a vital initiative providing comprehensive healthcare services for women throughout their life cycles. Launched in 2018 with nine health centers, the program has grown steadily, expanding to 20 centers in 2023 and reaching 40 centers in 2024. During the meeting, participants emphasized the importance of ensuring the sustainability of the WFHC program and securing the Ministry of Health's (MoH) endorsement for formal accreditation of these centers. The group also highlighted the need to measure the program's impact on communities and primary health centers (PHCs), suggesting key indicators such as the number of women accessing services, follow-up on referred cases, antenatal and postnatal care consultations, and family planning services.

In October 2024, the GBV Sub-Working Group (GBV-SWG) conducted a comprehensive Gap Analysis for 2024-2025 to assess and address discrepancies in meeting the minimum standards for GBV response in emergencies. The exercise, which involved 37 participants from 19 organizations—including UN

agencies, local and international NGOs, and donors—was conducted across five field locations where the GBV WG operates. Field staff and affected populations played a crucial role in identifying gaps and proposing corrective actions to improve service delivery. The analysis reviewed key areas, including GBV prevention, case management, psychosocial support, health services for survivors, shelter, cash, and livelihoods assistance, as well as legal and law enforcement services. Agreed corrective actions aim to ensure that all GBV services meet international minimum standards and that survivors have access to holistic, high-quality care.

These efforts reflect UNFPA's ongoing commitment to enhancing SRH and GBV services in Jordan, promoting sustainable healthcare solutions for women and girls, and strengthening the humanitarian response to GBV in emergencies.

Iraq Country Office

UNFPA Iraq, in partnership with Hope Organization, Al Mesalla Organization, United Iraqi Medical Society (UMIS), and Iraq Health Access Organization (IHAO), delivered impactful interventions to support vulnerable communities and address GBV. Over 5,600 individuals, primarily women and girls, received essential GBV services, including case management, psychosocial support, and referrals to health and legal services. Additionally, more than 13,000 individuals participated in community-based awareness sessions aimed at fostering advocacy and engagement on GBV prevention.

To promote resilience and long-term well-being, vocational training and adolescent toolkit distributions equipped women and girls with essential skills and knowledge. Access to services was further expanded

through six Service Delivery Points and two mobile teams providing critical SRH and GBV services in remote areas. Capacity-building initiatives were prioritized, with workshops designed to strengthen coordination and enhance caseworkers' expertise.

Egypt Country Office

The GBV Sub-Working Group (GBV SWG) for the Refugee Response Plan (RRP) in Egypt, co-chaired by UNFPA and UNHCR, finalized its 2024 activities and outlined strategic plans for 2025. Fourteen member organizations agreed on three key indicators to guide sectoral efforts in the coming year: (1) providing comprehensive support for GBV survivors and those at risk, (2) strengthening GBV prevention through community engagement and outreach, and (3) building capacity for a sustainable GBV response. A GBV Risk Mitigation workshop was conducted for focal points from other sectoral working groups, equipping them to integrate GBV considerations into their 2025 programming. Referral pathways were enhanced with the introduction of a GBV Medical Referral Pathway to ensure timely and effective care for rape survivors.

Key highlights included a 16 Days of Activism event in Alexandria, where refugee women showcased their vocational products alongside GBV awareness sessions, Zumba classes, and a fashion show. The GBV SWG concluded the year with a 2025 Planning Workshop, where members developed actionable plans for key thematic priorities.

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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 (NCF), 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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