UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

UNFPA

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66

Going forward, we will continue working with our partners to strengthen collaboration for development, humanitarian action and sustaining peace so that work in one area reinforces the others. Our focus is on preparedness, risk reduction and building resilience – resilient health systems, resilient communities, and resilient women and young people.

UNFPA Executive Director, Dr. Natalia Kanem First Regular Session of the Executive Board 2018 25 January 2018

I-30 2018 FEBRUAR F ISSUE # 66 , **REGIONAL SITUATION REPORT ON THE SYRIA CRISIS** VTENTS O ш Γ

The Regional Situation Report for the Syria Crisis offers a bird's eye view of UNFPA's operations within the context of the Syria Crisis.

The report is prepared by the UNFPA Regional Syria Response Hub in Amman, Jordan, and spans operations conducted by UNFPA offices in Syria, Jordan, Lebanon, Turkey, Iraq, and Egypt, in addition to operations conducted in Syria through crossborder modalities from Jordan and Turkey.

In addition to providing aggregated quantitative updates for each country, the report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, in addition to underscoring the positive impact of the response services provided by UNFPA in the areas of reproductive health, genderbased violence, youth, and others.

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Ц О **JRTS FR** E F F 11 **NAPSHOT**

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 Egypt, Iraq, Jordan, Lebanon and Turkey. The crisis continues to devastate the country and shows few signs of letting up in the near future.

Even in these circumstances, UNFPA believes that every Syrian woman, adolescent girl and child has the right to reproductive health and protection from gender-based violence.

UNFPA operations in Syria are run from the Syria Country Office, as well as from the UNFPA hubs in Amman, Jordan and Gaziantep, Turkey for respective crossborder operations.

REPRODUCTIVE HEALTH

INDICATOR

| Beneficiaries reached with reproductive health services |
|---|
| Family planning consultations |
| Normal / assisted vaginal deliveries |
| C-Sections |
| Ante-natal care consultations |
| Post-natal care consultations provided |
| Health facilities that provide Emergency Obstetric Care |
| Primary healthcare facilities |
| Mobile clinics |
| People trained on RH-related topics |

GENDER-BASED VIOLENCE

INDICATOR

| Functional women and girls safe spaces (WGSS) | 125 |
|---|---------|
| Beneficiaries reached with GBV programming / services | 175,530 |
| Population reached with Dignity Kits | 115,104 |
| Beneficiaries provided with GBV case management | 4,634 |
| Beneficiaries reached with GBV awareness messages | 102,404 |
| People trained on GBV-related topics | 331 |

YOUTH SERVICES

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Functional youth centres | 27 |
| Beneficiaries reached with youth programming | 21,937 |



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SINCE JANUARY

5,530 ,104

2,404

536,371 105,512 15,736 11,946 76,741

18,592 74 1,061 72 543

ACTIONS AND COMMITMENTS BY UNFPA ON SEXUAL HARASSMENT, EXPLOITATION AND ABUSE

The United Nations Population Fund has zero tolerance for sexual harassment, exploitation and abuse. This policy is strictly enforced.

The Fund investigates claims of sexual harassment, exploitation and abuse by its personnel or those of its partners. If proven, cases result in punishments, which include dismissals. The results of investigations are published on the UNFPA website.

Anyone who has been exposed to any harassment or abuse, or has information about any such practices, is strongly encouraged to report these claims, which can be done confidentially. Furthermore, UNFPA continues to strengthen an environment where individuals may come forward to file claims with full confidence.

More information on UNFPA's mechanisms for reporting wrongdoing and disciplinary measures is available on <u>this</u> page.

REPORT OUNTRY

UNFPA Syria continues to manage a wide array of response activities nationwide. During February, the dissemination of winterized dignity kits continued to communities in Raqqa, where UNFPA also runs a clinic that provides much-needed reproductive health services to residents. Similar kits were also distributed in Abou Khasab in Deir Ezzour, as well as the Areesha Camp in Al Hassakeh governorate.

The Syria office continued to provide awareness-raising training activities, with a course on conflict management and negotiation delivered to 21 female participants in Damascus, in addition to two sessions on legal issues that spanned marital rights, inheritance, family registration, and the rights accorded to divorced women.

SYRIA COUNTRY OFFICE

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

SINCE JANUARY

| Beneficiaries reached with reproductive health services | 407,620 |
|---|---------|
| Family planning consultations | 61,859 |
| Normal/assisted vaginal deliveries | 12,575 |
| C-Sections | 10,480 |
| Ante-natal care consultations | 49,969 |
| Post-natal care consultations provided | 12,386 |
| Health facilities that provide Emergency Obstetric Care | 39 |
| Primary healthcare facilities | 976 |
| Mobile clinics | 59 |

GENDER-BASED VIOLENCE

INDICATOR

| Functional women and girls safe spaces (WGSS) | 35 |
|---|--------|
| Beneficiaries reached with GBV programming / services | 58,521 |
| Population reached with Dignity Kits | 426 |
| Beneficiaries provided with GBV case management | 2,465 |
| Beneficiaries reached with GBV awareness messages | 69,394 |

YOUTH SERVICES

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Functional youth centres | 16 |
| Beneficiaries reached with youth programming | 16,701 |



EMPOWERING THE WOMEN OF AL-MANZOUL

AFTER YEARS OF ONGOING VIOLENCE AND DISPLACEMENT, UNFPA SYRIA CO HEADS TO AL-MANZOUL IN PREPARATION FOR A COMPREHENSIVE RESPONSE STRATEGY

Around 170 kilometers north of Damascus lies the Al-Manzoul, a village on the eastern side of Homs.

With a small population of around 6,000 people, two thirds of whom are internally displaced, the residents of Al-Manzoul have for years faced incessant hardships in light of the continuing crisis in Syria.

In February 2018, UNFPA visited Al-Manzoul with the objective of conducting a comprehensive needs assessment in preparation for a coordinated response to the challenges facing residents.

A comprehensive strategy is being developed in collaboration with UNFPA implementing partners, which will serve to increase response efforts geared toward empowering the women of Al-Manzoul with the tools and knowledge they need to regain full control of their lives and livelihoods, and to be better equipped to respond to the challenges emanating from their displacement.

SEWING THE SEEDS OF ECONOMIC INDEPENDENCE

In an effort to help the women of Sweida to secure stable livelihood opportunities, UNFPA Syria CO organized a sewing workshop at the Women and Girls Safe Space (WGSS) in the area, in which 17 participants were given the opportunity to master the art in a nurturing and collaborative environment.

"I immediately sensed the positive spirit of the women here and their strong desire to learn and acquire a skill to become more productive to support their families," explains the trainer, noting that the Sweida WGSS continues to empower women in the area with the tools they need to lead better lives.

"I'm happy that I'm leaving this workshop with a professional skill," explained one of the participants. "This will help me find a sustainable source of income to support my family."

A similar workshop was organized in Al Zahira, Damascus, bringing together 15 participants from the area. A total of 50 women were interviewed as part of series of focus-group discussions in the area tackling various subjects related to the reproductive health and gender-based violence.

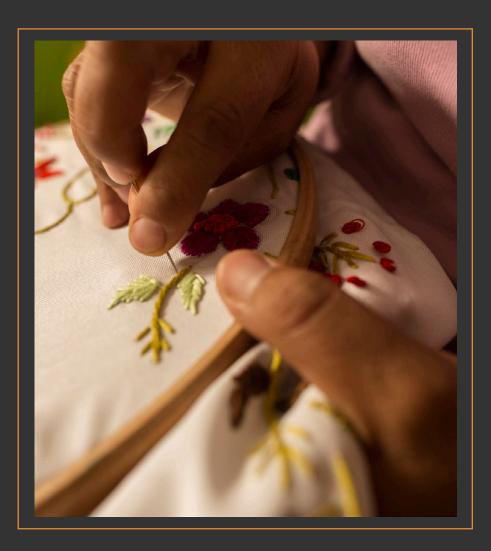
The participants had the opportunity to tell their individual stories of survival in the face of unprecedented odds, offering detailed narratives of the challenges they faced in basic areas such as livelihood, shelter and protection. The discussions also helped participants explore their inherent potential and form a more positive outlook toward their futures.

"I had gotten used to the idea that being a farmer was my only avenue," explains one of the participants in the assessment. "I could never believe that I had the capability and strength to pursue any other profession aside from agriculture, and this significantly limited my prospects for decent living in this environment. I feel great relief now knowing that I have more choices in life."

Lighting the way for those sheltered at Baba Amro School in Homs

In collaboration with a local implementing partner, UNFPA supported the ongoing efforts to rehabilitate shelter at Baba Amro School, which continues to face numerous challenges due to infstracutural instabilities and frequent power outages. UNFPA's team worked with the youth at the shelter to build their capacities to address various issues, such as installing and maintaining power lines and lighting systems.

"You have revived hope in us," commented one of the youth who benefitted from the trainings. "You helped us with the first step and we will now march onwards."



REPORT ¢. NNO

"I am very thankful to the staff at the UNFPA Safe Space. The service providers offered great support when I was feeling hopeless and helpless," explains Ayshah, a woman attending the Women and Girls Safe Space (WGSS) group activities in besieged Eastern Ghouta.

The safe space in Ghouta is one of several projects supported through UNFPA's cross-border operations from Jordan. The month of February saw an escalation of conflict in the area, accompanied by considerable deterioration in overall security. Due to this, UNFPA supported WGSS was moved to an underground shelter. This measure was taken in order to minimize risks for our beneficiaries and staff from shelling and ensuring access to an essential protection service.

CROSS-BORDER JORDAN

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

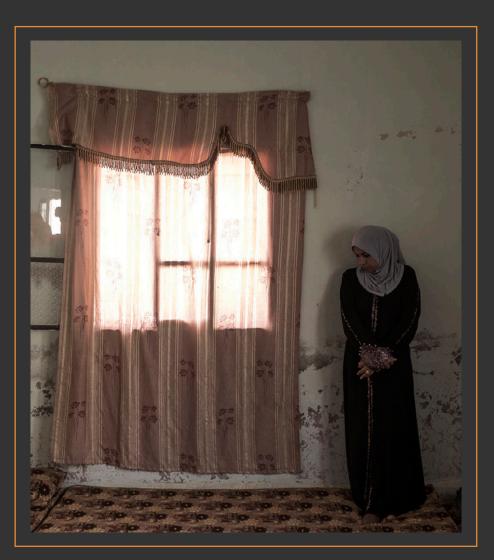
SINCE JANUARY

| Beneficiaries reached with reproductive health services | 7,720 |
|---|-------|
| Family planning consultations | 736 |
| Normal/assisted vaginal deliveries | 821 |
| C-Sections | 496 |
| Ante-natal care consultations | 3,462 |
| Post-natal care consultations provided | 95 |
| Health facilities that provide Emergency Obstetric Care | 7 |
| Primary healthcare facilities | 8 |

GENDER-BASED VIOLENCE

INDICATOR

| Functional women and girls safe spaces (WGSS) | 4 |
|---|-----|
| Beneficiaries reached with GBV programming / services | 418 |
| Beneficiaries reached with GBV awareness messages | 353 |



REPORT R<

Cross-Border Operations from Turkey faced considerable challenges in February due to aerial bombardment and ground fighting that threatened the safety of beneficiaries and staff. The facilities responded to the threats according to security protocol and continued services delivery as soon as the attacks subsided.

SRH and GBV services being provided by UNFPA Turkey cross-border operations have also had to adjust in some areas due to the large waves of IDPs moving into their areas of operation. The large influx of IDPs from southern rural Idleb into central Idleb and Idleb city has increased demand for emergency related services in those areas. UNFPA responded by providing psychological first aid, raising awareness on available services and how to access them, delivering dignity and new-born kits, as well as providing essential RH services through mobile teams.

CROSS-BORDER TURKEY

REPRODUCTIVE HEALTH

INDICATOR SINCE JANUARY Beneficiaries reached with reproductive health services 49.248

| Beneficiaries reached with reproductive health services | 49,248 |
|---|--------|
| Family planning consultations | 20,265 |
| Normal/assisted vaginal deliveries | 1,761 |
| C-Sections | 839 |
| Ante-natal care consultations | 13,070 |
| Post-natal care consultations provided | 2,453 |
| Health facilities that provide Emergency Obstetric Care | 10 |
| Primary healthcare facilities | 10 |
| Functional mobile clinics | 11 |
| People trained on RH-related topics | 62 |

GENDER-BASED VIOLENCE

| INDICATOR | SINCE JANUARY |
|---|---------------|
| Functional women and girls safe spaces (WGSS) | 11 |
| Beneficiaries reached with GBV programming / services | 25,075 |
| Population reached with Dignity Kits | 7,466 |
| Beneficiaries provided with GBV case management | 196 |
| Beneficiaries reached with GBV awareness messages | 10,364 |
| People trained on GBV-related topics | 134 |



During our work, we often receive gender-based violence survivors in a clear state of distress. They enter sad, depressed and afraid. Sometimes they have bruises, some of which are visible on the face and hands. I begin by talking to them about the importance of protecting information and how we always ensure confidentiality and safety. They will then usually open up and tell me their story. I take them to the medical department where they can receive proper medical treatment without revealing to the medical staff any specifics related to their identities or their personal situation.

<u>ne Svria Crisis</u>

There are also cases of constant and severe beatings that leave the survivors physically weak. Moreover, there is the violence that surrounds them in their daily lives and many of them struggle to meet their basic needs. All of these things lead to a constantly deteriorating psychological state. I always try to calm them, to assure them that it was not their fault and tell them that they are safe now. I tell them that I am here to listen and support them. I then prepare a safety plan for the survivor. After an initial psychological evaluation, I also provide them with a strategy for selfreliance. Usually, after several sessions and continuous follow-up, they change for the better. They begin to find their own positive coping mechanisms. At this point, there is usually a visible difference in their appearance, their spirit.

I remember one case where the woman returned full of life, confident, knowing what she wants. I had referred her to the Women and Girls Safe Space for vocational trainings so that she can find ways to reclaim her potential. The abuse she endured constantly stopped and she healed her way toward learning a new profession. Now, she is on her way to complete independence — a strong and confident woman.

UNFPA Case Worker Cross-Border Turkey February 2018

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Jordan is currently hosting more than 1.3 million Syrians, including 655,000 registered refugees, who face increasing vulnerability as their savings, assets and resources are long exhausted. Providing for their needs and ensuring their access to basic reproductive health and genderbased violence services is among the top priorities of UNFPA Jordan.

13.2% of the overall population.

Approximately 79% of Syrian registered refugees, representing 516,000 people, live in host communities in urban and rural areas of Jordan. The remaining 21% is settled in camps, either in Azraq, Emirati Jordanian Camp, or Za'atari. The highest concentration of refugees is found in the northern governorates of Amman, Irbid, Mafraq and Zarqa.

UNFPA Jordan has been providing essential reproductive health and gender-based violence prevention services to Syrian refugees throughout the kingdom, whether in refugee camps or in host communities.

REPRODUCTIVE HEALTH

INDICATOR

| Beneficiaries reached with reproductive health services | 19,272 |
|---|--------|
| Family planning consultations | 3,530 |
| Normal/assisted vaginal deliveries | 301 |
| C-Sections | 1 |
| Ante-natal care consultations | 4,918 |
| Post-natal care consultations provided | 1,166 |
| Health facilities that provide Emergency Obstetric Care | 2 |
| Primary healthcare facilities | 21 |
| Mobile clinics | 1 |

GENDER-BASED VIOLENCE

INDICATOR

Fun

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| nctional women and girls safe spaces (WGSS) | 20 |
|---|-------|
| neficiaries reached with GBV programming / services | 9,510 |
| neficiaries provided with GBV case management | 958 |
| neficiaries reached with GBV awareness messages | 2,252 |
| | |

YOUTH SERVICES

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Functional youth centres | 1 |
| Beneficiaries reached with youth programming | 1,313 |



SINCE JANUARY

COMBATING GENDER STREOTYPES IN ZAATARI

UNFPA JORDAN SUPPORTS A SPECIALIZED YOUTH CENTER IN THE ZAATARI REFUGEE CAMP, HELPING SYRIAN GIRLS AND WOMEN REACH THEIR POTENTIAL

UNFPA Jordan has teamed up with a local implementing partner to support a model youth center in the Zaatari refugee camp. The center, which is run by the youth themselves, serves young girls and boys aged 12 to 30 years old, providing a variety of youth services, opportunities and programs that are suitable for different ages. In addition, there are four different shifts in the center targeting different age groups and disaggregating boys and girls to ensure cultural sensitivity and higher accessibility to services.

"Unfortunately, it is often the case that gender stereotyping, especially in sports, seems to resurface," explains a youth specialist at the center. As a result, sometimes girls tend to be excluded from certain sports activities. Another reason for girls' exclusion from sports is due to the unavailability of safe spaces and services for girls to play the sports they like. This can be something as simple as a private courtyard where the girl can play basketball or football without male peers observing her.

Fatima is a 16-year-old active member at the Zaatari youth center. She was introduced to the youth center via her participation in one of the football tournaments that was held in the UNFPA-supported center. She has a great passion for sports, which encouraged her to attend more sports classes, developing a passion for both football and Zumba.

Youth workers and coaches at the center noticed her enthusiasm and passion for sports. As a result, they provided more trainings and coaching opportunities to expand and improve her skills. "My dream is to become a sports trainer in the future," explains Fatima. "I have finally found a place where I can work toward this dream — to pursue my passion, develop my skills and meet new people who share my interests."

66 It is often the case that gender stereotyping, especially in sports, seems to resurface.

The UNFPA-supported center is not a service delivery center where people are simply viewed as beneficiaries. Rather, it is a place that welcomes youth to expand their choices and strengthen their characters to allow them to shape their own future.

Even though the status of a "refugee" can impose many limitations and constraints on a person's prospects for self-actualization, the youth center defies this by providing continuous capacity building opportunities and well-designed services that help youth fulfill their dreams and grow their contribution to society.



A 'one-stop shop' for the health and wellbeing of women and girls

UNFPA is partnering with UNWomen and UNICEF to implement a joint project under the heading of 'Hemyati: Promoting Women and Girls' Health and Wellbeing.'

The Hemayati project's main aim is to further facilitate access to comprehensive lifesaving protection services by survivors of gender-based violence, including health, psychosocial and legal services.

More specifically, the objective of the project is to consolidate all the services necessary for women and girls who have experienced violence in a one-stop shop that guarantees their access to quality, survivor-centered support when they need it most. After completing a successful first phase in 2014, the second phase of the project is currently being implemented in five governorates of Jordan (Amman, Irbid, Zarqa, Mafraq and Maan), benefiting substantially from the expertise of all participating UN agencies and partners. The project is adopting an allencompassing strategy that leverages on psychosocial support, legal aid, communitybased approaches, adaptable service provision and — perhaps most importantly — strict confidentiality to guarantee the safety of beneficiaries.

One of the key objectives of this initiative is to support the scaling of services delivered by the Dar Al Fatayat shelter in Russeifeh, which is operated by the Minsitry of Social Development (MoSD). The project will support MoSD in implementing a survivor-centered approach, focusing on re-integrating girls with their families and communities and raising awareness within nearby communities on the GBV services provided in the shelter. Another key service point for the project is the Women and Girls Safe Space operated by the Jordanian Women's Union in Zarqa, which is supported by UNFPA and UNWomen, which provides GBV survivors with confidential, non-stigmatizing response services, in addition to offering general health and RH services.

This center has become a refuge to countless women from the local community, many of whom continue to rely on its integrated RH clinic and safe GBV referral services to safeguard their physical and mental wellbeing.

UNFPA's Mission

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive healthcare and be effectively protected from genderbased violence. UNFPA and partners are scaling up efforts to empower and improve the lives of Syrian women and youth and impacted communities inside Syria and in host countries, including by advocating for human rights and gender equality, to better cope with and recover from the crisis.



Since the onset of the Syria crisis in 2011, Lebanon has continued to be a generous host, welcoming around 1.5 million displaced Syrians — the highest per capita number of refugees in the world.

Given the significant refugee-percapita ratio and the undue strain the crisis has placed on Lebanon's economy and services, UNFPA array of prgrammes and services to displaced Syrians in Lebanon.

More than 75 percent of refugees in Lebanon are women and girls, making it all the more vital to provide them with essential reproductive health services as well as programmes to respond to and prevent gender-based violence.

Since the beginning of the crisis, UNFPA Lebanon has continually worked on enhancing coordination, expanding partnerships, and assessing needs in close collaboration with key humanitarian actors including pertinent agencies within the United Nations.

REPRODUCTIVE HEALTH

INDICATOR

| Beneficiaries reached with reproductive health services | 895 |
|---|-----|
| Family planning consultations | 306 |
| Ante-natal care consultations | 263 |
| Post-natal care consultations provided | 103 |
| Primary healthcare facilities | 3 |
| Mobile clinics | 1 |

GENDER-BASED VIOLENCE

INDICATOR

| Functional women and girls safe spaces (WGSS) |
|---|
| Beneficiaries reached with GBV programming / services |
| Beneficiaries provided with GBV case management |
| Beneficiaries reached with GBV awareness messages |

YOUTH SERVICES

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Functional youth centres | 1 |
| Beneficiaries reached with youth programming | 315 |



SINCE JANUARY

SINCE JANUARY

3

3,463

3,435

28

TWO WOMEN TAKING CHARGE OF THEIR LIVES

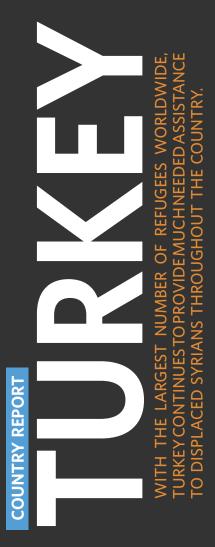
Fatima and Sara are two peer educators in Lebanon who are part of a UNFPA-funded project aimed at implementing outreach activities on GBV, gender equality and the risks of early marriage. By using a family-centric approach that targets the parents and young girls of the family, the project attempts to make a broader and more sustainable impact at the grassroots level. Both Fatima and Sara have been empowered to be become peer educators and leaders in their community and have found the strength as well as the tools required to help other women achieve similar success.

"Our lives have changed drastically ever since we became involved in this project. It has impacted the way we think, how we deal with things, how we treat others and most importantly how we raise our children. We have more confidence in ourselves now and we witnessed how education allows women to play a more central and impactful role in society," explains Fatima.

"This is why we are motivated to have a high school diploma, which will pave the way for us to study at a university and eventually pursue a professional career," added Sara.

Before being part of the project, they had left school and stayed home to look after their families. The project offered them a clear roadmap to self-actualization, not only by helping them realize their inherent potential but also by structuring and facilitating their efforts to reinvent themselves.

Early this year, in an effort to establish a solid foundation for future development, they joined an institute that supports the learning objectives of secondary school in order to obtain a university degree. They successfully overcame all the obstacles they encountered, especially the ones emanating from cultural and familial restrictions.



REPRODUCTIVE HEALTH

INDICATOR

| Beneficiaries reached with reproductive health services | 46,581 |
|---|--------|
| Family planning consultations | 17,271 |
| Ante-natal care consultations | 4,363 |
| Post-natal care consultations provided | 1,952 |
| Primary healthcare facilities | 35 |
| People trained on RH-related topics | 66 |

GENDER-BASED VIOLENCE

INDICATOR

| Functional women and girls safe spaces (WGSS) | 35 |
|---|---------|
| Beneficiaries reached with GBV programming / services | 68,549 |
| Popuation reached with Dignity Kits | 107,192 |
| Beneficiaries provided with GBV case management | 281 |
| Beneficiaries reached with GBV awareness messages | 14,663 |
| People trained on GBV-related topics | 66 |

YOUTH SERVICES

| INDICATOR | SINCE JANUARY |
|--|---------------|
| Functional youth centres | 4 |
| Beneficiaries reached with youth programming | 4,783 |

Turkey hosts the largest number of refugees and asylum-seekers in the world, which includes more than 3.5 million Syrians registered with UNHCR.

Most refugees in Turkey are situated in host communities around the country, which has stretched the absorptive capacities of many host communities and resulted in tensions between refugees and host community members.

As the refugee crisis in Turkey becomes more protracted, delivering support to national and local systems, with a strong focus on supporting women, children and youth, is more vital than ever to reinforce the country's

UNFPA Turkey continues to provide essential reproductive health and gender-based violence services to Syrian communities in need in Ankara, Gaziantep, and Istanbul, addressing assistance gaps and organizing farreaching programs that serve to protect vulnerable members of the community.



SINCE JANUARY

SINCE JANUARY

HIGHLIGHT ESCAPING THE TRENCHES OF DOMESTIC ABUSE AFTER BEING SHUNNED BY HER HUSBAND, RANEEM AND HER FIVE CHILDREN WERE LEFT PENNILESS AND HOMELESS IN A STRANGE COUNTRY

Raneem is a 40-year-old mother of five. While she entered matrimony voluntarily at age 20, her marriage has endured a series of challenges that hit a breaking point with the onset of the crisis in Syria, which brought with it financial instability and a barrage of security risks.

In an effort to find a semblance of stability, Raneem and her family decided to sell all their belongings and seek refuge in Turkey a move that proved to be more challenging than originally anticipated, particularly during the first year. Her husband launched a real estate agency in an attempt to make a decent and stable living, which gradually grew into a viable venture that significantly improved their financial prospects.

Once their situation became stable enough, Raneem decided to visit her family in Syria, taking advantage of the extended Bayram holiday to spend time with her loved ones. This is when, to her surprise, her life was unexpectedly turned upside down.

Upon her return from Syria, Raneem was shocked to discover her husband living with another woman, and he had shunned her and their children, leaving them homeless and broke hundreds of miles away from any friends or relatives. Luckily, with the help of her neighbors, she settled in a nearby mosque, where she made a basic living cleaning the facilities.

While her marriage was technically over, her husband continued to exercise control over her and the children.

"He frequently came to the mosque where we lived, subjecting us to physical and emotional abuse and threatening to withdraw what little financial support he continued to provide," explains Raneem.

Raneem's journey toward reclaiming her life and independence was long and arduous, fraught with the challenges associated with her refugee status and the fact that she was living in an environment that was still largely unfamiliar to her.

Eventually, she participated in an awareness session organized at one of the UNFPAsupported centers in the area, where she began piecing together the fragments of a brighter future. "In the center, they told us about Kamer Foundation, which has provided support to numerous women in similar situations," explains Raneem. "I took the opportunity and sought help from Kamer. I wanted to know my rights as a resident of Turkey and to understand the procedures for filing for a divorce."

The case workers at Kamer obliged, offering her a detailed overview of her rights and guiding her on the ins and outs of divorce. She was accompanied by an interpreter to a police station where she gave a statement about the neglect and abuse she endured at the hands of her husband, which resulted in the revocation of all privileges afforded to him by the Turkish government.

In order to help Raneem gain some semblance of self-reliance, she was taken to the Turkish Red Crescent, where she was granted a financial aid package in order to provide for herself and her children. With her basic needs in place, she was also accompanied by a case worker to receive extended psychosocial support in the hope of beginning her journey toward healing.

NADINE'S STRUGGLE FOR REPRODUCTIVE RIGHTS AFTER BEING FORCED TO MARRY AT AGE 16, NADINE FOUND HERSELF TRAPPED IN AN ABUSIVE, POLYGAMOUS HOUSEHOLD, LIVING IN ABJECT POVERTY

Nadine is a 38-year-old survivor of child marriage living in Turkey. At age 16, she was forced by her family to marry an older man and gave birth to her first child shortly thereafter. Today, she is the mother of six children and a member of a polygamous household, as her husband had taken two additional wives since their marriage, further complicating her already-strenuous situation.

While Nadine has no desire to bear more children, and has frequently expressed her reluctance to her husband, neither she nor the other wives in the household are allowed contraceptives of any kind.

"My husband is out of work and we continue to face economic hardships daily," explains Nadine. "I simply cannot afford to have more children, and neither can he."

In narrating her story, Nadine describes a household in a consistent state of discord. The family lives off of what they could scavenge in the streets, collecting food, trash, and other leftovers to meet their basic needs. Moreover, the women in the household are subjected to constant physical and emotional abuse by their husband, while their children are left with no access to any form of education, healthcare or emotional support. One day, a close friend of Nadine's suggested that she reach out to the Kamer Foundation, which she had been told supports women in similar predicaments. Nadine was courageous enough to follow her friend's advice, approaching a case worker at Kamer with a detailed account of her situation. It was there that Nadine found the support and guidance necessary to regain at least some control over her life and health.

At Kamer, she received a comprehensive examination of her physical and emotional state and was accompanied by a member of the foundation to a nearby hospital for more comprehensive tests, which revealed an advanced-level infection in urgent need of treatment. During her visit, Nadine also explored her options with regard to contraceptives, opting to use oral contraceptives to prevent additional unwanted pregnancies, which she is now receiving on a monthly basis.

Kamer also referred Nadine's case to the Turkish Red Crescent to help her acquire financial support to provide for her family. Meanwhile, Kamer will be assisting her in enrolling her children in school at the beginning of the 2018 school year.





Egypt remains a destination and transit country for refugees and asylum-seekers, most of which live in urban areas. The country continues to generously host Syrian refugees, despite the absence of a land border with Syria. Currently, there are 127,414 Syrian refugees registered with UNHCR Egypt.

Egypt constitutes a successful model with regards to the social inclusiveness dimension. The country hosts nearly half a million Syrians who live alongside Egyptians in various areas, sharing public services, resources and many of the privileges afforded to local citizens.

Among refugees in Egypt, women and girls, boys, adolescents, and unaccompanied and separated children face disproportionate risks. According to UNHCR, 94 percent of the Syrian population in Egypt have been identified as either highly or severely vulnerable. UNFPA Egypt continuues to provide essential services to Syrians, focusig on prevailing social predicaments associated with forced migration such as various forms of gender-based violence.

REPRODUCTIVE HEALTH

INDICATOR

Beneficiaries reached with reproductive health services

SINCE JANUARY

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

| Functional women and girls safe spaces (WGSS) | 6 |
|---|-------|
| Beneficiaries reached with GBV programming / services | 1,259 |
| Beneficiaries provided with GBV case management | 255 |
| Beneficiaries reached with GBV awareness messages | 345 |

THE WARS FOUGHT INSIDE THE HOME

BASMA AND HER DAUGHTER HANA, BOTH SURVIVORS OF ROUTINE DOMESTIC ABUSE, FIND HEALING AND HOPE IN A UNFPA-SUPPORTED WOMEN AND GIRLS SAFE SPACE IN EGYPT

For Basma and her 12 year old daughter Haya, has been a regular state of affairs, inflicted upon them by Haya's father and older brother.

Basma, a 45-year-old Syrian refugee, came to the UNFPA-supported safe space to seek the company of other women like herself who were living in Egypt following the onset of the Syria crisis. In the safe space, she found the opportunity to engage in recreational activities and build a social network after her ties with everyone but her immediate family had been severed.

Over time, Basma began relaying stories of abuse to the social worker and to some of the women at the safe space who came to be her closest friends. Basma's daughter was also routinely beaten by her twentyyear-old brother who exercised control over her every move and wanted her confined to the house at all times.

His father, on the other hand, not only turned a blind eye to his son's actions but encouraged him to "be a man" and assert his dominance over his sister. This routine abuse also had a toll on Basma's relationship with her daughter, who accused her mother of doing nothing to prevent it. The psychologist at the safe space invited Basma, her daughter, and her husband to one-on-one counseling and enrolled Basma in a group therapy session.

Meanwhile, Haya was invited to participate in the safe space theater sessions which use community theatre as a tool for facilitating discussions in the community around GBV.

After a series of trainings, Haya participated in a theatre performance that was attended by hundreds of people in her community. The performance was not only a medium for self-expression for Haya but it also allowed her to openly discuss domestic violence in her sketch. The performance was attended by her entire family.

Basma has told the psychologist that the incidents of violence in her household have substantially decreased since, and she is for the first time hopeful that she and her daughter can find some semblance of peace at home.





Currently, some 247,379 Syrian Refugees are registered with UNHCR in Iraq, with the majority centered in the Kurdistan Region while the remainder is distributed throughout the center and south of the country.

Over three million Iraqis have been internally displaced since January 2014, including close to one million internally displaced persons (IDPs) hosted in the three governorates of the Kurdistan Region of Iraq alongside the refugee population already hosted there.

ability of Syrian refugees to attain and maintain self-reliance.

Moreover, budgetary issues as well as drops in oil prices continue to constrain the provision of basic services to refugees and the impacted community.

UNFPA Iraq has continued to scale up its responses to the Syria refugee crisis, with a wide array of programs tackling reproductive health, gender-based violence and overall capacity building.

Response activities are targeting refugees in the four primary camps in Iraq: Basirma, Drashakran, Kwrgosk, and Qwshtapa, with programs that span vocational training for women, awareness sessions for women and adolescent girls, lectures on topics related to reproductive health and gender-based violence, and various community engagement activities.

REPRODUCTIVE HEALTH

INDICATOR

| Beneficiaries reached with reproductive health services | 4,699 |
|---|-------|
| Family planning consultations | 1,545 |
| Normal/assisted vaginal deliveries | 278 |
| C-Sections | 130 |
| Ante-natal care consultations | 696 |
| Post-natal care consultations provided | 437 |
| Health facilities that provide Emergency Obstetric Care | 16 |
| Primary healthcare facilities | 8 |

GENDER-BASED VIOLENCE

| SINCE JANUARY |
|---------------|
| 11 |
| 8,735 |
| 20 |
| 451 |
| 1,598 |
| |

YOUTH SERVICES

| INDICATOR | SINCE JANUARY |
|--------------------------|---------------|
| Functional youth centres | 5 |



SINCE JANUARY

REGIONAL SITUATION REPORT ON THE SYRIA CRISIS

NFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY (GBV AOR), ENSURING THAT MINIMUN andards are in place to prevent and respond to gender-based violence in emergencoes To ensure good coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action such as water, health and logistics. In contexts where the IASC Cluster Approach has been activated, UNFPA is mandated to co-lead the GBV Area of Responsibility (GBV AoR), a body part of the Global Protection Cluster, which is led by UNHCR.

As lead, UNFPA is accountable for working closely with national authorities, partners and communities, to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA is co-leading with UNHCR.

In the Whole of Syria, UNFPA leads the GBV coordination mechanisms in Syria, in Turkey with Global communities and in Jordan with Relief International. In Iraq, UNFPA and IMC lead the GBV subcluster. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

In February 2018, the GBV Sub-Cluster (SC) coordinators participated in the GBV Whole of Syria (WoS) coordination workshop in Beirut between the 5th and 7th of February to identify joint priorities and plan common actions for the first quarter of 2018. Based on the decisions taken during the workshop and previous consultations with GBV SC members, the GBV SC was able to finalize its 2018 operational strategy and work plan, which was presented and endorsed by the sub-cluster's members.

In Turkey, the GBV SC, UNFPA and IOM jointly organized a training in Gaziantep between the 19th and 22nd for the Gender Focal Points (GFP) of all Clusters and the GBV SC Prevention and Risk Mitigation Taskforce (25 participants from 21 organizations). The training was aimed at improving the communication and advocacy skills of GFP's and taskforce members, in addition to helping them become more effective in their efforts toward gender mainstreaming and GBV mitigation in humanitarian program cycles.

The GBV SC also focused on the Idleb, Eastern Ghouta and Afrin emergency responses. As a result, response plans for Afrin and Eastern Ghouta were developed in coordination with the Protection Cluster and its other Sub-Clusters. The sub-cluster also provided inputs for the Idleb rapid protection assessment report developed by the Protection Monitoring Taskforce, in addition to participating in the development of the Humanitarian Fund (HF) Idleb emergency allocation. This included the identification of needs and gaps, consultation with selected GBV SC members and participation in the Technical Review Committee for submitted projects. In addition, the Turkey hub started to engage with selected clusters to jointly identify key actions for that purpose. Lastly, the GBV SC facilitated a GBV risk mitigation session at the Education Cluster meetings and consulted its members on how to improve referrals between Education and GBV actors.



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DONORS

Australia, Austria, Canada, Denmark, The European Commission, Finland, France, Germany, Italy, Japan, Republic of Korea, Kuwait, Norway, Saudi Fund for Development, Sweden, and the United Kingdom.

Private sector: MBC and Samsung Electronics, TOMS

United Nations: Friends of UNFPA, OCHA/CERF, UNDP, UNICEF, UN Women, and UNFPA Emergency Funds

IMPLEMENTING PARTNERS

In Syria: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Masyaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatoul Charity for Humanitarian Services, Islamic Charity Association – Aoun for Relief and Developments (AOUN), Monastery of Saint James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Catholic Archbishopric – Relief and Development Center (RDC), Syrian Commission for Family A airs and Population, SCS, SEBC.

In Lebanon: Ministry of Public Health, Ministry of Social A airs, Lebanon Family Planning Association for Development & Family Empowerment (LFPADE), Amel Association, International Medical Corps, KAFA ("Enough Violence and Exploitation"), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba'a, RET Liban, NABAD, Heartland Alliance, Relief & Development, Maarouf Saad Social and Cultural Foundation, Danish Refugee Council (DRC).

In Jordan: Ministry of Health (MOH), Institute for Family Health (IFH), International Medical Corps (IMC), Jordanian Health Aid Society (JHAS), Family Protection Department (FPD), Jordanian Women's Union (JWU), Youth Peer Education Network (YPE), NCFA (National Council for Family A airs), Questscope.

Jordan Cross-Border: Relief International, Syrian American Medical Society (SAMS).

In Iraq: Ministry of Culture, Sport and Youth (MCSP), Ministry of Labor & Social A airs (MLSA), AL Massela, START NGO and Harikar.

In Egypt: Ministry of Health and Population (MOHP), Ministry of Youth and Sport (MoYS), Arab Medical Union (AMU), Care International.

In Turkey: The Disaster and Emergency Management Presidency (AFAD) of the Prime Ministry of Turkey, Ministry of Foreign A airs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Polices (MoFSP), ASAM (Association for Solidarity with Asylum Seekers and Migrants), HÜKSAM (Hacettepe University Women's Research and Implementation Center), IMPR (International Middle East Peace Research Centre), KAMER (Women's Center Foundation), CVF (Community Volunteers Foundation), Osmangazi University, PYD (Positive Life Association), SPoD (Social Policies, Gender Identity, and Sexual Orientation Studies Association), Bilgi University.

Turkey Cross-Border: Ihsan RD, Syrian Expatriate Medical Association (SEMA), Syrian American, Medical Society (SAMS), CARE International, Shafak.

CONTACT INFORMATION

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RELEVANT RESOURCES

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

