

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

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 inside Syria and managed through cross-border 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, gender-based violence, youth, and others.

ISSUE# 77

JANUARY 1-30, 2019



As a girl, I always feel like I'm walking with a thousand eyes on my back and an invisible knife held against my throat. Every word, every glance, and every step is a potential affront to the honor of my family."

— Nergis, an adolescent girl from Qamishli, Syria



IN THIS REPORT

OVERVIEW OF THE CONTENTS OF ISSUE # 77 / JANUARY 1-30 2019.

SECTION	PAGE
OVERVIEW OF THE SITUATION	3
RESPONSES FROM ALL OPERATIONS	4
SYRIA COUNTRY OFFICE	5
CROSS-BORDER TURKEY	7
EGYPT	9
IRAQ	10
JORDAN	12
LEBANON	13
TURKEY	14
COORDINATION	16
DONORS & PARTNERS	17

The crisis in Syria has been globally recognized as one of the worst humanitarian crises of our time.

As of 2019, more than 13.1 million people inside Syria are in need, while close to 5.7 million have taken refuge in neighbouring countries throughout the region. They continue to suffer the effects of nearly nine years of conflict, including disruption of community networks, safety nets and rule of law. Even as some parts of Syria stabilize, the crisis has long since passed a critical point in terms of generational change, and its effects will undoubtedly continue for many years to come. This is particularly true in the case of women and girls due to the deep-rooted complexity of the issues they continue to face on a daily basis.



THE SYRIA CRISIS IN 2019

OVERVIEW OF THE SITUATION

WHILE PARTS OF SYRIA STABILIZE, 13.1 MILLION PEOPLE REMAIN IN NEED, IN ADDITION TO 5.7 MILLION REFUGEES REGIONWIDE.

With the Syria crisis approaching its ninth year, the country faces a new reality in which gender dynamics have been significantly altered. Even as parts of Syria appear to be stabilizing, the situation has long since passed a tipping point in terms of accumulated effects, with women and girls shouldering the larger portion of the consequences of the crisis. The lingering ramifications of conflict and displacement are now so fundamentally ingrained that they require long-term and strategic solutions.

In terms of reproductive health, disruptions in service networks over the past years have meant that a significant number of people have limited to no access to basic health services, which has placed the lives and wellbeing of Syrian mothers and their infants at risk. Moreover, civilians continue to suffer the effects of over eight years of conflict, including disruption of community networks, safety nets and rule of law. Moreover, the loss of civil documentation poses immediate and long-term risks, restricting the movement of civilians and preventing access to basic health services.

Pregnancies do not stop during crises. Women and girls always require access to life-saving reproductive health services, especially in emergencies. UNFPA is working toward securing the essential elements of lifesaving care, including functional health facilities, decentralized care, trained health workers as well as provision of essential equipment, medicines and supplies.

Unless the humanitarian community works collaboratively to ensure the provision of medicines, equipment, midwives and doctors, mothers and their infants are at risk of a wide array of health complications that can permanently impact their quality of life and, in many cases, lead to additional fatalities.

Meanwhile, gender-based violence (GBV) continues to be one of the most egregious manifestations of violence in the scope of this conflict, disproportionately afflicting women and girls. Recent reports by humanitarian actors region-wide reveal that all forms of gender-based violence affecting Syrian women and girls show no signs of abating.

Of the 11.7 million in need of assistance, 5.9 are women and girls — undoubtedly the most vulnerable to GBV in any humanitarian crisis. Since the crisis, women and girls seldom feel safe due to the increased

risk of harassment, sexual exploitation, domestic and family violence, rape, and early and forced marriage. It has also been documented that rape has been used as a weapon of war in Syria.

Given the length of the crisis in Syria, the different forms of violence against women have become interlinked. A girl forced into a child marriage five years ago may now be a widow or divorcee (sometimes more than once), with children to protect and feed, putting her and her family at greater risk of exploitation, sexual violence, temporary or forced marriage, and other forms of violence. This stark reality will have serious and far-reaching ramifications on Syrian society, leaving an entire generation to grapple with deep-rooted emotional scars that inhibit social progress, and further ingraining patriarchal attitudes that are conducive to social disharmony and even extremist ideologies.

While some parts of Syria stabilize, the accumulative effect of the conflict necessitates the continuation of reproductive health and gender-based violence services to the 11.7 million people in need inside Syria and the 5.7 million who remain refugees in Turkey, Lebanon, Jordan, Iraq and Egypt.

There is a need for reinforcing the collective responsibility at the highest levels to address and mitigate the risks of gender-based violence. Donors could consider adding indicators relating to GBV risk mitigation in proposal development or reporting; requiring partners to demonstrate how they will mitigate GBV as criteria for funding; and ensure sufficient funding for GBV risk mitigation in other sectors.

There is also a need for maintaining multi-year funding for GBV specialized prevention and response services, with a particular focus on vulnerable groups such as adolescent girls, widows, divorced women and those living with disabilities. Multi-year funding ensures the sustainability of programmes but also provides an opportunity to tackle the root causes of GBV — which lie in gender inequality. Funding should be directed at all levels of the response, including local NGOs.

Moreover, additional funding and investment is needed to address the needs of men and boys who have experienced sexual violence, coupled with additional engagement from other sectors such as health with a focus on mental health and psychosocial support, general protection, and legal services to ensure that their needs are met in a holistic way.

RESPONSE FROM ALL OPERATIONS

DELIVERING LIFE-SAVING REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES TO COMMUNITIES IN NEED INSIDE SYRIA AND THROUGHOUT THE REGION.

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 has permanently altered the fabric of society in the nation, with far-reaching ramifications for its future resilience.

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 hub in Gaziantep, Turkey for cross-border operations.

REPRODUCTIVE HEALTH

INDICATOR

INDICATOR	SINCE JANUARY
People reached with reproductive health services	182,573
Family planning consultations	70,927
Normal / assisted vaginal deliveries	5,277
C-Sections	7,382
Ante-natal care consultations	38,188
Post-natal care consultations	2,064
People trained on RH-related topics	138

GENDER-BASED VIOLENCE

INDICATOR

INDICATOR	SINCE JANUARY
People reached with GBV programming / services	99,588
People reached with Dignity Kits	13,744
People provided with GBV case management	1,577
People reached with GBV awareness messages	73,095
People trained on GBV-related topics	16

YOUTH SERVICES

INDICATOR

INDICATOR	SINCE JANUARY
Beneficiaries reached with youth programming	1,802
Beneficiaries trained on youth-related topics	113



* Above figures reflect fully-supported service-delivery points. Inside Syria additional 917 primary healthcare facilities are being partially supported through the Ministry of Health.



WHOLE OF SYRIA RESPONSE

SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES NATIONWIDE.

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 has permanently altered the fabric of society in the nation, with far-reaching ramifications for its future resilience.

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 hub Gaziantep, Turkey for cross-border operations.

REPRODUCTIVE HEALTH

INDICATOR

SINCE JANUARY

People reached with reproductive health services	144,428
Family planning consultations	58,033
Normal / assisted vaginal deliveries	5,703
C-Sections	4,813
Ante-natal care consultations	31,186
Post-natal care consultations	3,700

GENDER-BASED VIOLENCE

INDICATOR

SINCE JANUARY

People reached with GBV programming / services	67,834
People reached with Dignity Kits	11,311
People provided with GBV case management	1,110
People reached with GBV awareness messages	56,195
People trained on GBV-related topics	16



* Above figures reflect fully-supported service-delivery points. Inside Syria additional 917 primary healthcare facilities are being partially supported through the Ministry of Health.





JANUARY HIGHLIGHT

BRINGING HOPE TO THE PEOPLE OF RUKBAN

A 118-TRUCK CONVOY REACHES THE IMPACTED AREA IN ONE OF THE LARGEST UN-LED OPERATIONS.

As part of the largest-ever humanitarian convoy by the United Nations and the Syrian Arab Red Crescent, UNFPA has delivered critical reproductive health supplies, hygiene and dignity kits to women and girls in the remote Rukban area of South-east Syria.

Some 118 trucks brought life-saving assistance to the makeshift settlement, where more than 40,000 people are stranded in the desert.

"The situation here is extremely dire," said Dr. Ameera Ahmad, a UNFPA gender expert who served on the convoy. "It's very cold and people are living without basic needs."

Rukban, which sits at the border with Jordan, was cut off from humanitarian relief for most of 2018. A convoy and assessment mission last November brought the settlement its first humanitarian supplies in nearly a year. The residents there have been stranded for years, and the prolonged displacement has taken its toll.

"Life is unbearable here," Leila, a resident, told a UN official. She fled the Islamic State of Iraq and the Levant (ISIL, also known as ISIS) four years ago and had her youngest child in the Rukban.

Basic food items are supplied by smugglers at hefty prices, people reported. Leila said there is little she can afford in the makeshift market. Families described resorting to desperate measures, including forgoing essential health care to afford food. "One of the women in the camp told me that she can't bring her child for a \$2 injection because then the whole family will have to go without a meal," Dr. Ahmad reported.

Protection Issues Paramount

As has been in the case since the onset of the crisis, women and girls — particularly adolescent girls — are disproportionately affected, especially as basic protection mechanisms are no longer present.

"We have noted a rise in negative coping mechanisms like child marriage," explains Dr. Ahmad. "When we ask the parents what drives them to force their daughters to get married, they either say that they believe this is a form of protection for the girl, or simply that poverty and displacement are rendering them unable to feed the entire family."

Residents say gender-based violence, sexual exploitation and abuse are all major concerns, as the harsh environment exacerbates the risks of the most prevalent forms of GBV, such as harassment, restriction of movement, family violence, child marriage and domestic abuse. Meanwhile, the excessively cold climate experienced this winter is also posing a wide array of health risks, all the while contributing to the rise of these negative coping mechanisms.

Critical supplies

UNFPA delivered reproductive health kits to help pregnant women safely give birth, supplies to treat sexually transmitted infections, kits for pregnant and breastfeeding women, as well as post-rape treatment kits for survivors. UNFPA has also provided dignity kits, which contain essential hygiene items including sanitary napkins, as well as winter supplies.

During the mission, UNFPA also consulted with residents about their needs. "We had the opportunity to assess the situation of people in the camp closely, their needs and suffering," added Dr. Ahmad.

Needs Remain High

"In Rukban, I saw an unfolding public health disaster," said UNFPA's Representative in Syria, Karen Daduryan. "With not a single doctor in the entire settlement, a population of 40,000 are relying on nurses, many of them uncertified. We need to bring doctors and health services, including reproductive health care, and provide basic equipment and supplies, as well as establish a viable referral mechanism inside Syria for critical cases.

"While the convoy successfully delivered much needed assistance to people in need, a durable solution must be found as the aid only serves some of the needs for a limited time. Sustained access to continue the delivery of humanitarian assistance is absolutely vital for the Rukban residents."

CROSS-BORDER TURKEY

ENSURING ACCESS TO LIFE-SAVING SERVICES FOR ALL COMMUNITIES INSIDE SYRIA.

Through its hub in Gaziantep, Turkey, UNFPA continues to provide emergency and long-term assistance to affected populations in northern Syria, a region that continues to experience frequent instabilities and fluctuations in areas of control.

As of January 2019, Haya Tahrir Al-Sham (HTS) has gained greater control over the city of Idlib, which has resulted in significant cuts in funding to stabilization actors in northern Syria, namely for health, governance and protection. This has led to increased pressure on humanitarian programs. Moreover, the withdrawal of US forces from the region is expected to pose a challenge for the presence of INGOs in northeastern Syria, which might further increase the burden on operations managed from cross-border Turkey.

Additionally, more than 81,000 people were affected by the recent floods in the area, and UNFPA has been supporting the emergency response to the situation through its various implementing partners.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
People reached with reproductive health services	9,841
Family planning consultations	6,167
Normal / assisted vaginal deliveries	1,320
C-Sections	450
Ante-natal care consultations	1,621
Post-natal care consultations	106
Health facilities that provide Emergency Obstetric Care (EmOC)	13
Functional mobile clinics	8

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	1,816
People provided with GBV case management	131
People reached with GBV awareness messages	1,529





JANUARY HIGHLIGHT

PICKING UP THE PIECES OF A BROKEN CHILDHOOD

A SURVIVOR OF SERIAL MARRIAGES, ZENA FIGHTS TO TAKE CONTROL OF HER LIFE, CHOOSING HOPE OVER DESPAIR.

"My first marriage took place when I was thirteen," explains Zena, now 38. "I was engaged to my cousin and married shortly after, but that marriage only lasted a few months as there were many points of disagreement between our families. At 14, I was back at my parents' house, and I thought I had paid my dues after that experience."

But Zena's story was far from over. In her community, young girls seldom remained single for long; some entered wedlock by choice, while others were simply forced into it irrespective of their individual hopes and dreams. Shortly before turning 18, her family received a marriage proposal from a man who was 42 years her senior and who suffered a number of health issues. Despite her protests, she found herself relocating to his house as his wife.

A decade passed, which Zena describes as "a lifetime." She had given birth to two children during that time, despite her continued efforts to evade pregnancy, and she spent the bulk of those ten years pleading with her husband for a divorce. Unfortunately for her, divorce law presents countless challenges for women who choose to file, and in most cases requires the consent of the husband. In the case of a minor, the process becomes even more complicated.

Try as she might, he would not relent. "There was simply no purpose to that marriage for me. I was desperate to leave, but neither my family nor my husband were on my side. After a lengthy struggle, he finally agreed to divorce me, but only under the condition of giving up custody of my children. As heartbreaking as it was, I left that house without my children."

Zena was desperate to pick up the pieces of her life and to make up for the time she'd lost. Given the restrictions within her community, she had to convince her brother to let her work, as her priority was to achieve economic independence. "Once you find a stable job, choices become somewhat more available, or so I thought."

Zena was able to find work as an administrative assistant, which went a long way toward reshaping her self-esteem and overall outlook toward the future. "It didn't pay much, but that didn't matter. I had a routine and a life of my own. I was able to pay my bills and I never felt like I was at the mercy of anyone."

This is when Zena met Isam, a young man who seemed to meet the lofty standards she had set for a husband. At the time, his attitude towards made her feel safe and confident, and the idea of sharing the

rest of her life with him felt exciting. Months later, she signed her third marriage contract.

"At first, things were generally fine," explains Zena. "We had a stable life and what felt like a solid partnership, and for the first time in my life I felt like I was in control. Slowly, however, he began showing a completely different side of his character, and the problems came rushing."

Isam's proclivity for control made Zena's life increasingly difficult. "Every step was followed by an interrogation. He didn't trust me and constantly questioned me about my whereabouts during his absence, frequently accusing me of being unfaithful. It was devastating."

This manic distrust eventually evolved into a complete restriction of her movements, which not only compromised her ability to work but also destroyed her physical and mental health. "As much as you try to take what life gives you, eventually you break down in every possible way. My depression quickly began to manifest physically — headaches, stomach pains, fatigue. I felt as though I was aging decades within the span of a few months."

Zena came to the attention of a case manager at a UNFPA-supported health facility after seeking medical assistance for her symptoms. The case manager quickly noticed that her symptoms were rooted in her depression and referred her to a psychologist for one-on-one behavioral therapy. The priority was for her to develop a safety plan and to come up with mechanisms to address the challenges she faced with her husband.

"I was not ready to pursue another divorce," explained Zena. "I wanted to try and resolve these issues and the sessions were of great help. I was coached on how to present my ideas and feelings without triggering violence, and to work with him on creating a healthier foundation for our future. As time passed, my mental health began improving and I was slowly regaining hope in life."

Zena's road to health was long and arduous, as she was pushing herself to make the best of a life she did not choose. Her persistence, however, quickly overcame her environmental pressures, and she eventually surpassed her fear. "I have found a new sense of calmness and can exchange ideas with my husband. Above all, I have regained the kind of hope that I thought I'd lost."

COUNTRY OVERVIEW

EGYPT COUNTRY OFFICE

WITH NEARLY HALF A MILLION SYRIANS LIVING ALONGSIDE EGYPTIANS, UNFPA CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY, FOCUSING ON ISSUES RELATED TO GENDER-BASED VIOLENCE.

Egypt remains a destination and transit country for refugees and asylum-seekers, most of whom 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 continues to provide essential services to Syrians, focusing on prevailing social predicaments associated with forced migration such as various forms of gender-based violence.

REPRODUCTIVE HEALTH

INDICATOR

People reached with reproductive health services

SINCE JANUARY

65

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)

SINCE JANUARY

11

People reached with GBV programming / services

361

People provided with GBV case management

115

People reached with GBV awareness messages

35



IRAQ COUNTRY OFFICE

WITH HUNDREDS OF THOUSANDS TAKING REFUGE IN THE COUNTRY, UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES IN BASIRMA, DRASHAKRAN, KWARGOSK, AND QWSHTAPA CAMPS.

Currently, around 250,000 Syrian refugees are seeking safety in camps and host communities in Iraq. UNFPA supports nine women community centres, sixteen health facilities, and five youth centres serving the refugee population in the Kurdistan region of Iraq. UNFPA ensures that antenatal, postnatal, and emergency obstetric referral services are offered. In addition, UNFPA provides reproductive health kits and supports referral services.

UNFPA in Iraq continues to coordinate with other gender-based violence (GBV) prevention and response service providers targeting refugees. Staff from the RH Units have been trained on the GBV Standard Operating Procedures for the Kurdistan Region, reporting an increased ability to identify GBV cases, provide information, and make referrals to service providers using a survivor centred approach.

Response activities are targeting refugees in the eight primary camps in Iraq: Basirma, Drashakran, Kwrgosk, and Qwshtapa in Erbil Governorate, Domiz 1, Domiz 2, Gawilan in Dohuk Governorate and Arbat in Suleymania Governorate with programs that span vocational training, awareness sessions, lectures on topics related to reproductive health and gender-based violence, and various community engagement activities.

REPRODUCTIVE HEALTH

INDICATOR

People reached with reproductive health services	7,187
Family planning consultations	1,118
Normal / assisted vaginal deliveries	216
C-Sections	24
Ante-natal care consultations	766
Post-natal care consultations	26
Health facilities that provide Emergency Obstetric Care (EmOC)	17

SINCE JANUARY

GENDER-BASED VIOLENCE

INDICATOR

Number of women and girls' safe spaces (WGSS)	11
People reached with GBV programming / services	1,653
People reached with dignity kits	5
People provided with GBV case management	53
People reached with GBV awareness messages	2,841

SINCE JANUARY

YOUTH SERVICES

INDICATOR

Number of functional youth centres	2
------------------------------------	---

SINCE JANUARY





THE MISSION OF UNFPA

THE UNITED NATIONS SEXUAL AND REPRODUCTIVE HEALTH AGENCY

UNFPA's core mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

UNFPA calls for the realization of reproductive rights for all and supports access to a wide range of sexual and reproductive health services - including voluntary family planning, maternal health care and comprehensive sexuality education.

UNFPA believes that every Syrian woman and girl has the right to have access to affordable reproductive healthcare and be effectively protected from gender-based 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.

JORDAN COUNTRY OFFICE

WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEE AND HOST COMMUNITIES THROUGHOUT THE KINGDOM.

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 gender-based violence services is among the top priorities of UNFPA Jordan.

According to the 2015 population census, the total population of Jordan was estimated at 9.531 million, including 1.265 million Syrians, who represent 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

	SINCE JANUARY
People reached with reproductive health services	9,841
Family planning consultations	6,167
Normal / assisted vaginal deliveries	1,320
C-Sections	450
Ante-natal care consultations	1,621
Post-natal care consultations	106
Health facilities that provide Emergency Obstetric Care (EmOC)	13
Functional mobile clinics	8

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	14
People reached with GBV programming / services	1,816
People provided with GBV case management	131
People reached with GBV awareness messages	1,529

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	14
People reached with youth programming	1,816
People provided with GBV case management	131
People reached with GBV awareness messages	1,529

"Awareness is everything. I felt so inspired by these sessions that I wanted to become part of that change, and so I began to reach out to the people in my community to help them become familiar with the issues and with the consequences of child marriage."

— **Osama Leddi from Jordan.** Osama has been attending awareness sessions on child marriage at a youth center supported by UNFPA, and has decided to leverage his skills in theater performance to create a series of videos to raise awareness on the issue.



COUNTRY OVERVIEW

LEBANON COUNTRY OFFICE

WITH THE HIGHEST PER CAPITA NUMBER OF SYRIAN REFUGEES IN THE WORLD, UNFPA LEBANON CONTINUES TO PROVIDE VITAL SERVICES TO SYRIANS NATIONWIDE.

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-per-capita ratio and the undue strain the crisis has placed on Lebanon's economy and services, UNFPA Lebanon continues to provide a wide array of programmes 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

	SINCE JANUARY
People reached with reproductive health services	1,804
Family planning consultations	249
Normal / assisted vaginal deliveries	80
C-Sections	14
Ante-natal care consultations	176
Post-natal care consultations	24
Functional mobile clinics	1

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	3
People reached with GBV programming / services	1,452
People provided with GBV case management	1
People reached with GBV awareness messages	5,857



TURKEY COUNTRY OFFICE

WITH THE LARGEST NUMBER OF REFUGEES WORLDWIDE, TURKEY CONTINUES TO PROVIDE MUCH NEEDED ASSISTANCE TO DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

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 resilience.

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 far-reaching programs that serve to protect vulnerable members of the community.

REPRODUCTIVE HEALTH

INDICATOR

	SINCE JANUARY
Number of primary health facilities	30
People reached with reproductive health services	17,116
Family planning consultations	4,314
Ante-natal care consultations	1,690
Post-natal care consultations	377
People trained on RH-related topics	138

GENDER-BASED VIOLENCE

INDICATOR

	SINCE JANUARY
Number of women and girls' safe spaces (WGSS)	30
People reached with GBV programming / services	26,120
People reached with dignity kits	2,433
People provided with GBV case management	107
People reached with GBV awareness messages	8,141

YOUTH SERVICES

INDICATOR

	SINCE JANUARY
Number of functional youth centres	5
People reached with youth programming	1,291

OTHER SERVICES

INDICATOR

	SINCE JANUARY
Number of social service centers (SSC)	20
Number of Key Refugee Service Units (KRG)	7



JANUARY HIGHLIGHT

FREEDOM AND DIGNITY AT ALL COSTS

SALAM'S JOURNEY TO TRUE INDEPENDENCE TOOK HER THROUGH MACEDONIA AND GREECE, BEFORE FINALLY MAKING A LIFE FOR HERSELF IN TURKEY.

When Salam first decided to get married, she had high hopes for the life she was starting. At the time, the Arab Spring was in its infancy and a sense of rebirth and optimism filled the air in Syria. She recalls spending hours thinking of and planning for a better life, picturing what it would be like to have a family in a world where people had greater control over their futures.

By the time the crisis in Syria hit in full force, she was already a mother, but the image of that world was beginning to unravel. She had discovered that her husband had hidden abusive tendencies that turned her household into a daily torment — a side of his character that became more dominant in the geopolitical chaos that ensued following the crisis.

“He was beyond abusive to me, but what truly broke my heart was that his abuse did not spare my children,” explains Salam. “He would beat us, call us names, and often forbid us from leaving the house. The war outside often seemed less cruel than the one we fought daily within our own home. I simply had to get away.”

Salam eventually learned that her husband had taken a second wife, which she considered the last straw that broke her marriage. She demanded a divorce, which he verbally accepted but never fulfilled legally, leaving her in a state of limbo. At that point, her avenues were quickly shrinking, particularly as the armed conflicts in Syria drew closer to home. She decided to take a risk and flee.

Salam made her way illegally into Greece and then Macedonia. The harrowing journey took months, during which she came face-to-face with the stark reality of humanitarian conflicts and the dangers they posed to those without protection, particularly women and girls.

“The madness I escaped paled in comparison to what I faced on this journey,” explains Salam. “As a woman alone with children to feed, I was an open target for abuse and exploitation. Poverty, rape and violence often go hand-in-hand. It was at that point that I decided to take refuge in Turkey, where I’d been told many like me had managed to find some semblance of peace.”

By the time she reached Turkey, Salam was in a dire state, both physically and mentally. She had begun to experience a variety of health problems, including chronic fatigue and sporadic aching throughout her body.

She managed to find her way to a women and girls safe space supported by UNFPA, where she immediately confided in a case manager about her situation. She also expressed her intent to legally divorce her husband and securing some financial support to start a new life for herself and her children.

“The case manager immediately referred me to another institution to receive legal counseling, and she also scheduled an appointment for me to receive psychosocial support,” recalls Salam. “They also helped me secure some basic financial support and a stable job, which was beyond necessary at that stage in my life.”

Today, Salam has regained her freedom after finalizing divorce proceedings. She has managed to find stability in Turkey, where she currently works in collaboration with one of the programs supported by UNFPA, and continues to receive psychological support to recover from the trauma of her journey.

COORDINATION UPDATES

UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY (GBV AOR), ENSURING THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

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 January, the final draft of the Humanitarian Needs Overview (HNO) for Syria was submitted, with feedback from the relevant authorities still pending. As in previous years, the HNO will serve as a vital resource for humanitarian actors involved in the Syria response by providing a detailed overview of the most urgent needs on the ground.

In Damascus, two joint meetings took place with the objective of providing additional guidance to the sector partners applying for HRP projects. The GBV Subsector in Damascus has also been actively working on the response to the situation in Al Hol, with partners increasing their presence Al Hol Camp and has procured more than 2,000 female kits to support the emergency response.

In cross-border Turkey, the RH working group drafted standard operating procedures to control the quality of RH care being provided in northern Syria, particularly with the ongoing shifts in areas of control, while the GBV Subsector drafted its annual work plan based on a quarterly trend analysis, which will be used to inform programming and for advocacy purposes.

In Turkey, a conference took place in Ankara under the heading of "Gender-Sensitive Refugee Response in Turkey," organized within the scope of strengthening the resilience of women and girls. Moreover, the National Protection Working Group meeting was also held in January, focusing on gender issues and the way forward for protection coordination in the country.



DONORS AND PARTNERS

THE WORK WE DO WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS, MANY OF WHOM HAVE BEEN SUPPORTING OUR OPERATIONS SINCE THE BEGINNING OF THE SYRIA CRISIS.

CURRENT DONORS

Austria, Canada, Denmark, The European Commission, Finland, France, Italy, Japan, Republic of Korea, Norway, Sweden, and the United Kingdom.

Private sector: MBC and Samsung Electronics, and TOMS.

United Nations: Friends of UNFPA, OCHA/CERF, UNDP, 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 Affairs and Population, SCS, SEBC.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Lebanon Family Planning Association for Development & Family Empowerment (LFPAGE), Amel Association, KAFA ("Enough Violence and Exploitation"), INTERSOS, Makkased Philanthropic Association of Beirut, Development Action without Borders-Naba'a, RET Liban, Lebanese Order of Midwives, Lebanese Society of Obstetrics and Gynecology.

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 Affairs), Questscope.

In Iraq: AL Massela, Harika, Zhian and Civil Development Organisation.

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 Affairs (MoFA), and Ministry of Health (MoH), Ministry of Family and Social Policies (MoFSP), ASAM (Association for Solidarity with Asylum Seekers and Migrants), HÜKSAM (Hacettepe University Women's Research and Implementation Center), 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, Red Umbrella, MUDEM, Harran University.

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

CONTACT INFORMATION

Jennifer Miquel

Head of Regional Syria Response Hub

miquel@unfpa.org

(962) 79 575 6755

RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

www.unhcr.org

<http://syria.humanitarianresponse.info>



All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Syria Response Hub. Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear.