Women and adolescent girls with disabilities are often told they cannot become mothers. They face extreme stigma and discrimination - laced with assumptions that they do not need sexual and reproductive health services because they are asexual. They are denied access to comprehensive sexuality education, limiting their ability to have safe, healthy and enjoyable relationships. Decisions about their bodies are taken for them. Human rights violations are committed such as forced contraception, forced sterilization, and forced abortion. We are here to take a stand and say no more.

UNFPA Executive Director, Dr. Natalia Kanem
Speech delivered during the Global Disability Summit
July 24, 2018
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 cross-border 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, gender-based violence, youth, and others.
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 cross-border operations.

**REPRODUCTIVE HEALTH**

**INDICATOR**

<table>
<thead>
<tr>
<th>Service</th>
<th>SINCE JANUARY</th>
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<tbody>
<tr>
<td>Beneficiaries reached with reproductive health services</td>
<td>1,333,777</td>
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<tr>
<td>Family planning consultations</td>
<td>536,017</td>
</tr>
<tr>
<td>Normal / assisted vaginal deliveries</td>
<td>35,765</td>
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<td>C-Sections</td>
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<tr>
<td>Ante-natal care consultations</td>
<td>373,630</td>
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<tr>
<td>Post-natal care consultations</td>
<td>16,901</td>
</tr>
<tr>
<td>People trained on RH-related topics</td>
<td>2,120</td>
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**GENDER-BASED VIOLENCE**

**INDICATOR**

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<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Beneficiaries reached with GBV programming / services</td>
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<td>Population reached with Dignity Kits</td>
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<tr>
<td>Beneficiaries provided with GBV case management</td>
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<td>Beneficiaries reached with GBV awareness messages</td>
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<tr>
<td>People trained on GBV-related topics</td>
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**YOUTH SERVICES**

**INDICATOR**

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<tr>
<td>Beneficiaries trained on youth-related topics</td>
<td>1,655</td>
</tr>
</tbody>
</table>

**SNAPSHOT**

**INDICATOR** SINCE JANUARY

- Beneficiaries reached with reproductive health services: 1,333,777
- Family planning consultations: 536,017
- Normal / assisted vaginal deliveries: 35,765
- C-Sections: 48,569
- Ante-natal care consultations: 373,630
- Post-natal care consultations: 16,901
- People trained on RH-related topics: 2,120

**INDICATOR** SINCE JANUARY

- Beneficiaries reached with GBV programming / services: 528,033
- Population reached with Dignity Kits: 258,592
- Beneficiaries provided with GBV case management: 11,976
- Beneficiaries reached with GBV awareness messages: 238,161
- People trained on GBV-related topics: 2,036

**INDICATOR** SINCE JANUARY

- Beneficiaries reached with youth programming: 71,005
- Beneficiaries trained on youth-related topics: 1,655

**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

(monthly, non-cumulative)

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services
Through its 126 Women and Girls Safe Spaces, 142 primary healthcare facilities, and 33 youth centers, UNFPA continues to provide essential reproductive health and gender-based violence services to women, girls, men and boys impacted by the Syria crisis.

While most beneficiaries reached by RH and GBV services are female, up to 15 percent of beneficiaries are males. Meanwhile, around 70 percent of youth beneficiaries and 60 percent of Dignity Kit recipients are females, while around 85 percent of beneficiaries receiving training services covering RH, GBV and youth topics are females.
In July, UNFPA Syria joined forces with local partners to respond to the needs of IDPs fleeing their homes in the southwest Syria, including Daraa, Sweida and Quneitra.

Three mobile clinics and two static clinics were established in Izraa, Sanameen, Jbab, and its shelter in Daraa, while two mobile clinics were established in Al-Rassas shelter in Sweida.

UNFPA also joined a UN / Syrian Arab Red Crescent inter-agency convoy to deliver food, nutrition, health, education, water and other humanitarian supplies to 19,500 people in need to Beit Jin and surrounding areas in southwest of Rural Damascus.
“I’m so excited to hold my first baby,” says Salma, an exhausted smile lighting her hopeful face. As she speaks to the UNFPA coordinator, Salma seems dazed and battle worn. Getting to this point was an arduous journey for Salma. Having lived in uncertainty for months after fleeing the conflict in northern Syria, the thought of delivering a healthy baby had often seemed like a distant possibility. After all, she was among a wave of displacements that continues to this day, with thousands taking refuge at Al-Areesha camp in Al-Hassakeh governorate.

The 24-year-old had escaped with her family from the rural outskirts of Deir Ezzor in northern-eastern Syria amidst an upsurge of intensifying conflict that forced thousands to flee their homes. With her due date fast approaching, Salma was concerned for her life as well as that of her unborn baby, and she came close to losing hope several times along her journey.

Al-Areesheh has become one of the few available safe zones for internally displaced people (IDPs) near Al-Hassakeh. Despite the tumult of the conflict, Salma was able to receive skilled medical care at a hospital in her host community. The hospital, supported by UNFPA, is equipped to provide everything from antenatal check-ups to emergency surgery. These services proved necessary for Salma, as she soon delivered a healthy baby and was on her way to a quick recovery herself.

Despite the drama, it was a joyous conclusion to her pregnancy. “I can’t describe the sense of relief I feel now. There were days when I felt completely hopeless as I wondered what would become of my child and me.”

Women and girls living in displacement require reproductive healthcare, not only during pregnancy and childbirth, but also post-natal treatment, counselling on family planning and sexually transmitted infections, and referrals to specialized health services. UNFPA has expanded the network of services to rural Al-Hassakeh to cover 279 villages. The number of mobile teams visiting the surrounding rural towns and providing comprehensive health services increased from 7 mobile teams at the beginning of the year to 10 mobile teams and 8 static clinics.

This expansion has served to improve the referral mechanism among NGOs and public health facilities in remote villages.

“Having a baby is a life-changing experience, especially when you are forced to leave your home and live in a camp.”

Salma from Northeastern Syria

Salma received reproductive health services at a facility supported by UNFPA Syria.

“Of our visit to Al-Hassakeh was intense,” explains UNFPA representative Massimo Diana. “We saw the horrific conditions in which internally displaced people from both Raqqa and Deir Ezzor are living. They are confined in camps, and yet life still manages to provide them gifts to break through their unbearable pain.”

UNFPA is consistently coordinating with local NGOs to meet the needs of those internally displaced in Hama and Al-Hassakeh areas, with a total of 10 mobile clinics, eight health clinics and four hospitals currently being operated. UNFPA is also supporting sessions to raise awareness about the services available.

Both Salma and her newborn baby are in excellent health today. “It was an adventure,” explains Salma. “Having a baby is a life-changing experience, especially when you are forced to leave your home and live in a camp.”

After returning to Al-Areesha camp, she was visited by a UNFPA mobile medical team who continues to monitor her condition during every field visit.
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 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.
During the month of July and before the escalations reached Quneitra, UNFPA continued to provide health and GBV services via 10 health facilities and 12 women and girls safe spaces. As of July, all UNFPA supported operation had stopped. Because of the intensified operations in Dara, the influx of the IDPs to Quneitra resulted in added pressure on the staff and services, and the women and girls safe spaces were used as shelters by the IDPs. However, partners were able to maintain the continuation of GBV services.

Due to the inevitable communication challenges and the need to protect staff members and the implementing agency, the provision of services was conducted under a “zero paper” policy.

By July 15th, the increased hostilities in Quneitra began to massively affect the provision of services, causing disruptions in communication with staff, the majority of whom became IDPs themselves. Accordingly, no reports were received on the people reached with services in the facilities.

**CROSS-BORDER JORDAN**

**REPRODUCTIVE HEALTH**

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<tr>
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<td>Primary healthcare facilities</td>
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<tr>
<td>People trained on RH-related topics</td>
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**GENDER-BASED VIOLENCE**

<table>
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<tr>
<th>INDICATOR</th>
<th>SINCE JANUARY</th>
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</thead>
<tbody>
<tr>
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<td>Beneficiaries reached with GBV awareness messages</td>
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<tr>
<td>People trained on GBV-related topics</td>
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**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

(monthly, non-cumulative)
UNFPA’s Turkey Cross-Border program has taken significant steps to respond to recent developments in its areas of operation as well as developments within its own programs. Chief among these has been the support for 4 new health facilities in Northern Syria, which brings the total number of supported facilities to 5 CEmONCs, 3 BEmONCs, 10 PHCs, 13 Mobile Clinics and 11 WGSS.

The addition of these new facilities has contributed toward a 36% increase in the number of people receiving RH services from the previous month. Moreover, it has resulted in a larger geographical area of coverage for RH services being provided through the program.

The situation in Northern Syria, particularly Idlib governorate remains tense as security threats in the area continue to pose significant risks to local populations and service providers on the ground. UNFPA is continuing to work with its partners to ensure that all necessary response measures are taken.
LEFT BEHIND: THE DISASTROUS IMPACT OF EARLY MARRIAGE

AYA, A SURVIVOR OF CHILD MARRIAGE, FOUND HERSELF DIVORCED AT AGE 17, FIGHTING TO REGAIN CUSTODY OF HER CHILD. HER RESULTANT TRAUMA LED HER INTO ANOTHER VICIOUS CYCLE OF EXPLOITATION AND ABUSE.

"I am divorced. I never imagined that I would be divorced at 17 years of age," explains Aya, her childlike face struggling to appear resilient.

Aya is currently living with her mother and brother and is being denied access to her child, who remains with her former husband’s family. Stigmatisation from her community and family due to her ‘divorcee’ status as well as separation from her child have both had a severe emotional toll on her — a situation compounded by her young age and lack of personal income, which has left her particularly vulnerable.

She initially sought to resolve her situation by pursuing vocational trainings that could provide her with livelihood opportunities. However, the emotional trauma she had experienced continued to plague her and ultimately undermined those efforts.

Aya eventually sought support from a man she knew in the community, whom she was lead to believe would respect her and treat her with the dignity she so desperately longed for. “I just wanted to be treated like a human being,” she explains.

Her innocence and vulnerability led her to trust this man with all she had to offer. To her great detriment, his true character was revealed when he began to blackmail her with compromising photos, demanding sexual favours in return for his discretion. This lasted eight months until she eventually mustered the courage to refuse his advances. He then told her that he was going to post the photos online.

Aya gave an emotional account of what happened next: “My mother heard about the relationship, and she began to blame me, which eventually turned into verbal and physical abuse. I was haunted by the fear of scandal. At some point I couldn’t take it anymore and decided to commit suicide by ingesting a large number of pills. I also attempted to slit my wrists, but I survived both times.”

"I was haunted by the fear of scandal. At some point I couldn’t take it anymore and decided to commit suicide."

After a long and difficult process, Sara has now managed to rebuild the trust she once shared with her mother. She is currently taking steps to secure a stable livelihood for herself and establish her place as a member of the community. She is also receiving legal counseling services to find a suitable custody arrangement that will allow her to be with her child.

"Sara had a very positive impact on me. Now I know what I want and have rediscovered the meaning of life. The most important thing was regaining my self-confidence. She taught me how to turn my tragedy into strength. Yes, I am divorced, but I now believe in myself. I can make the impossible possible."

"She taught me how to turn my tragedy into strength. Yes, I am divorced, but I now believe in myself. I can make the impossible possible.

AYA, A SURVIVOR OF CHILD MARRIAGE, FOUND HERSELF DIVORCED AT AGE 17, FIGHTING TO REGAIN CUSTODY OF HER CHILD. HER RESULTANT TRAUMA LED HER INTO ANOTHER VICIOUS CYCLE OF EXPLOITATION AND ABUSE.
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**
- Beneficiaries reached with reproductive health services: 2,897
- Family planning consultations: 400
- Ante-natal care consultations: 88
- Functional mobile clinics: 1

### GENDER-BASED VIOLENCE

**INDICATOR**
- Functional women and girls safe spaces (WGSS): 10
- Beneficiaries reached with GBV programming / services: 8,666
- Beneficiaries provided with GBV case management: 646
- Beneficiaries reached with GBV awareness messages: 3,557

### YOUTH SERVICES

**INDICATOR**
- Beneficiaries reached with youth programming: 1,447

**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

(monthly, non-cumulative)
THE PRIVILEGE OF A FULL CHILDHOOD

DESPITE HIS YOUNG AGE, SOHAIB HAS SEEN THE DARKER SIDE OF HUMANITY. A FORMER CHILD SOLDIER IN THE SYRIAN CONFLICT, HE TOOK REFUGE IN EGYPT IN SEARCH OF A NEW BEGINNING.

Like any 17-year-old boy, Sohaib grew up with an extraordinary sense of possibility. A voracious reader with an insatiable appetite for knowledge, his dreams were shattered following the eruption of the crisis in Syria.

“In the beginning, it seemed like a strange dream, one in which I did not wish to be involved,” explains Sohaib. “I steered clear of the protests and did everything I could to continue living my life in the hopes that the escalating tensions in the country would dissipate.”

Unfortunately for Sohaib, the crisis only became more complex and protracted, and he eventually found himself being recruited to fight for the resistance at the age of 15.

As he recalls, “At first it felt like I was joining a grander cause and helping to secure the future of our country. Then I saw the black flags rising and knew that this war was beyond our understanding. The cities I grew up loving quickly transformed in ways that both terrified and disgusted me, so again I picked up a gun and fought alongside the regime.”

Children recruited into armed conflicts often find themselves trapped in an unending cycle of depression, post-traumatic stress and other psychological ailments. For Sohaib, his situation was further exacerbated by the daily physical and emotional abuse he suffered at the hands of his father. He had escaped his home several times, only to return days later as he was the sole caretaker of his mother.

“I might be young, but my life has felt like an endless series of struggles so far,” adds Sohaib. “I eventually asked my family to help me escape the torment I endured on a daily basis.”

At the center, the case manager he spoke to immediately noticed that he grappled with low self-esteem and had learned to retreat inwards. He struggled to remain in the company of others for extended periods of time and had trouble verbalizing his emotions, which prevented him from forming meaningful social relationships and overcoming past experiences.

The case manager encouraged him to participate in community theater workshops to find a constructive outlet for his feelings.

“At first, I found it very difficult to participate in such a dynamic and team-driven activity,” explains Sohaib. “Soon enough, I began to see that everyone in that group was struggling with their own issues and experiences, but they have managed to create a safe and supportive environment where I immediately felt at ease. With their support, I was able to slowly rise up from my depression and create a healthy routine.”

For Sohaib, the road to healing will be long, but today he sees himself in a whole new light. He has regained the sense of possibility he had lost in Syria, and is currently working with his case manager on a plan to resume his education and build a new life for himself.

“At first, it felt like I was joining a grander cause and helping secure the future of our country. Then I saw the black flags rising and knew that this war was beyond our understanding.

Sohaib from Al-Raqqa Governorate, Syria
Sohaib has been receiving psychosocial services at a safe space operated by UNFPA Egypt.
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 four 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.

Despite the availability of reproductive health (RH) services to all women, some communities continue to refuse all forms of reproductive health services. To address this, the RH unit staff conduct outreach visit to the pregnant women to provide information at the very least.

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 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

<table>
<thead>
<tr>
<th>INDICATOR</th>
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<td>Ante-natal care consultations</td>
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<tr>
<td>Post-natal care consultations</td>
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<tr>
<td>Health facilities that provide Emergency Obstetric Care</td>
<td>16</td>
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<tr>
<td>Primary healthcare facilities</td>
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### GENDER-BASED VIOLENCE

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<tr>
<th>INDICATOR</th>
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<tbody>
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<tr>
<td>Beneficiaries reached with GBV programming / services</td>
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<tr>
<td>Population reached with Dignity Kits</td>
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### YOUTH SERVICES

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<tr>
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</tr>
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**LONG-TERM OVERVIEW OF SERVICE DELIVERY**
(monthly, non-cumulative)

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services

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**IRAQ COUNTRY REPORT**

UNFPA IRAQ CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES IN BASIRMA, DRASHAKRAN, KWIRGOSK, AND QWSHTAPA CAMPS.
PIECING TOGETHER ONE’S IDENTITY

AFTER ENDURING A HORRIFIC ACCIDENT, SANA SUFFERED FROM SEVERE MEMORY LOSS AND PTSD, EMBARKING ON A JOURNEY TO RECOVER THE PARTS OF HERSELF SHE THOUGHT SHE’D LOST.

Sana was a like any other teenager; she was a guitar aficionada and an A-student with a love for writing poems. Her favourite pastime was on weekends when her father took her and her siblings to the waterfall and park to play.

Eight years ago, she was involved in a hit-and-run accident in Syria, which left her with severe memory loss as well as emotional and physical injuries.

“I was only 13,” explains Sana. “I was heading to the market with my friend in Zabadani when a car hit me. I sustained injuries and suffered from complete loss of memory for two months before regaining a little of my consciousness.”

The most terrifying part for her was her inability to remember people she had known all her life — her parents, her siblings, and her closest friends. She recalls feeling so alone and scared: “I didn’t know what was happening to me or whom to trust. I suddenly found myself among these kind strangers.”

At the time, Sana was diagnosed with Post-Traumatic Stress Disorder (PTSD) and frequently had vivid flashbacks of the incident, coupled with nightmares and severe anxiety.

Her journey to recovery was hindered by the break-out of the war in Syria in 2011 and the unfathomable escalation of the conflict afterwards. When the Battle of Zabadani erupted in January 2012, the family of four feared for their lives as clashes spiralled out of control. One month later, they fled to find refuge in Domiz 1 camp for refugees in the Kurdistan Region of Iraq.

At the time, Sana was still on the long road to full recovery and had just begun regaining some sense of stability. The move undercut her progress, throwing her into a disturbing new reality in which she found herself struggling to build a new life as a refugee in a foreign land.

“I was heading to the market with my friend in Zabadani, when a car hit me. I sustained injuries and suffered from complete loss of memory for two months before regaining a little of my consciousness.”

“I did make a friend, though,” explains the now 17-years-old Sana. “My parents were very supportive and they kept pushing me to make friends with the neighbours and meet new people.”

The friend, Meena, had been attending the literacy courses offered at the UNFPA-supported women’s centre and encouraged Sana to join, explaining the array of services provided there, including psychosocial support for women and girls.

“I was thrilled to hear about the existence of such a centre. I had been looking for the opportunity to receive professional advice and guidance through my recovery,” says Sana.

“I have been going to the centre for three years now. So far, I have attended literacy classes, sports, sewing, drawing, and the adolescent courses in an attempt to remember some basic life skills. The social workers have registered me in as many classes as possible to help me regain my memory and catch-up on what I had missed during my recovery.”

Sana has also befriended one of the centre’s volunteers who sits with her twice a week to help her practice her writing and pronunciation.

“My plan is to start playing the guitar again; I have reached out to the House of Artist, a UNFPA-supported initiative to help young refugees develop their artistic talents in the camp, and I will start receiving guitar lessons very soon.”

“I was thrilled to hear about the existence of such a centre. I had been looking for the opportunity to receive professional advice and guidance through my recovery.”

Sana from Rif Dimashq Governorate, Syria
Sana has been receiving services at a women and girls safe space operated by UNFPA Iraq.
UNFPA JORDAN CONTINUES TO PROVIDE MUCH NEEDED SERVICES TO SYRIAN REFUGEES NATIONWIDE.

JORDAN

UNFPA JORDAN CONTINUES TO PROVIDE MUCH NEEDED SERVICES TO SYRIAN REFUGEES NATIONWIDE.

UNFPA Regional Situation Report for the Syria Crisis

Issue # 71 / July 2018

REPRODUCTIVE HEALTH

INDICATOR
Benefits 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
People trained on RH-related topics

SINCE JANUARY
81,159
13,494
1,022
161
24,185
5,341
3
15
214

GENDER-BASED VIOLENCE

INDICATOR
Functional women and girls safe spaces (WGSS)
Benefits reached with GBV programming / services
Benefits reached with Dignity Kits
Benefits provided with GBV case management
Benefits reached with GBV awareness messages
People trained on GBV-related topics

SINCE JANUARY
20
25,575
9,817
3,068
8,195
77

YOUTH SERVICES

INDICATOR
Functional youth centres
Benefits reached with youth programming
People trained on youth-related topics

SINCE JANUARY
1
5,124
290

JORDAN

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, Ma'arqa and Za'atari.

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.

LONG-TERM OVERVIEW OF SERVICE DELIVERY
(monthly, non-cumulative)
LEBANON

COUNTRY REPORT

WITH THE HIGHEST PER CAPITA NUMBER OF REFUGEES IN THE WORLD, UNFPA 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

- Beneficiaries reached with reproductive health services: 7,227
- Family planning consultations: 1,684
- Normal/assisted vaginal deliveries: 24
- C-Sections: 109
- Ante-natal care consultations: 1,715
- Post-natal care consultations provided: 419
- Primary healthcare facilities: 4
- Mobile clinics: 2
- People trained on RH-related topics: 132

GENDER-BASED VIOLENCE

INDICATOR

- Functional women and girls safe spaces (WGSS): 6
- Beneficiaries reached with GBV programming/services: 27,473
- Beneficiaries reached with Dignity Kits: 1,375
- Beneficiaries provided with GBV case management: 138
- Beneficiaries reached with GBV awareness messages: 24,227
- People trained on GBV-related topics: 163

YOUTH SERVICES

INDICATOR

- Functional youth centres: 7
- Beneficiaries reached with youth programming: 1,346
- People trained on youth-related topics: 80

LONG-TERM OVERVIEW OF SERVICE DELIVERY

(monthly, non-cumulative)

 Beneficiaries reached with reproductive health services
 Beneficiaries reached with gender-based violence services
 Beneficiaries reached with youth services
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**

- Beneficiaries reached with reproductive health services: 114,144
- Family planning consultations: 38,223
- Ante-natal care consultations: 11,753
- Post-natal care consultations provided: 5,866
- Primary healthcare facilities: 35
- People trained on RH-related topics: 726

### GENDER-BASED VIOLENCE

**INDICATOR**

- Functional women and girls safe spaces (WGSS): 35
- Beneficiaries reached with GBV programming / services: 153,816
- Population reached with Dignity Kits: 153,684
- Beneficiaries provided with GBV case management: 1,360
- Beneficiaries reached with GBV awareness messages: 41,851
- People trained on GBV-related topics: 396

### YOUTH SERVICES

**INDICATOR**

- Functional youth centres: 4
- Beneficiaries reached with youth programming: 11,432

### OTHER

**INDICATOR**

- Refugee service units: 5

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**LONG-TERM OVERVIEW OF SERVICE DELIVERY**

(monthly, non-cumulative)

- Beneficiaries reached with reproductive health services
- Beneficiaries reached with gender-based violence services
- Beneficiaries reached with youth services

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I was born in Raqqa in 1993. I attended school until 9th grade, but my father took me out of school when I was 14, and I was forced to marry a man who was 12 years my senior. I felt as though my life had ended, but little did I know that my nightmare was just beginning.

My husband had strange tendencies. I could never understand his behavior. He was extremely violent towards me, even sexually, which at the time I was too young and inexperienced to realize. Three days into our marriage, he came to me and demanded that I give him all my jewelry. As a 14-year-old girl from a poor family, I had never owned jewelry — not the valuable kind, anyway — an idea that he did not seem to grasp. It was then that I received my first beating. I sought refuge at the feet of mother-in-law, hoping she would have the compassion to make him stop, but she encouraged him to hit me again. By the time he was done, I was wiping blood from my face and looking at them both in amazement. How can people be so cruel?

Two weeks into my marriage, the violence only became worse. My husband, suspecting that I was nearing the end of my tether, locked me in a room, only letting me out when it was absolutely necessary. I demanded to see my mother, which afforded me another beating, but by then my family had begun asking to see me, and so I was allowed to visit them. On my way out, he promised to kill me if I told any "lies" about him.

When I saw my family, I broke down in tears. I told them what had been happening to me, but they did not believe me; they thought it was the imagination of a newly-wed girl. Still, my sister — who suspected I was telling the truth — decided to accompany me as I was forced to return to my husband's house, and she saw firsthand the uncontrollable monster with whom I shared my bed. A brief argument ensued, and both my sister and I ended up being locked in the room. We screamed, we cried, and then we threatened to go to the police, at which point he let her go. As soon as she left, he unleashed his fury at me, leaving me bloodied and half-conscious.

My husband had a plan. He would accuse me of stealing his money and having an affair with another man, and — much to my surprise — everyone believed him, including my own family. Upon hearing his tale, my father and brothers were more than happy to do his work for him, beating me until I felt my bones breaking. My mother stopped them eventually, taking me to another room and attempting to calm me down. She left me to rest and sleep.

As soon as she left, I walked to the bathroom, opened the medicine cabinet, took out a pack of painkillers and swallowed every pill inside. I was in dire pain and wanted it to stop.

I came to in what seemed like a clinic, with a doctor looking down on me with kind, sorrowful eyes. He told me that I had attempted suicide and that several bones in my body were broken.

The word "suicide" struck me as odd; I was not trying to kill myself. I just wanted the pain to go away. Nonetheless, he decided to refer me to a psychiatrist. Ironically, my so-called suicide attempt was somehow considered an affront to my family and their honor, and I was treated like a criminal. But there was one silver lining in this entire ordeal: my accidental suicide freed me from my abusive husband.

Alas, my freedom was short-lived, as shortly after that the war in Syria broke out, and it felt as though the world itself was breaking apart.

My family and I first took refuge in Iraq before eventually moving to Turkey, where many had sought refuge in the hope of leading a better life. In Turkey, the family placed me under house arrest and forbade me from speaking to anyone. I was treated like a curse that had been forced upon them, and my father spared no effort to try and sell me to other potential suitors. He was determined to get rid of me at all costs.

One day, I learned from one of my relatives about a women's health center nearby, where she had been receiving emotional support for some time. I had confided in her about my current mental state and my desire to speak to a psychiatrist to help me find a way out before it was too late. Her experience with the center was incredibly successful, and after considering my options I decided to go.

At the center, I found the outlet I had been searching for. I was immediately enrolled in extensive counseling to process the years of unending abuse I had endured, and my therapist encouraged me to join the many empowerment activities on offer. I finally felt as though I had a social circle of my own, filled with people who had survived similar experiences. I gradually began letting go of the past. I learned to stand by myself, to guide myself and trust myself. I began to see a life where I am free of the many ghosts that haunt me every day.

No woman should accept violence. It is not a destiny, but a stop along the way to real freedom.
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.

During the month of July, the main activities of the GBV sub-cluster (SC) in cross-border Turkey focused on coordination, capacity building and technical support. A new inter-sector taskforce on adolescent and youth was established by the GBV and Protection sub-clusters, in which 5 GBV sub-cluster members will participate.

The sub-cluster conducted several capacity building activities including: a 2-day training for 16 new members of the sub-cluster on GBV basics, GBV in Emergency and SoPs; support for a 3-day clinical management of rape training for midwives in Syria; and training of new protection cluster and GBV sub-cluster organisation on reporting to the 4Ws. The sub-cluster also provided technical support to its members for piloting of specific awareness messages. A draft community based awareness raising toolkit has now also been completed. Furthermore, the sub-cluster engaged in activities aimed at preparing for the upcoming HNO. Two expert FGDs with GBV specialists were also conducted. Finally, the GBV sub-cluster participated in the development of a preparedness plan for Idlib, based on possible scenarios provided by OCHA.

In Turkey, the SGBV Working Group meeting took place in Ankara on the 24th of July with the participation of Ministry of Family and Social Policies, UNHCR, UNFPA, UNICEF and UNW. The agenda included the work plans of the SGBV sub-working groups, providing of the institutional updates and the sharing of the IEC materials.

UNFPA co-chaired several meetings in Turkey during the month of July, including one organized in Gaziantep by The South-East Turkey SGBV Sub-Working Group and another in Istanbul held by the SGBV SWG meeting. Moreover, an ad-hoc LGBTI case management meeting was conducted in Istanbul with the aim of determining the general objectives and structure of the upcoming series of meetings and overall thematic issues. The meeting also entailed a mapping of case management services of participating organizations, a clarification of case management referral pathways and prevention of duplication of services; and planning for capacity development activities through trainings based on the decision taken at the previous SGBV Sub-WG meeting. It was agreed that the meetings should be held on a monthly basis, with the next one scheduled for the first week of September.
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 Archdiocese - Relief and Development Center (RDC), Syrian Commission for Family Affairs and Population, SCS, SEBC.


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.

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

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), HUKSAM (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
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http://syria.humanitarianresponse.info

All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Syria Response Hub.