

REGIONAL QUARTERLY REPORT

ON THE SYRIA CRISIS

April – June 2024

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

– A woman from Aleppo, Syria

SNAPSHOT

As of Q2 2024, the needs of Syrians and host communities are higher than ever, particularly in light of widespread economic collapse, the cumulative impact of 13 years of conflict, climate-related challenges, natural disasters, and various other socio-political factors.

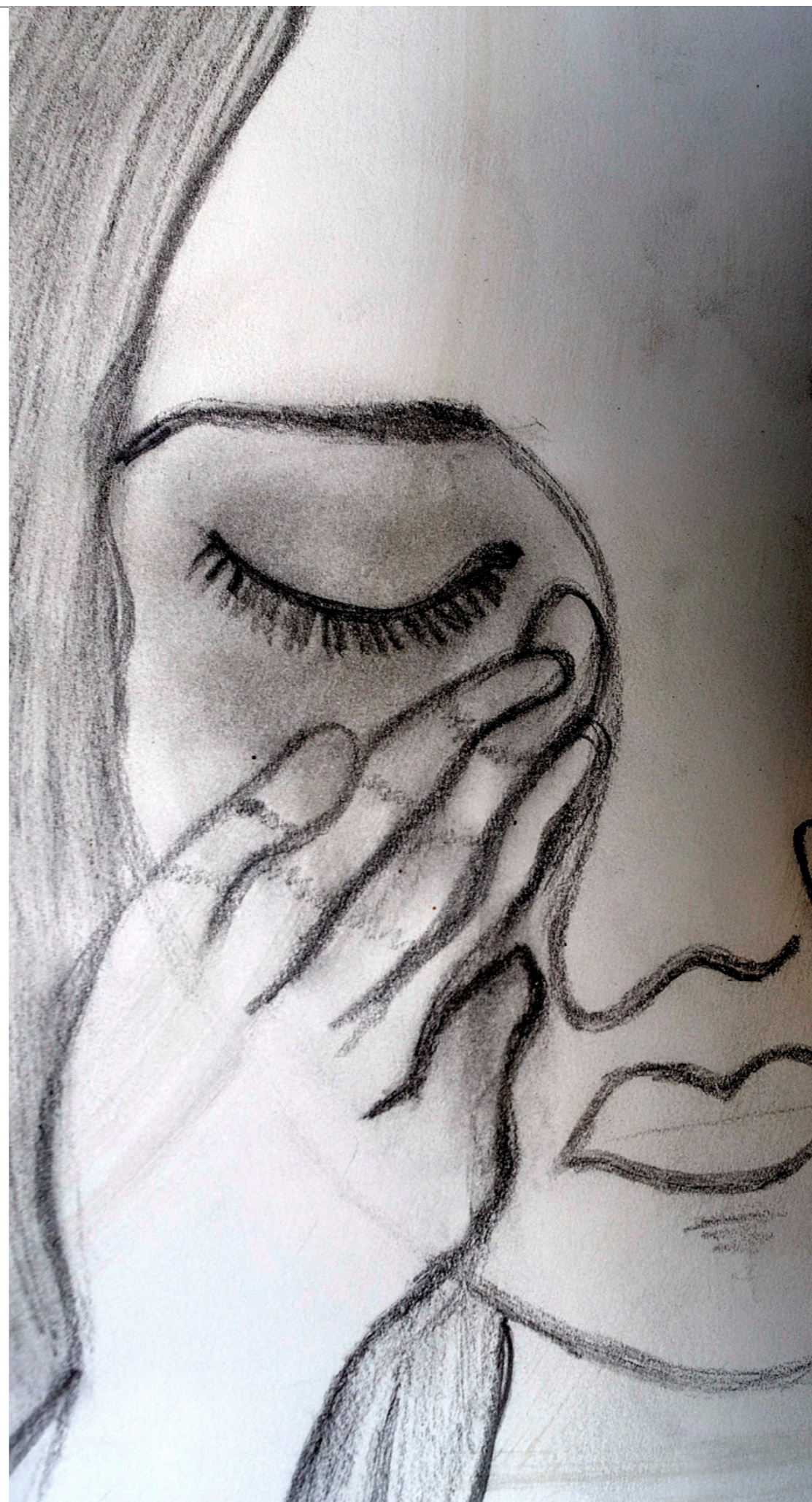
Despite the continuing efforts of humanitarian actors, the Syria crisis remains one of the world's most complex humanitarian and protection emergencies. In 2024, 16.7 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes more than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

This report offers a bird's eye view of UNFPA's operations within the context of the Syria crisis. The report is prepared by the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The Hub) in Amman, and spans operations led by UNFPA offices in Türkiye, Lebanon, Jordan, Iraq, and Egypt, in addition to the Whole of Syria (operations led inside Syria, both from Damascus and cross-border via Gaziantep).

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



APRIL — JUNE
2024



“ VIOLENCE AGAINST WOMEN AND GIRLS HAS BECOME A SERIOUS PROBLEM AFTER THE WAR. WE SIMPLY DO NOT FEEL SAFE ANYMORE.

— YUSRA, a woman from Qamishli

IN THIS REPORT

RESPONSE FROM ALL OPERATIONS	5
WHOLE OF SYRIA	6
SYRIA COUNTRY OFFICE	7
CROSS-BORDER OPERATIONS	9
TÜRKIYE	11
LEBANON	13
JORDAN	15
IRAQ	17
EGYPT	18
COORDINATION UPDATES	20
DONORS & PARTNERS	22

All photos shown in this issue, unless otherwise stated, are courtesy of UNFPA. Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. In most cases, the real names of individuals featured or quoted have been changed for confidentiality purposes.

DEVELOPED BY THE UNFPA
REGIONAL HUMANITARIAN HUB
FOR SYRIA & THE ARAB STATES

www.unfpa.org
arabstates.unfpa.org
syria.humanitarianresponse.info

SITUATION OVERVIEW



As of mid-2024, Syria's humanitarian crisis continues to worsen, with active conflict, landmines, and unexploded ordnance threatening civilians and impeding aid efforts in many areas. The spillover from Israel's war in Gaza has further destabilised the region, resulting in additional airstrikes and compounding the fear and uncertainty for millions of Syrians who have endured over a decade of conflict and displacement. Critical infrastructure and basic services are crumbling due to lack of investment, leading to widespread health issues including disease outbreaks, a persistent water crisis, and rising food insecurity. The situation is particularly dire in regions like Rural Damascus, Idleb, Ar-Raqqa, Quneitra, and Lattakia, where Global Acute Malnutrition rates have reached alarming levels.

The economic situation in Syria has also continued to deteriorate dramatically, with over 12.9 million people now requiring food assistance. The cost of basic necessities has skyrocketed, with food prices quadrupling in just two years. This economic freefall has triggered internal migration as families desperately seek better livelihoods and access to services. High inflation, currency devaluation, and soaring commodity prices

have pushed more Syrians into poverty and increased dependence on humanitarian aid. The Syrian pound's value has plummeted to unprecedented lows, further exacerbating the crisis.

This multifaceted emergency has created a cycle of vulnerability that disproportionately affects those most at risk, including people with disabilities. Ongoing military operations, including shelling and airstrikes near frontlines, continue to hinder humanitarian access, impacting both the delivery of aid and the population's ability to access essential services. The compounding effects of prolonged conflict, economic collapse, and deteriorating infrastructure have created a humanitarian crisis of staggering proportions, with no clear resolution in sight.

Women & girls feel unheard and forgotten

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

A recent [desk review](#) conducted by UNFPA found that Syria's healthcare system faces severe challenges, with nearly 40% of primary and secondary facilities not fully operational, affecting over 4.8 million people in need. The review highlighted a decline in functioning healthcare facilities between 2022 and 2023, particularly impacting essential services like emergency obstetric care. Alarming low availability of sexual and reproductive health services was noted, with an average of only 36% in government-controlled areas. Critical gaps in antenatal care were identified, including inconsistent blood pressure measurements and limited iron folate availability. The review also revealed severe malnutrition and anaemia among women and girls, especially teenage mothers.

Additionally, half of Syria's governorates fall below required health worker levels, exacerbated by an economic crisis causing widespread health worker attrition. These findings underscore the urgent need for integrated healthcare services, improved community outreach, and addressing the critical shortage of healthcare professionals to enhance access and quality of care across Syria.

Meanwhile, UNFPA assessments reveal a grim reality where multiple forms of violence and gender inequality intersect, often exacerbated by discrimination based on age, displacement status, disability, and marital status. This toxic environment consistently endangers women's and girls' health and lives, subjecting them to devaluation, control, exploitation, and victim-blaming. The situation has deteriorated significantly in recent years, as illustrated by Sali, a young woman from Areesha camp. Forced into child marriage at 14, Sali found support through a UNFPA-supported Safe Space. "Things have gotten much worse in recent years," she reflects. "The situation is the same for so many girls around me, but many can't find support like I did." This narrative echoes across Syria and the surrounding crisis region, where violence against women and girls has become normalized.

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

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

Syrians & host communities still face unprecedented needs

The more than 6 million Syrian refugees dispersed across neighbouring countries face heightened vulnerabilities, with women and girls particularly at risk. GBV has become an increasing threat as many refugees find themselves in densely populated and precarious environments where harassment, assault, and exploitation are constant dangers. The deteriorating macroeconomic situation, further strained by the war in Ukraine, has pushed numerous families towards harmful survival strategies, including child and forced marriages. Syrian refugees continue to grapple with persistent challenges in their host countries, impeding their recovery from trauma and efforts to rebuild their lives. These obstacles include language and cultural barriers, discriminatory attitudes, and economic hardships, all of which can restrict their access to employment, education, healthcare, and essential services.

For refugee women and girls, these circumstances often translate into an elevated risk of violence and exploitation, coupled with limited access to legal recourse. This situation significantly hinders their integration into host societies, leading to marginalisation and social exclusion. The stark reality underscores the critical need for targeted interventions designed to address the specific adversities faced by these women and girls and meet their distinct needs.

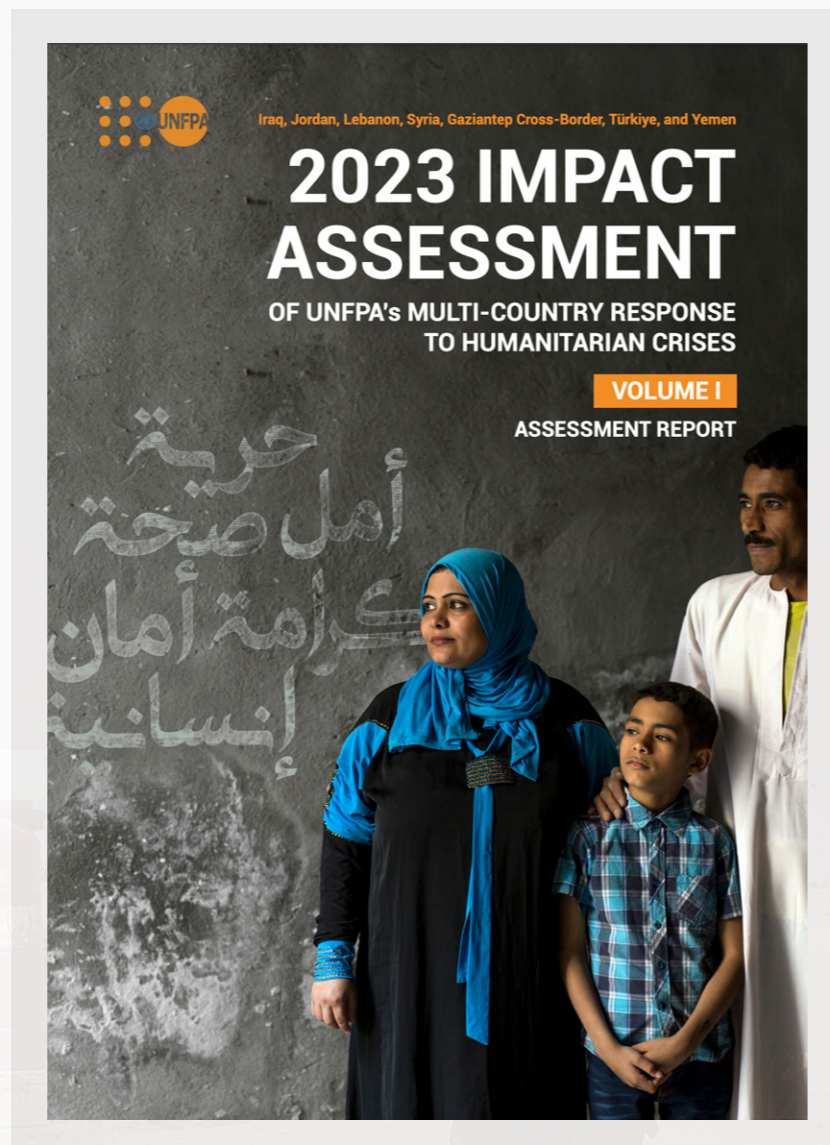
As the refugee crisis continues to evolve, it's clear that comprehensive, long-term solutions are required. These should not only address immediate safety concerns and basic needs but also focus on empowering Syrian women and girls to overcome the multifaceted challenges they face in displacement. By providing tailored support and creating opportunities for integration and self-reliance, we can help these vulnerable populations build more secure and promising futures, despite the ongoing hardships of their refugee status.

UNFPA stands with those impacted

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

Since January 2024, as part of its regional response to the crisis, UNFPA has delivered SRH services to around 600,000 people, while more than 409,000 were reached with services designed to prevent and respond to GBV. In addition to reaching more than 186,000 adolescent girls with vital services, more than 2,700 women were provided with cash and voucher assistance, and more than 3,700 LGBTQIA+ individuals were served.

NEW & NOTEWORTHY



Regional Impact Assessment Of UNFPA’s Multi-Country Response to Humanitarian Crises

This assessment report is the seventh regional external evaluation of UNFPA humanitarian programming in the Syrian and Arab States region. It encompasses responses to the Syria crisis and includes country specific reports for Syria, Türkiye, cross-border efforts from Türkiye to Syria, Jordan, Lebanon, Iraq and Yemen. The report assesses the impact on women, girls, boys, and men across sexual and reproductive health (SRH), gender-based violence (GBV), and youth programmes.

[READ ONLINE](#)



Navigating Challenges and Bridging Gaps: A Report on Sexual and Reproductive Health Data and Information in Syria

This desk review discusses the gaps and challenges in reproductive and maternal health data and services in Syria, focusing on the need for high-quality SRH services for women and girls. It highlights the complexity of coordinating humanitarian responses in Syria, due to the fragmented territories and the presence of multiple governing authorities. The scope of this review includes methodology, limitations, background, contextual analysis, data availability, findings, and recommendations.

[READ ONLINE](#)

FROM ALL OPERATIONS

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

593,159

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

409,446

PEOPLE REACHED WITH GBV PROGRAMMING

95% FEMALE

41,303

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

82% FEMALE

186,690

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

11,306

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

89% FEMALE

3,775

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

2,788

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

91% FEMALE

5,760

PEOPLE TRAINED ON VARIOUS TOPICS

78% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	76,958	100%
Family planning consultations	205,812	99%
Total SRH services	2,249,818	100%
Normal / assisted vaginal deliveries	10,862	100%
C-sections	5,239	100%
Ante-natal care consultations	170,264	100%
Post-natal care consultations	26,461	100%
People trained on SRH-related topics	2,397	90%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	48,030	100%
People reached with dignity kits	29,867	100%
GBV case management consultations	7,956	95%
People reached with GBV awareness sessions	163,370	95%
People trained on GBV-related topics	1,147	68%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	7,268	100%
People trained on youth-related topics	220	65%



134
PRIMARY HEALTHCARE FACILITIES *



137
WOMEN AND GIRLS SAFE SPACES



24
EMERGENCY OBSTETRIC CARE FACILITIES



20
YOUTH CENTRES



120
MOBILE CLINICS



25
OTHER SERVICE DELIVERY POINTS

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

AS THE CHALLENGES DEEPEN, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world today. Millions have been displaced both inside the country and outside as refugees, especially in Türkiye, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in Syria itself, with far-reaching ramifications for its future resilience.

Assessments and interviews conducted by UNFPA since 2016 have also been able to illustrate the profound effect that years of instability have had on women and girls, particularly adolescent girls, who face a variety of unique risks. Lack of individual autonomy, movement restrictions, forced and early marriage, denial of resources and opportunities, and sexual and physical violence continue to be part of their daily reality, creating a web of violence that can transcend generations.

Despite testing their limits, however, the crisis has also revealed the remarkable resilience of women and girls, many of whom defy enormous odds to build brighter futures for themselves and their families.

THE WHOLE OF SYRIA

UNFPA REMAINS COMMITTED TO ENSURING THAT ALL COMMUNITIES THROUGHOUT SYRIA HAVE ACCESS TO QUALITY SERVICES AND SUPPORT

428,881

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

308,153

PEOPLE REACHED WITH GBV PROGRAMMING

95% FEMALE

33,119

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

81% FEMALE

134,397

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

6,657

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

88% FEMALE

916

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

3,139

PEOPLE TRAINED ON VARIOUS TOPICS

71% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	55,479	100%
Family planning consultations	175,973	100%
Total SRH services	2,017,048	100%
Normal / assisted vaginal deliveries	10,285	100%
C-sections	5,239	100%
Ante-natal care consultations	147,966	100%
Post-natal care consultations	21,741	100%
People trained on SRH-related topics	546	90%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	65,135	100%
People reached with dignity kits	23,803	95%
GBV case management consultations	10,877	98%
People reached with GBV awareness sessions	233,488	96%
People trained on GBV-related topics	2,427	67%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	13,783	100%
People trained on youth-related topics	166	69%



88

PRIMARY HEALTHCARE FACILITIES *



63

WOMEN AND GIRLS SAFE SPACES



23

EMERGENCY OBSTETRIC CARE FACILITIES



17

YOUTH CENTRES



101

MOBILE CLINICS



15

OTHER SERVICE DELIVERY POINTS

* Above figures reflect fully-supported service-delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.



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

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

SYRIA COUNTRY OFFICE

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

384,765

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

4,095

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

94% FEMALE

266,772

PEOPLE REACHED WITH GBV PROGRAMMING

98% FEMALE

821

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

20,984

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

71% FEMALE

1,046

PEOPLE TRAINED ON VARIOUS TOPICS

78% FEMALE

108,506

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	47,868	100%
Family planning consultations	170,851	100%
Total SRH services	1,906,378	100%
Normal / assisted vaginal deliveries	3,849	100%
C-sections	3,212	100%
Ante-natal care consultations	113,612	100%
Post-natal care consultations	9,791	100%
People trained on SRH-related topics	495	91%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	52,424	100%
People reached with dignity kits	5,529	98%
GBV case management consultations	10,127	98%
People reached with GBV awareness sessions	210,947	99%
People trained on GBV-related topics	385	65%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	8,214	100%
People trained on youth-related topics	166	69%



84

PRIMARY HEALTHCARE FACILITIES *



51

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



17

YOUTH CENTRES



100

MOBILE CLINICS



15

OTHER SERVICE DELIVERY POINTS



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

– RASHA, a young woman from Syria

* Above figures reflect fully-supported service delivery points. Inside Syria, an additional 638 primary healthcare facilities are being partially supported through the Ministry of Health.

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

Humanitarian needs in Syria continue to rise as escalating violence, the destruction of civilian infrastructure, and a further decline in basic services have led to additional displacement and eroded people's coping strategies. The deteriorating economy and lack of livelihood opportunities have further exposed women and girls to the risk of sexual exploitation, abuse, and other forms of gender-based violence (GBV) as they struggle to secure food, livelihood opportunities, and other necessities.

Currency depreciation has been accompanied by rising inflation, driven by reduced access to goods, disrupted supply chains, and heightened logistics costs, all of which have exerted significant upward pressure on prices, including agricultural production inputs. Moreover, the reduction in government subsidies for fuel and fertilisers has contributed to these price hikes. Additionally, there has been a sharp rise in transportation costs, irrigation water pumping fees, and mechanised agricultural work, placing additional strain and risks on the lives of women and girls.

Women and girls are particularly vulnerable in this multifaceted crisis. The scarcity of resources and the collapse of social and economic structures have increased their risk of GBV. As they attempt to navigate these challenges, many are forced into precarious situations where they are more likely to face harassment, assault, and exploitation. The breakdown of protective systems and the lack of access to essential services have compounded these risks, leaving women and girls with few safe options.

Programme update

UNFPA continued providing comprehensive GBV and SRH services in 13 governorates. The static centres provide case management services, Individual and group psychosocial support, recreational activities, vocational training, emergency multisectoral referrals, while the mobile team provides SRH services integrated with PSS and referrals. Dignity Kits were ensured through service provision need

based, while GBV unit also distributed female dignity kits for high school students who joined the national secondary education exam in the last quarter.

Against All Odds: Syrian Students Brave Conflict for Education

Shahad, 15, risked her life to arrive in Maadan city, north-east Syria, for her ninth grade national examinations. Coming from Tal Abyad, she and her mother crossed lines of fire and conflict zones. "My father was so worried about that journey. He desperately wanted to come with us, but he couldn't because of his responsibilities toward my siblings since my mother would accompany me," Shahad shared.

Every year, thousands of Syrian students face perilous journeys from non-government-controlled areas to government-controlled regions to sit for their 9th and 12th-grade exams. Shahad and her mother joined a group of 50 people, including female students and their caregivers, travelling with the help of smugglers on the evening of 20 May. They squeezed into a bus, which took them partway before transferring to another vehicle, repeating this process with ten different cars until reaching Maadan at noon on 21 May.

"I have never felt as scared as I did that night. We crossed lines of fire and battle zones, navigating rough terrain to avoid checkpoints. It was exhausting, loading and unloading our suitcases about ten times," Shahad recalled.

The Department of Education in Maadan, along with UN agencies like UNFPA, UNHCR, WFP, and UNICEF, supports these students by providing accommodations, health services, clean water, food, remedial education sessions, and other interventions. "The accommodations are good. Numerous services, like health care and remedial education, are offered on-site, so we don't need to go out unless we want to buy some food. We are only missing a cooling system and cold water as the weather is hot," commented Shahad.

UNFPA and its partners deploy mobile clinics to three accommodations in Maadan city, hosting female students and their caregivers, providing lifesaving reproductive health and GBV information and services, such as medical counselling, medications, psychosocial support, and awareness sessions. "I rushed to the medical team once they arrived at the accommodation to check on my health as I was exhausted from the journey, but the doctor reassured me that I was okay," Shahad confirmed.

Additionally, UNFPA distributed more than 500 dignity kits to female students, helping them maintain proper hygiene and protection under these exceptional circumstances. Shahad believes that education is a solution to many problems, empowering girls and helping them build a bright future. "Education helps us improve our skills, develop strong personalities, and gain self-confidence and awareness about our rights and duties," stated Shahad.

For Shahad and her peers in Tal Abyad, continuing their education is challenging due to the high cost of remedial courses and the risky journey to sit for exams. "If education wasn't that important to us, we wouldn't risk our lives on that terrifying journey and spend a lot of money to come here," explained Shahad, who aspires to be a pharmacist. "My parents did their best and worked hard to provide me and my siblings with what we need to complete our education and make our dreams come true. Therefore, I study hard to pass these exams and move to the next step in my education," Shahad said, looking to the future with optimism despite their current living conditions.



CROSS-BORDER OPERATIONS

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

44,116

PEOPLE REACHED WITH SRH SERVICES

94% FEMALE

41,381

PEOPLE REACHED WITH GBV PROGRAMMING

78% FEMALE

12,135

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

100% FEMALE

25,891

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

2,562

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

73% FEMALE

95

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

2,093

PEOPLE TRAINED ON VARIOUS TOPICS

68% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH programming	7,611	100%
Family planning consultations	5,122	95%
Total SRH services	110,670	100%
Normal / assisted vaginal deliveries	6,436	100%
C-sections	2,027	100%
Ante-natal care consultations	34,354	100%
Post-natal care consultations	11,950	100%
People trained on SRH-related topics	51	88%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	12,711	100%
People reached with dignity kits	18,274	94%
GBV case management consultations	750	99%
People reached with GBV awareness sessions	22,541	69%
People trained on GBV-related topics	2,042	67%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	5,569	100%



4

PRIMARY HEALTHCARE FACILITIES



12

WOMEN AND GIRLS SAFE SPACES



4

EMERGENCY OBSTETRIC CARE FACILITIES



1

MOBILE CLINICS

Cross-border operations in Syria are essential to ensuring that women have access to sexual and reproductive health services and are protected from gender-based violence. With the ongoing crisis, women in Syria face numerous challenges, including limited access to healthcare, displacement, and increased risk of violence. UNFPA's cross-border operations enable the organization to provide vital assistance to women in areas where access to life-saving services is limited or non-existent.

Through its cross-border programming, UNFPA provides essential support to those in need, including emergency reproductive healthcare and gender-based violence response and prevention. These services play a crucial role in saving lives and protecting women from GBV, which has increased significantly during the conflict.

Situation Update

In Idlib and northern Aleppo, out of the 5.01 million residents, 3.4 million are internally displaced. Among these, 2.1 million internally displaced persons (IDPs) reside in camps or informal sites, with 79% comprising women and children. Around 76% of these sites lack safe and adequate shelter, exposing women and girls to danger, privacy issues, and increased physical and mental health risks. Additionally, over 2 million women and girls in northwest Syria face unprecedented challenges accessing SRH and GBV programming.

Reproductive health remains a critical concern. According to the SRH Technical Working Group (TWG), 59 Emergency Obstetric and Newborn Care (EmONC) facilities were operational in Q2 2024, including 32 Comprehensive (CEmONC) and 27 Basic (BEmONC) facilities. However, 11 of these are currently out of funds, and an additional 19 will deplete their funds by the end of September 2024. Approximately \$23 million USD is urgently needed annually to prevent the complete suspension of almost half of the reproductive health facilities in northwest Syria by September 2024.

As of June 2024, funding constraints have led to the closure of 51 GBV service delivery points, including 17 safe spaces, 5 community centres, and 10 integrated spaces within health facilities, affecting an average of 450 women and girls monthly, many of whom are new GBV survivors. To ensure the continuation of critical GBV services, partners urgently need an estimated \$6.3 million USD over the next six months.

Tensions have been increasing in both Türkiye and Syria. On June 30, 2024, in Kayseri Province, Türkiye, locals held a demonstration, setting Syrian-owned vehicles and workplaces on fire after receiving news of a Syrian man allegedly harassing a child. In response, on July 1, 2024, protesters damaged dozens of Turkish trucks and attacked Turkish troops in northeastern Aleppo, Syria, impacting UN cross-border missions. UN missions were suspended in the region at all border crossings.

Meanwhile, the Bab al-Hawa crossing resumed on July 3, 2024, and the UN received approval to use Bab al-Salam and Al-Raee crossings on July 9, 2024. The consent to use all border crossings has been renewed by the Syrian government for another six months, ending in January 2025.

Programme update

The UNFPA Gaziantep Cross-Border office continues to deliver crucial and life-saving reproductive health supplies in northwest Syria, supporting health facilities and safe spaces to maintain access for the most vulnerable women and girls through partnerships with local implementing partners.

In the second quarter of 2024, UNFPA delivered 133 reproductive health kits and 72,000 supplies to Northwest Syria, distributed to 15 medical organisations, serving approximately 84,000 women. These kits enhance reproductive health services, ensure safe deliveries, and provide critical emergency care. Some kits are specifically designed to equip 50 midwives for safe and hygienic childbirth.

UNFPA supported three critical health facilities in northwest Syria during this period, facilitating 61,243 SRH consultations. This included 3,291 normal and assisted vaginal deliveries, 18,548 antenatal care consultations, and 6,399 postnatal care consultations.

UNFPA also supported 12 women and girls' safe spaces in northwest Syria, including two women-led organisations, providing GBV services to around 35,000 individuals. Additionally, 3,321 dignity kits were distributed to women and girls of reproductive age to meet hygiene and protection needs following the May 2024 floods. UNFPA trained approximately 1,000 partner staff members in Syria and Turkey to enhance GBV survivor care through the GBV capacity-building initiative.

Lastly, the "My Safety, My Wellbeing," "Robot," and "Hope" initiatives highlighted UNFPA's efforts to enrich these spaces with life skills programmes, awareness sessions, and promote stress relief and wellbeing for women and adolescent girls.

Women Supporting Women: Reem's Impact in War-Torn Syria

"I never give up on my dreams," says Reem, a 29-year-old mother of three and a medical student at Idlib University.

As the Monitoring and Evaluation Officer at the UNFPA-supported Shafak Maternity Hospital in Idlib, Reem diligently addresses patient complaints and ensures that pregnant women receive the necessary services.

Reem grew up in a small town in northwest Syria, always dreaming of becoming a doctor. She excelled academically in secondary school while enduring the hardships of living in a tent.

"When the war started, I was in secondary school, and we had to move to a camp in Tamaya city. I studied in a tent," Reem recounts. "In the camp, I spent time raising awareness among mothers about hygiene and preventing children from drinking polluted water."

Due to family constraints and the lack of universities in northwest Syria, she initially enrolled in the Faculty of Informatics Engineering instead of Medicine. "My family sent me to live with my aunt and study information engineering because it was close to her house. This way, they ensured I wouldn't be alone in another city," Reem explains.

She graduated with a degree in Information Engineering but still felt unfulfilled. "In late 2019, when a medical school was established in Idlib, I immediately applied. I am now in my fourth year of study."

Balancing her roles is a daily struggle. Reem juggles her job at Shafak Hospital, where she addresses patient complaints and ensures quality care, with her medical studies and caring for her three children. "I wake up at 5 am every day to prepare my children for school and spend time with them before going to work." Evenings are dedicated to helping her children with their homework and studying her medical courses late into the night, Reem says.

"Women like Reem are crucial in supporting other women in these challenging times," says Majda Aqazouz, UNFPA SRH specialist. "Their roles are not just professional but deeply personal, as they understand and advocate for the needs of the women in their community."

In northwest Syria, UNFPA, with the help of Syrian women like Reem, served over 167,000 women and girls in 2023, providing essential reproductive health care and support. Despite these efforts, there remains a significant gap, with an estimated two million women and girls still in need of comprehensive reproductive health services.



TÜRKIYE COUNTRY OFFICE

50,628

PEOPLE REACHED WITH SRH SERVICES

96% FEMALE

61,293

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

4,911

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

95% FEMALE

17,914

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

187

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

85% FEMALE

2,220

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

297

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

73% FEMALE

733

PEOPLE TRAINED ON VARIOUS TOPICS

80% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	4,018	100%
Family planning consultations	17,962	96%
Total SRH services	37,934	100%
Ante-natal care consultations	5,429	100%
Post-natal care consultations	1,602	100%
People trained on SRH-related topics	127	76%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	13,337	100%
People reached with dignity kits	6,644	100%
GBV case management consultations	1,614	81%
People reached with GBV awareness sessions	30,104	95%
People trained on GBV-related topics	606	80%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	559	100%



20

PRIMARY HEALTHCARE FACILITIES *



8

WOMEN AND GIRLS SAFE SPACES



11

MOBILE CLINICS



2

YOUTH CENTRES



10

OTHER SERVICE DELIVERY POINTS



UNFPA HAS BEEN A SOURCE OF STRENGTH AND SUPPORT FOR US SYRIAN WOMEN IN TÜRKIYE. THEY HAVE PROVIDED US WITH ESSENTIAL HEALTHCARE SERVICES AND EMPOWERED US TO TAKE CONTROL OF OUR LIVES.

– RANA, a Syrian woman living in Türkiye

* Safe Spaces in Türkiye are providing an integrated response to refugees in need, including both gender-based violence and sexual and reproductive health services in the same facility.

Situation Update

Türkiye has hosted the world's largest refugee population for ten consecutive years, with over 3.6 million refugees and asylum-seekers. The situation worsened after the devastating Kahramanmaraş earthquakes in February 2023, affecting over 9 million people, including 43% of the refugee and migrant population.

A UNFPA assessment conducted one year post-earthquake highlighted significant challenges faced by Syrian women and girls in accessing SRH services in the four most affected provinces. Health facilities are not operating at pre-earthquake capacity, and several barriers hinder access: a shortage of specialised doctors causing appointment delays, inadequate doctor-patient communication discouraging personal inquiries, a lack of proper interpretation support, and difficult transport conditions, especially in bad weather. Social norms around sexuality prevent adolescent girls from seeking professional SRH services, leading them to rely on information from female relatives. Many women are also misinformed about contraception side effects, viewing them as harmful.

Meanwhile, violence against women and girls has escalated, especially in container cities, due to inadequate security, lack of privacy, increased social tensions, and poor living conditions. Reports of sexual abuse among adolescent girls have risen, leading many to drop out of school, increasing the risk of child, early, and forced marriages. Humanitarian aid has dwindled, particularly for those outside container cities, and the economic downturn has made essential materials costly for families, especially those with multiple female members. In some container sites, communal toilets lack cleanliness, heightening the risk of genital and urinary tract infections. The lack of privacy severely affects women and girls' well-being, especially during menstruation, when social norms compel them to "hide away from men" to avoid stigma, which is nearly impossible under cramped living conditions.

Programme Update

As of June 2024, UNFPA supports 30 static and mobile service units that operate in both earthquake-affected provinces and other regions. These units provide sexual and reproductive health (SRH) and protection services, including GBV prevention and response, as well as maternity and female dignity kits. Additionally, UNFPA offers emergency and recurrent cash assistance to women, girls, and key refugee groups identified as being at high risk of GBV.

Following the closure of three youth centres, UNFPA continued programmes for young refugees. The Hatay youth centre continued service provision in the

earthquake region. UNFPA directly hired the nurse, psychologist, and centre coordinator from the closed youth centre, ensuring continued services through Izmir Metropolitan Municipality's facilities. They also provided weekly counselling to refugee women at the Migrant Health Center. Safe spaces in Eskişehir and Diyarbakır continued providing individual and group services on SRH and GBV response to refugee women and girls.

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

"I'm terrified. My husband threatened to kill me. I don't know my rights or where to turn for help," Ghada confided to the social worker at a women's safe space in Diyarbakır.

At 43, Ghada had endured years of psychological and verbal abuse from her husband due to her inability to conceive. Their marriage took a dark turn a year after their wedding when she discovered she was infertile. Her husband's behaviour changed drastically - he became unfaithful and abusive. The final straw came when he threatened her life.

Like many women in similar situations, Ghada felt lost and unsure of her options in the face of this pervasive crime. However, she was determined to change her circumstances. That's when she learned about UNFPA's work and sought help at one of their safe spaces in Diyarbakır.

The social workers at the centre listened attentively to Ghada's story. Recognizing the clear signs of abuse, they referred her to an on-site psychologist. When Ghada expressed her desire to file for divorce, the centre provided her with information about the process and her legal rights. They also directed her to the Bar Association for further legal support.

To ensure her immediate safety, Ghada received a restraining order against her husband. The centre also guided her through the process of securing her rights to the family residence through the Land Registry. To help Ghada regain her independence, they assisted her in applying for financial aid from Social Assistance and Solidarity Foundations (SYDV).

"The constant criticism for not having a child was unbearable," Ghada reflected. "I lived in a marriage devoid of love, filled with endless insults. I thought what I felt was love, but now I see it wasn't. Until I came here, I didn't even realise the extent of the abuse I was suffering."

With financial support from The Swedish International Development Cooperation Agency and in partnership with KAMER, UNFPA Türkiye continues to provide women like Ghada with crucial psychological and legal support in the face of violence. They remain committed to their work until no one is left behind.

“ I LIVED IN A MARRIAGE DEVOID OF LOVE, FILLED WITH ENDLESS INSULTS. I THOUGHT WHAT I FELT WAS LOVE, BUT NOW I SEE IT WASN'T. UNTIL I CAME HERE, I DIDN'T EVEN REALISE THE EXTENT OF THE ABUSE I WAS SUFFERING. ”

— HILAL, a Syrian refugee living in Türkiye



LEBANON COUNTRY OFFICE

UNFPA CONTINUES TO ADAPT ITS PROGRAMMES TO PROVIDE LIFE-SAVING SERVICES TO PEOPLE IN NEED, WITH A FOCUS ON WOMEN AND GIRLS.

70,864

PEOPLE REACHED WITH SRH SERVICES

93% FEMALE

32,527

PEOPLE REACHED WITH GBV PROGRAMMING

88% FEMALE

27,700

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,297

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

87% FEMALE

1,554

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

1,304

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

96% FEMALE

1,707

PEOPLE TRAINED ON VARIOUS TOPICS

92% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	14,858	100%
Family planning consultations	2,179	94%
Total SRH services	100,262	100%
Ante-natal care consultations	1,845	100%
Post-natal care consultations	130	100%
People trained on SRH-related topics	1,682	91%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	12,842	100%
People reached with dignity kits	41,883	99%
GBV case management consultations	3,650	93%
People reached with GBV awareness sessions	18,269	83%
People trained on GBV-related topics	25	100%



10

PRIMARY HEALTHCARE FACILITIES *



29

WOMEN AND GIRLS SAFE SPACES



7

MOBILE CLINICS

“SOME DAYS, I EXPERIENCE THE DISCRIMINATION EXPLICITLY. A SHOP OWNER MIGHT REFUSE MY MONEY BECAUSE I’M SYRIAN, OR BOYS MIGHT CHASE ME IN THE STREET AND SHOUT OBSCENITIES AT ME.

– MAY, a young Syrian woman living in Lebanon



Situation update

Lebanon faces multiple challenges, including political turmoil, financial instability, security threats, high unemployment, and rampant inflation. The national currency has lost over 95% of its value, pushing 80% of the population into poverty. Contributing factors include the economic crisis, political paralysis, the Syrian refugee crisis, and regional instability. Without a president for over a year, the parliament struggles to pass legislation, hindering effective problem-solving. These issues are further exacerbated by the deteriorating security situation in South Lebanon, due to the spillover from the Gaza war, which has displaced 98,002 people.

These economic, political, and security uncertainties significantly impact vulnerable communities, particularly women and girls who face heightened risks. In response, UNFPA and its partners are actively delivering GBV and SRH services in Beirut, North, Akkar, Mount Lebanon, Bekaa, and South. These services include specialised GBV case management, legal aid, psychosocial assistance, awareness sessions, and referrals. Additionally, UNFPA and partners offer life skills, vocational training, and outreach to various populations. Applying a “leave no one behind” approach, UNFPA ensures services are accessible to LGBTQIA+ individuals and people with disabilities. SRH services encompass counselling, medical consultations, and tests, including antenatal and postnatal care, family planning, and STI treatment.

Programme update

In Q2 2024, UNFPA, in partnership with various organisations, delivered essential GBV and SRH services across Lebanon. With generous donor support, partners provided specialised GBV services, including case management with legal support, psychosocial support, awareness sessions, recreational activities, and referrals from 29 safe spaces. They also conducted life skills and vocational training.

SRH services included awareness sessions, both inside and outside centres, and midwifery services such as family planning counselling, antenatal and postnatal care, and SRH tests (e.g., blood tests and imaging) with a focus on pregnant women. UNFPA’s GBV-SRH integrated approach ensured comprehensive services for vulnerable women and girls, including those with disabilities and from the LGBTQIA+ community. Partners coordinated with organisations for persons with disabilities (OPDs) to ensure inclusion across all GBV activities. Additionally, UNFPA supported a shelter for GBV survivors in

the southern region and redirected interventions to aid internally displaced people due to the conflict in South Lebanon, providing essential SRH and GBV services and distributing dignity kits.

UNFPA facilitated a networking event with representatives from parliament, Internal Security Forces, the Tripoli Bar Association, the Ministry of Education, and the Forum for the Rights of Persons with Disabilities to strategize against online violence. In partnership with the women-led organisation AKKAROUNA, UNFPA rolled out a contextualised framework for adolescent girls, involving 150 girls aged 10-19 in economic, social, and health activities, including visits to civil defence centres, primary health care facilities, and civil society organisations. Community leaders and religious figures were engaged in awareness campaigns led by the girls, addressing issues such as child marriage, SRH, GBV, and online safety.

UNFPA provided cash assistance within GBV case management through partners like Lecorvaw, Amel, Abaad, Caritas, TDH, and SIDC, reaching 329 cases, and received referrals for recurrent cash assistance from 14 organisations, reaching 1,019 new cases. Key challenges included delays in settling financial service provider invoices and communication issues affecting cash transfer collection.

Additionally, UNFPA advanced the CMR National Capacity Development Plan, offering 32 sensitization sessions for 512 PHCC staff members and 10 sessions for public hospitals. Twelve CMR facilities received separate three-day training on Lebanon’s CMR SOPs. Furthermore, 23 GBV and SRH actors completed a three-day Training of Trainers on the newly developed GBV-SRH integration framework.

Seeds of Change

In the conflict-affected South of Lebanon, Manar, a young woman from the Bazourieh community, found herself drawn to awareness sessions on reproductive health and gender-based violence at the UNFPA-supported safe space. The knowledge shared and guidance provided by the outreach workers struck a chord with her, igniting a newfound confidence to advocate for her rights and those of other women.

Empowered by her experiences, Manar actively engaged in community initiatives promoting gender equality and reproductive health awareness. She transitioned from a curious attendee to a vocal advocate, sharing her knowledge and encouraging others to take a stand for their well-being.

“When I first attended these sessions, I had

no idea how much they would change my life,” Manar reflected. “I’ve always felt that something wasn’t right in how women were treated in our community, but I didn’t have the words or the courage to speak up. Now, I not only understand my rights, but I feel a responsibility to ensure other women know theirs too. It’s like a fire has been lit inside me, and I can’t stay silent anymore.”

Manar’s transformation exemplifies the project’s profound impact on individual empowerment. Her journey from a passive listener to a community leader demonstrates the ripple effect of knowledge and confidence, catalysing positive change within the Bazourieh community.

“Every time I see a woman stand up for herself or question unfair treatment, I feel a sense of pride,” Manar added. “We’re not just changing individual lives; we’re slowly but surely changing the fabric of our community. And that gives me hope for a better future for all of us.”

Manar’s story serves as a powerful testament to the transformative potential of education and empowerment initiatives in conflict-affected regions, highlighting how individual growth can lead to broader societal change.

EVERY TIME I SEE A WOMAN
STAND UP FOR HERSELF
OR QUESTION UNFAIR
TREATMENT, I FEEL A SENSE
OF PRIDE. WE’RE NOT JUST
CHANGING INDIVIDUAL LIVES;
WE’RE SLOWLY BUT SURELY
CHANGING THE FABRIC OF OUR
COMMUNITY.

JORDAN COUNTRY OFFICE

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

41,115

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

1,095

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

3,280

PEOPLE REACHED WITH GBV PROGRAMMING

95% FEMALE

179

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

98% FEMALE

3,273

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

71% FEMALE

146

PEOPLE TRAINED ON VARIOUS TOPICS

68% FEMALE

5,839

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	2,167	100%
Family planning consultations	8,145	100%
Total SRH services	77,326	100%
Normal / assisted vaginal deliveries	525	100%
Ante-natal care consultations	13,796	100%
Post-natal care consultations	2,009	100%
People trained on SRH-related topics	16	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,975	100%
GBV case management consultations	1,209	96%
People reached with GBV awareness sessions	8,193	86%
People trained on GBV-related topics	36	94%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	1,697	100%
People trained on youth-related topics	94	52%



11

PRIMARY HEALTHCARE FACILITIES



17

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE



1

MOBILE TEAMS

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

– SALAM, a young Syrian woman living in Jordan



Situation update

As of 2024, Jordan continues to host a significant Syrian refugee population, estimated at over 1.3 million individuals, 699,247 of whom are registered with UNHCR. The protracted nature of the Syrian conflict has led these refugees to seek long-term safety in Jordan, placing ongoing pressure on national resources and infrastructure. Jordan's response to the refugee crisis has been commendable, with the government and international organisations implementing various programs to support refugee welfare. However, challenges persist, particularly in health, education, and employment. Housing remains a critical issue, with many refugees residing in urban areas outside formal camps, often leading to higher living costs and limited access to services. The legal status of many refugees further limits their employment opportunities, contributing to high poverty levels among the refugee population.

Syrian women and girls in Jordan face particularly severe challenges. Economic struggles often force families into negative coping mechanisms, such as child marriage and sexual exploitation. These practices are exacerbated by limited access to education and healthcare, as well as pervasive poverty. The lack of employment opportunities further compounds these issues, leaving women and girls vulnerable to exploitation and abuse. Efforts by international organisations and the Jordanian government to provide support and protection are ongoing, but the need remains vast.

In terms of health, Syrian refugees face difficulties accessing quality and affordable healthcare. While UN agencies and NGOs provide support, the demand often outstrips the available services. Issues such as mental health and reproductive health require particular attention. Educational challenges include overcrowded classrooms and limited resources, which affect the quality of education available to refugee children. Initiatives aimed at integrating refugees into the national education system are underway, but capacity still needs to be improved.

Programme update

UNFPA Jordan completed a Minimum Initial Service Package (MISP) readiness assessment to evaluate the country's preparedness to provide essential reproductive health services during emergencies. This assessment highlighted the health system's capacity to deliver

critical sexual and reproductive health and rights (SRHR) services in crises, identifying both strengths and gaps in emergency preparedness.

The data gathered informs policy development and resource allocation, ensuring reproductive health services are prioritised and integrated into emergency response plans. By understanding health facilities' readiness, the government can implement targeted improvements, ensuring essential SRHR services remain available and accessible during emergencies.

The findings from this assessment will be incorporated into the Natural Disaster Risk Reduction Strategy 2023-2030 by the National Center for Security and Crisis Management, supported by UNDP, and the Business Continuity Plans for SRH and Maternal Health adopted by the Ministry of Health, supported by USAID in Jordan.

From Refugee to Mentor: Nesrin's Journey of Empowerment

"These sessions and training programmes helped me shape my character," said 19-year-old Nesrin, a resident of Azraq refugee camp. "I became more confident and able to express myself. I gained so many skills and boosted my self-confidence."

Nesrin and her family fled to Jordan from Syria in 2015, escaping the conflict when she was just nine years old. She spent most of her adolescent life in the camp, where opportunities for growth and learning were scarce.

At 14, while searching for her young sister who had wandered off, Nesrin stumbled upon UNFPA's Women and Girls Safe Space in the camp, supported by IRC. This chance encounter would change her life.

"It was by coincidence that I learned about the programs in the centre," Nesrin recalled. "I was looking for my younger sister, and when I got there, I learned about the services and training provided. I enrolled in one, and then started taking one training after another."

Over the next five years, Nesrin immersed herself in various programs, including embroidery, handicrafts, makeup, and sewing. She also participated in psychosocial support, personal hygiene, and life skills sessions.

"One of the most important sessions was on personal hygiene," she shared. "When I was younger, my body was going through changes I didn't understand and couldn't discuss with

my mother. These sessions helped me realise what I was experiencing and how to maintain my personal hygiene during menstruation."

Nesrin's dedication paid off. Last month, she became the youngest volunteer with IRC in the camp, helping others register and benefit from the services provided. She's now an ambassador for the program among her friends and peers.

"It's the best opportunity I've had so far," Nesrin said proudly. "This is a safe space for women and girls, and there aren't many such places in the camp. Whoever I meet, I encourage them to come to the centre and see what sessions and training they'd like to participate in."

Nesrin's journey from a young refugee to a community mentor exemplifies the transformative power of education and support in even the most challenging circumstances. Her story serves as an inspiration to other young women in the camp, showing how determination and the right opportunities can lead to personal growth and the ability to give back to one's community.

THESE SESSIONS AND TRAINING PROGRAMMES HELPED ME SHAPE MY CHARACTER. I BECAME MORE CONFIDENT AND ABLE TO EXPRESS MYSELF. I GAINED SO MANY SKILLS AND BOOSTED MY SELF-CONFIDENCE.

NESRIN, a Syrian refugee living in Azraq Camp in Jordan



IRAQ COUNTRY OFFICE

IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 290,000 REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

677

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

225

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

487

PEOPLE REACHED WITH GBV PROGRAMMING

100% FEMALE

60

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

92% FEMALE

REPRODUCTIVE HEALTH

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

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	106	100%
GBV case management consultations	92	100%



5

PRIMARY HEALTHCARE FACILITIES



7

WOMEN AND GIRLS SAFE SPACES

As of recent reports, 2.5 million people in Iraq require humanitarian assistance, with 280,000 Syrian refugees residing in the country. Since 2019, 140,184 IDPs in central and southern Iraq have been displaced due to climate-related factors. The total estimated number of IDPs in Iraq stands at 1.1 million, with 157,000 sheltering in camps.

A resolution passed by Iraq's Council of Ministers in January aims to close and halt services in the remaining 22 camps for IDPs in the Kurdistan Region of Iraq by July 30. This decision could adversely affect an estimated 150,000 Iraqi IDPs currently living in these camps, according to humanitarian actors. Recently returned Iraqi IDPs to their areas of origin, amid the GoI's push to close IDP camps, have encountered inadequate housing, limited livelihood opportunities, and poor infrastructure, resulting in increased humanitarian needs.

Mental health and psychosocial support (MHPSS) needs remain high among IDP communities, host communities, and returnees in western areas of Ninewa Governorate. According to a May IOM assessment, which interviewed 280 individuals, including caregivers, healthcare workers, host community members, local authorities, members of civil society organisations, and persons with disabilities, approximately 96 percent of respondents indicated a prevalence of stress and unease within their communities. This is due to prolonged displacement and the enduring psychosocial consequences of conflict, including anxiety, disrupted social support networks, fear, and trauma.

UNFPA Iraq continues to deliver crucial and life-saving reproductive health supplies throughout the country. UNFPA supports health facilities and safe spaces to maintain access to services for the most vulnerable women and girls, working closely with local implementing partners.

EGYPT COUNTRY OFFICE

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

994

PEOPLE REACHED WITH SRH SERVICES

61% FEMALE

92

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

3,706

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

34

PEOPLE TRAINED ON VARIOUS TOPICS

100% FEMALE

615

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	317	100%
Total SRH services	12	100%
People trained on SRH-related topics	25	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	298	100%
People reached with dignity kits	8	100%
GBV case management consultations	1,051	99%
People reached with GBV awareness sessions	831	94%
People trained on GBV-related topics	9	100%



13

WOMEN AND GIRLS SAFE SPACES

As of June 2024, Egypt hosts 672,000 registered refugees and asylum-seekers from 62 countries. Sudanese refugees continue to be the largest group (58%), followed by Syrians (23%) and other nationalities (19%). Among the overall refugee population, there are an estimated 161,500 women of reproductive age and 116,000 adolescents affected by the crisis. Nearly 12,000 women are currently pregnant, and approximately 4,000 live births are expected over the next three months. The number of fully registered Sudanese refugees and asylum seekers with UNHCR has increased by 600 percent in one year. According to the Government of Egypt's latest update in March 2024, more than 500,000 Sudanese refugees have crossed the border to seek refuge in Egypt.

The economic crisis in Egypt is severely affecting vulnerable refugee women and girls, exposing them to higher risks of GBV and sexual exploitation. GBV survivors find it more challenging to escape the cycles of violence due to the lack of stable income sources that can sustain their safety and dignity. Increasing debt, medical needs, and the high cost of children's education force many to compromise their safety, leading to various forms of GBV. Rapidly rising housing costs also make it difficult for survivors to seek safe relocation. Additionally, the economic crisis is impacting host communities, escalating tensions between host and refugee populations.

Finding Strength Together: Rama's Healing Journey in a UNFPA-Supported Psychosocial Support Group

Twelve years ago, Mariam fled the war and violence engulfing Syria, seeking refuge in Egypt. As a refugee, she struggled to rebuild her life, grappling with the challenge of finding safety and stability in a new country. Her world shifted, however, when she discovered the Mental Health and Psychosocial Support (MHPSS) activities at a UNFPA women and girls safe space.

Initially hesitant to participate, Mariam was held back by the weight of her trauma. Yet, the welcoming staff and supportive atmosphere of the safe space gently encouraged her to take that crucial first step. Gradually, she began attending group therapy sessions, finding solace in sharing her story with others who truly understood her pain.

At the safe space, Mariam received comprehensive psychological support. The psychologist listened attentively, validating her experiences and helping her work through the grief and anxiety she carried as a survivor of gender-based violence (GBV). This nurturing environment fostered her healing process.

"The safe space is the main reason for me being at this point in my life," Mariam reflected, her voice filled with gratitude.

As she progressed in her healing journey, Mariam found the strength to make a courageous and life-changing decision: to take legal action against her perpetrator, a step towards better protecting herself. The unwavering support of the safe space staff and the psychological care she received empowered her to take control of her future. Today, Mariam is thriving. She has secured stable employment, rebuilt her social connections, and actively participates in MHPSS activities. Now, she shares her story to support other refugee women, embodying the very resilience and hope she once sought.

Mariam's journey is a powerful testament to human resilience, the transformative power of courage, and the profound impact of compassionate care. Her story serves as an inspiration, illuminating the path from trauma to empowerment for other survivors of violence and displacement.

THE CONSEQUENCES OF UNDERFUNDING

The services provided by UNFPA
in the crisis region are

IRREPLACEABLE

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

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

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

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

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

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

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

[READ OUR APPEAL ONLINE](#)

COORDINATION



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

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

Whole of Syria (The Hub)

The The Whole of Syria (WoS) GBV Area of Responsibility (AoR) has finalised the [2024-2025 WoS GBV Strategy](#), which elaborates on and better explains the GBV priorities for the entire region, in line with the Humanitarian Response Plan (HRP) framework.

Meanwhile, the GBV AoR has begun planning for the 2025 Humanitarian Needs Overview (HNO), including updating and reviewing the Multi-Sectoral Needs Assessment (MSNA) questionnaire for household-level data collection in north-west and north-east Syria. In the absence of household-level data in government-controlled areas, the GBV AoR engaged in several rounds of consultations with the Global Protection Cluster and the Global GBV AoR to agree on a methodology for calculating the protection and AoR severity of needs and the number of people in need (PIN).

Moreover, the GBV AoR published the January-December 2023 WoS GBV dashboard, based on information collected through the 5Ws on a monthly

basis across the three hubs. The safe space tracker tool, developed in Q1 to monitor existing safe spaces, has been rolled out with ongoing data collection. This tool supports improved programming, coordination, and advocacy for the continuation of GBV services through safe spaces. While the tracker will mainly be used internally, aggregated data will be shared with relevant stakeholders as needed.

Representatives from the WoS and hub-level GBV coordinators and IMO participants participated in the Global Protection and AoR conference held in Nairobi. This event provided an opportunity to share best practices and discuss global issues, including by engaging more women-led organisations in coordination, SRH-GBV integration, and new methodologies for protection and GBV assessments to contribute to the HNO. Additionally, the WoS GBV coordinator conducted a mission to Damascus and north-east Syria at the end of June 2024, including visits to Areesha and Al-Hol camps.

Lastly, the Hub has finalised and published the [Arabic](#) version of *Stronger Together*, previously available only in [English](#). Dissemination has started with bilateral discussions with several country offices in the region.

Syria Country Office

UNFPA Syria maintained its leadership within the GBV Sub-Sector and Area of Responsibility, achieving significant milestones. The coordination team finalised the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for 2024, establishing strategic objectives, indicators, and targets for the GBV framework. UNFPA also provided technical support to partners for the preparation and online submission of HRP projects, reviewing 115 submitted projects in collaboration with the protection sector and other Areas of Responsibility.

Additionally, the GBV Sub-Sector coordination team hosted a training in Qamishli for 15 participants from various sectors, focusing on GBV risk mitigation. This training is part of an ongoing series aimed at enhancing inter-sector action planning and the implementation of GBV risk mitigation actions in accordance with the IASC Guidelines. Moreover, UNFPA continued its advocacy efforts, promoting the inclusion of GBV prevention and response as a priority focus area across humanitarian coordination teams, inter-sector groups, and donor platforms, including CERF and SHF.

Cross-Border Operations

The SRH Thematic Working Group held monthly meetings to coordinate efforts among stakeholders in northwest Syria, sharing advocacy updates and information with the health cluster and donors to ensure continued access to SRH services for women and girls. In consultation with SRH partners, UNFPA conducted a survey on cash and voucher assistance (CVA), the results of which will inform the design of a new CVA intervention in northwest Syria.

In 2024, the GBV AoR in north-west Syria coordinated several initiatives, including updating the NWS eRPWs, mapping GBV service delivery points, producing the 2024 Cash in GBV Case Management SOPs, adopting guidance on GBV data requests, coordinating capacity-building, and disseminating an advocacy note on the closures of GBV service delivery points and the Q1 GBVIMS Trends Analysis Report.

As part of the GBV-SRH Integration Initiative, 509 staff were trained on social inclusion in 117 health facilities, enhancing their ability to provide disability-sensitive services. Additionally, 115 supervision and monitoring visits were conducted to provide on-the-job training for comprehensive and inclusive response services to GBV survivors.

Türkiye Country Office

UNFPA continued to contribute significantly to the protection, health, and basic needs sectors within the Regional Refugee & Resilience Plan (3RP) Inter-agency coordination mechanism. The GBV Sub-Sector, co-chaired by UNFPA, enhanced GBV awareness, response, and mitigation services in earthquake-affected areas during the reporting period. Capacity-building topics included the economic empowerment of women, the links between health and GBV for survivors, and safe spaces standards.

UNFPA also led the Hatay provincial GBV coordination (earthquake response), addressing women's employment issues and establishing women's committees for Syrian and Turkish women. The GBV sub-Working Group held discussions on establishing a GBV Case Management Task Team and conducted an analysis of GBV data in Activity Info.

As the co-chair of the Aegean Region GBV sub-Working Group (3RP), UNFPA continued coordination efforts in Izmir, focusing on updates and sharing observations. Additionally, as the co-chair of the Southeast Türkiye Region Key Refugee Group's Thematic Coordination Group (TCG), UNFPA organised joint training sessions on the MHPSS needs of LGBTI refugees, sex worker refugees, refugees living with HIV, LGBTQIA+ youth, and conducted a two-day advanced KRG training. Lastly, the Key Refugee Group's Thematic Coordination Group in Izmir, covering the Aegean Region, organised a two-day training on KRG protection.

Lebanon Country Office

During Q2 2024, UNFPA Lebanon continued its co-chairmanship of the National Working Group on GBV with UNHCR and the Ministry of Social Affairs. The group held monthly meetings, achieving significant milestones such as disseminating an updated referral pathway and finalising the annual work plan. Additionally, the GBV Working Group developed a regional trend analysis, coordinated with a sub-national working group, and contributed to prioritising under the OCHA-managed pool fund.

COORDINATION



Under the leadership of UNFPA and the Ministry of Public Health (MOPH), the SRH Sub Working Group also convened monthly. Key discussions included reviewing 2023 maternal and neonatal mortality trends, national survey findings on ANC, PNC, and FP utilisation, and analysing project reimbursement modalities for secondary obstetric care. The new MOPH tariffs were presented, and discussions were initiated to assess their potential impact on programming. In June 2024, the SRH Sub Working Group released its first quarterly newsletter.

For emergency response, the SRH Sub Working Group consolidated data on SRH services provided by health partners in response to displacement, submitting biweekly reports to the health sector as part of UNOCHA flash updates on escalations in the South. The group updated its SRH service mapping in June 2024, focusing on interventions at community, primary, and secondary levels. Coordination with health partners ensured the prepositioning of family planning commodities at supported health facilities to mitigate potential supply chain disruptions.

In May 2024, the Clinical Management of Rape (CMR) Task Force supported MOPH in updating the CMR facility list. In April 2024, the Task Force helped develop CMR indicators and monitoring tools for use by MOPH Coordinators during field visits. In June 2024, the CMR Task Force, in partnership with the GBV Working Group,

created the CMR Facility feedback tool for GBV actors, scheduled for dissemination to case managers in July 2024.

Jordan Country Office

In May, the SRH Sub Working Group focused on sharing family planning expertise between Jordan and Bangladesh, particularly in refugee camps. Presentations highlighted Jordan's declining total fertility rate (TFR) and the higher TFR among Syrian refugees. Contraceptive use showed a preference for traditional methods, with unmet family planning needs more pronounced in refugee camps. Discussions emphasised improving family planning uptake through education, community engagement, and addressing healthcare biases. The meeting underscored the importance of integrating family planning into development agendas to achieve sustainable development goals. Recommendations included tailored education campaigns, enhancing healthcare provider training, and improving service delivery in refugee camps.

Iraq Country Office

In Q2, UNFPA Iraq collaborated with implementing partners, including the Hope Organization, the Al Mesalla Organisation, and the United Iraqi Medical

Society (UMIS). This joint effort led to several significant outcomes, such as providing comprehensive GBV prevention and response services to women and girls and conducting effective outreach activities to reach vulnerable populations. Vocational training and livelihood support programs empowered women with valuable skills and economic independence, contributing to their long-term resilience and well-being.

During this period, UNFPA Iraq supported the government's efforts to address violence against women and girls at both the Kurdistan Region of Iraq and federal levels by managing the GBV sector group. Additionally, UNFPA facilitated collaboration between the Iraqi Women's Department National Department (NDIW) and the Iraqi Humanitarian Assistance Organization (IHAO). In a crucial meeting, the methodology for activating sub-working groups was discussed and adopted by NDIW, marking a significant step forward in coordinating efforts.

As a result of the working group meeting and at the request of NDIW, a training workshop was held in Erbil for NDIW and heads of women's empowerment departments from various provinces and relevant ministries. The workshop focused on data collection, analysis, and report writing as part of a capacity-strengthening program. A total of 28 participants, selected by NDIW, attended the four-day training from June 4 to 7, 2024.

Egypt Country Office

The GBV Sub Working Group in Egypt, co-chaired by UNFPA and UNHCR, has continued to strengthen coordination among GBV partners. While the national coordination is led from Cairo, the first sub-national GBV SWG was recently launched in Alexandria to address the specific needs and challenges in the North Coast region. The co-chairs are providing technical guidance to establish the coordination structure in Alexandria effectively.

The GBV Information Management Task Force has successfully standardised the GBV case intake form, agreed on the structure of the Incident Recorder, and begun conducting quarterly GBV Incident Trend Analysis. These analyses provide valuable insights for GBV programming and advocacy efforts.

Additionally, the GBV Sub Working Group has engaged donors through a follow-up meeting to the donor roundtable event, advocating for urgent support and funding for the GBV sub-sector. This meeting highlighted key achievements, discussed the main challenges due to limited funds, and explored ways to strengthen coordination with donors while understanding their funding opportunities and priorities for future GBV initiatives.

DONORS & PARTNERS

THE ESSENTIAL SERVICES BEING DELIVERED TO SYRIANS REGION-WIDE WOULD NOT BE POSSIBLE WITHOUT THE GENEROUS SUPPORT OF OUR DONORS AND PARTNERS.

IMPLEMENTING PARTNERS

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

In Lebanon: Ministry of Public Health (MoPH), Ministry of Social Affairs (MoSA), National Commission for Lebanese Women (NCLW), AMEL Association, Lebanese Order of Midwives (LOM), AKKAROUNA, SIDC, SALAMA, LECORVAV, CARITAS, CONCERN, NABAD, ABAAD, MAKASSED, Imam Sadr Foundation (ISF).

In Jordan: Institute for Family Health (IFH), Ministry of Health (MOH), Society Aid Health Jordanian (JHAS), Jordanian Women's Union (JWU), the National Council for Family Affairs (NCFA), National Women's Health Care Centre (NWHCC), Questscope, Higher Population Council (HPC), Generations for Peace (GFP), Health Care Accreditation Counsel (HCAC), International Rescue Committee (IRC), Royal Health Awareness Society (RHAS), the Jordanian National Commission for Women (JNCW), and Save the Children Jordan.

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

In Egypt: UNHCR, Ministry of Health and Population (MOHP), Ministry of Youth and Sports (MoYS), and Etijah.

In Türkiye: ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's Centre Foundation); Eskisehir Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PLA (Positive Living Association); Red Umbrella Sexual Health and Human Rights Association, HASÜDER (Public Health Specialists Association), MDM (Doctors of the World / Médecins du Monde). For the service units that are under direct implementation, UNFPA is collaborating with Sanliurfa Municipality.

Türkiye Cross-Border: Relief International (RI), Shafak, Syrian American Medical Society (SAMS), Ihsan for Relief and Development (IhsanRD), and their sub- implementing partners AMAL (Ihsan RD), Women Support Association (IhsanRD), Hope Revival Organization (Ihsan RD), Medina (Shafak), Relief Experts Association- UDER (Relief International) and Syria Relief and Development (Relief International).

DEVELOPED BY THE UNFPA
REGIONAL HUMANITARIAN HUB
FOR SYRIA & THE ARAB STATES

CURRENT DONORS

Australia, Bulgaria, Canada, Denmark, The European Commission, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Sweden, the United Kingdom, USAID's Bureau for Humanitarian Assistance (BHA), and the US Department of State Bureau of Population, Refugees, and Migration (PRM).

United Nations: OCHA/CERF, UNDP, SCHF, OCHA Syria Humanitarian Fund (SHF) and UNFPA Emergency Funds.

CONTACT INFORMATION

Diana Garde

Head of the Regional Humanitarian Hub for Syria & the Arab States

garde@unfpa.org

(962) 79 575 6755

RELEVANT RESOURCES

www.unfpa.org

www.ocha.org

www.unhcr.org

<http://Syria.humanitarianresponse.info>

