As of September 2022, Syrians and host communities throughout the region continue to face the escalating impact of a protracted humanitarian crisis, further complicated by a deteriorating economy, continuing hostilities, and chronic and emerging health threats, including an unrelenting pandemic and a worsening cholera outbreak.

The crisis region, which spans the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt, continues to face a multitude of challenges, particularly in light of the recurrent waves of COVID-19 infections that continue to exacerbate existing needs. A decade into this protracted crisis, people in need continue to endure the cumulative effects of years of instability, the risks of which are even higher now due to the impacts of a far-reaching economic meltdown.

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 Humanitarian Hub for Syria and the Arab States in Amman, Jordan, and spans operations conducted by UNFPA offices in Türkiye, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria from Damascus and cross-border via Türkiye.

In addition to providing aggregated quantitative results for each country involved in UNFPA’s regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, underscoring the positive impact of the response delivered by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth engagement, and others. The report also covers UNFPA’s efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.
VIOLENCE AGAINST WOMEN AND GIRLS HAS BECOME A SERIOUS PROBLEM AFTER THE WAR. WE SIMPLY DO NOT FEEL SAFE ANYMORE.

— YUSRAN, a Syrian woman from Qamishli

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All photos shown in this issue, unless otherwise stated, are courtesy of the UNFPA Regional Humanitarian Hub for Syria and the Arab States (The Hub). Moreover, unless otherwise stated, photos do not directly correlate to the stories next to which they appear. Real names of survivors have been changed for confidentiality.

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

www.unfpa.org
www.unhcr.org
www.ocha.org
http://syria.humanitarianresponse.info
In September 2022, the Independent International Commission of Inquiry on the Syrian Arab Republic released a new report highlighting the plethora of challenges that faced Syrian communities during the first six months of 2022, confirming that the economic and humanitarian situation in Syria is at its worst since the start of the crisis.

In addition to ongoing hostilities in various areas throughout the country, Syrians are facing the culmination of over a decade of economic decline, exacerbated by corruption, the COVID-19 pandemic, unilateral sanctions, and the economic crises in Lebanon and Türkiye. Staggering inflation, which has resulted in an 800 percent rise in food prices since 2020, has further limited the ability of humanitarian agencies to meet growing needs, as did the recent closure of Damascus airport. The report also noted the dire conditions in displacement camps in the north-west of the country, which have left many with little choice but to return to their homes in frontline areas where active hostilities and indiscriminate attacks against civilians have claimed countless lives and targeted food and water resources.

The findings underscore that these combined challenges could risk compelling the country into further conflict and insecurity, particularly as poverty and lack of services push communities to the brink. Despite the continued efforts of humanitarian actors, the crisis remains one of the world’s most complex humanitarian and protection emergencies, with 14.6 million estimated in need of assistance, among them 7.2 million women and girls. This reflects a steep increase from the number of people in need reported in 2021 (13.4 million) and in 2020 (11.7 million).

When the crisis passed the decade mark in 2021, the world was already a year into the COVID-19 pandemic, and an array of other humanitarian situations were emerging. Among the millions of Syrians who have spent the last 12 years surviving conflict, displacement, economic collapse, and mounting risks to their safety, many feel their calls for help have been increasingly drowned out.

Another growing cause for concern is the escalating cholera outbreak in Syria, officially declared by the Syrian Ministry of Health on September 10 in Aleppo following 15 confirmed laboratory cases and one death. Surveillance data showed that a total of 936 suspected cases were reported in Syria, including at least eight deaths. More than 72 percent of the reported cases were in Aleppo, followed by Deir ez-Zor, Al Hasakah, Al Raqqa, Al Hasakah, and Lattakia. Suspected cholera cases have been reported in all 14 governorates, 12 of which tested positive using a rapid diagnostic test. A rapid assessment conducted by health authorities and partners has linked the infection to people drinking unsafe water from the Euphrates River and using contaminated water to irrigate crops, resulting in food contamination.

More than a decade of conflict has resulted in large-scale destruction of the water and sanitation infrastructure, leaving significant numbers of Syrian families in overcrowded displacement sites and poor WASH conditions. Up to 47 percent of the population rely on often unsafe alternatives to piped water, which constitutes a major risk factor for disease outbreaks, including cholera.

Women & girls continue to pay the steepest price

Assessments and focus group discussions conducted by UNFPA in August show that gender-based violence continues to pervade the daily lives of Syrian women and girls, who are paying the steepest price of ongoing hostilities, economic collapse, climate-related challenges, and other growing risks. The lives of Syrian women and girls are marked by mutually reinforcing forms of violence and gender inequality, often exacerbated by discriminatory attitudes based on age, displacement status, disability, and/or marital status. This has created an environment in which women and girls are consistently devalued, controlled, exploited, and then blamed for the violence they face.

"Physical, emotional, and sexual violence continue to take place," explains Mona, an adolescent girl living in Areecha camp, whose family forced her to leave school after learning that one of the teachers there had sexually harassing female students. "Attending the UNFPA-supported Safe Space was an opportunity for me to live again, as I was considering suicide because of the pressure my family was putting on me."

The risks facing women and girls like Mona are further compounded by the deteriorating economy and widespread poverty, lack and loss of livelihoods, destruction and loss of housing and property, protracted and multiple cycles of displacement, substandard living conditions (even for people in areas of relative stability), and the shortage of natural resources. This is increasing reliance on negative coping mechanisms, such as early and forced marriages and sexual exploitation and abuse.

Even more alarming are the reports by women and girls stating that the violence against them has become normalized as a result of years of instabilities. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology-facilitated exploitation, have also been observed in recent years.

“We have people that consider a girl to be a spinster if she reaches age 16 while unmarried,” explains Raghad, a woman from Dar’a, in a statement that highlights the normalization of child marriage in her community. A similar statement is made by Nour from Qamishli, who notes that “girls growing up in these circumstances have become accustomed to the violence and now think it’s normal.”

And yet, despite the enormous challenges leveled against them, Syrians throughout the region refuse to give up. People of different ages and backgrounds, including women and girls who have survived gender-based violence, continue to demonstrate remarkable resilience and determination. Many rise above their challenges and traumas to provide better prospects and opportunities for their children and loved ones, while others defy circumstances to become artists, activists, innovators and influential voices in their communities.

UNFPA continues to show up

UNFPA and humanitarian actors will continue to advocate for the rights and well-being of women and girls. Between January and September 2022, as part of its regional response to the crisis, UNFPA delivered sexual and reproductive health services to around 1.2 million people, while around 574,000 were reached with services designed to prevent and respond to gender-based violence, including around 200,000 adolescent girls. Around 126,000 women were provided with cash assistance, and more than 8,000 LGBTQI+ individuals were served.

In 2022, UNFPA is appealing for a total of USD 144.3 million to fund its regional Syria crisis response, which spans the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt.
RESPONSES FROM ALL OPERATIONS

OPERATIONS IMPLEMENTED THROUGHOUT THE REGION, INCLUDING THE WHOLE OF SYRIA, TÜRKIYE, LEBANON, JORDAN, IRAQ, AND EGYPT.

1,186,515
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
94% FEMALE

19,106
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
80% FEMALE

573,835
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
92% FEMALE

199,662
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES
70% FEMALE

46,726
YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
70% FEMALE

8,146
LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES
99% FEMALE

125,964
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
99% FEMALE

14,321
PEOPLE TRAINED ON VARIOUS TOPICS
80% FEMALE

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 to 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 become artists, activists, innovators, and other influential voices in their communities.

CONFIRMED CASES OF COVID-19 **
SINCE THE OUTBREAK OF THE PANDEMIC.

SYRIA 57,203  Türkiye 16,873,793  Lebanon 1,208,681
Jordan 1,746,997  Iraq 2,459,982  Egypt 515,388

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

** As of September 30, 2022
Disrupting the normalization of violence against women and girls

Watch the launch video by UNFPA Executive Director, Natalia Kanem.

The #ThisIsNotNormal campaign comes in response to increasing reports by women and girls that violence against them is becoming so widespread and unchecked, that it has been normalized in many communities.

Globally, women and girls continue to bear the brunt of the worst impacts of natural and human-made disasters, and this includes the escalating risks of multiple forms of gender-based violence and harmful practices.

In the Arab region, converging crises are affecting the lives and well-being of women and girls, including protracted humanitarian crises, armed conflicts, forced internal and external displacement, food insecurity and water scarcity, the worsening impacts of climate change, and countless other serious challenges. Meanwhile, the continuing impacts of the COVID-19 pandemic, and high food and fuel prices driven by the ongoing war in Ukraine, are exacerbating the challenges women and girls face in communities across the region and beyond.

In the wake of these unprecedented challenges, more women and girls report to UNFPA that violence against them is becoming increasingly normalized, particularly in humanitarian settings.

Harassment, intimate partner and domestic violence, child and forced marriage, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of cyber violence, have also been observed in recent years. Women and girls also report that this sense of normalization is eroding their resilience, particularly for those living in humanitarian settings.

The normalization of violence against women and girls poses a serious risk to sustainable peace and security and could derail progress towards the United Nation’s 2030 Agenda for Sustainable Development. The international community must act with urgency and in solidarity to reject the risk of the normalization of violence against women and girls, and ensure that programmes designed to respond to this trend are at the front and centre of humanitarian responses.

Featuring the voices of artists and influencers, across Arab region, such as Ghada Saba, Joanna Arida, Maya Ammar, and Alaa Hamdan, the campaign aims to counter this alarming trend, amplify the voices of women and girls survivors of gender-based violence, and reaffirm global commitment to ending gender-based violence, including sexual violence in conflict, and providing justice and support services to all those affected.

#ThisIsNotNormal is an extended campaign that will continue over the coming months. UNFPA is inviting donor countries, UN and partner agencies, gender-based violence experts, journalists, and other opinion influencers to participate.

“WOMEN AND GIRLS EXPERIENCE VIOLENCE AND OFTEN ACCEPT IT, NOT KNOWING THAT IT IS NOT NORMAL.”

— SERENA, a young woman from Lebanon
ACROSS THE WHOLE OF SYRIA

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO LIFE-SAVING ASSISTANCE AND QUALITY SERVICES, EVEN IN LOCATIONS THAT ARE HARD TO REACH.

811,897
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
93% FEMALE

8,897
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
93% FEMALE

437,577
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
94% FEMALE

169,471
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

21,429
YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
63% FEMALE

5,987
PEOPLE TRAINED ON VARIOUS TOPICS
78% FEMALE

122,399
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
99% FEMALE

811,897
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
93% FEMALE

8,897
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
93% FEMALE

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122,399
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
99% FEMALE

REPRODUCTIVE HEALTH

Family planning consultations 308,676 99%
Normal and assisted vaginal deliveries 20,765 100%
C-Sections 10,785 100%
Ante-natal care consultations 399,239 100%
Post-natal care consultations 73,996 100%
People trained on SRH-related topics 2,014 92%

GENDER-BASED VIOLENCE

People reached with dignity kits 18,477 99%
People provided with GBV case management 21,001 97%
People reached with GBV awareness messages 350,431 94%
People trained on GBV-related topics 3,627 71%

YOUTH SERVICES

People trained on youth-related topics 346 77%

WHEN I FINALLY FOUND MY WAY TO THE SAFE SPACE, I WAS SURPRISED AT HOW QUICKLY I BEGAN TO FEEL A CHANGE. THE KIND PEOPLE THERE GAVE ME THE HOPE I THOUGHT I’D NEVER GET BACK.

— RULA, a Syrian woman from Damascus

In 2014, the Whole of Syria (WoS) approach was introduced across the United Nations, authorised initially by UN Security Council Resolution (UNSCR) 2165 in 2014. This allowed cross-border humanitarian assistance from Iraq, Jordan, and Türkiye. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Türkiye exclusively. In July 2022, the resolution was extended until 10 January 2023. The continuation of this large, UN-led humanitarian operation is vital to reaching those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (RRPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Türkiye, Lebanon, Jordan, Iraq, and Türkiye.
### Reproductive Health

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>296,721</td>
<td>99%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>7,912</td>
<td>100%</td>
</tr>
<tr>
<td>C-Sections</td>
<td>6,967</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>341,324</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>47,038</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>1,718</td>
<td>93%</td>
</tr>
</tbody>
</table>

### Gender-Based Violence

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with dignity kits</td>
<td>18,477</td>
<td>99%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>19,405</td>
<td>97%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>288,331</td>
<td>98%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>803</td>
<td>76%</td>
</tr>
</tbody>
</table>

### Youth Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People trained on youth-related topics</td>
<td>346</td>
<td>77%</td>
</tr>
</tbody>
</table>

### People Reached with Various Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with reproductive health services</td>
<td>712,329</td>
<td>99%</td>
</tr>
<tr>
<td>People with disabilities reached with various services</td>
<td>5,019</td>
<td>95%</td>
</tr>
<tr>
<td>People reached with gender-based violence services</td>
<td>354,297</td>
<td>98%</td>
</tr>
<tr>
<td>Adolescent girls supported through various programmes</td>
<td>141,120</td>
<td>63%</td>
</tr>
<tr>
<td>Young people engaged through various activities</td>
<td>21,429</td>
<td>86%</td>
</tr>
<tr>
<td>People provided with cash &amp; voucher assistance</td>
<td>116,250</td>
<td>100%</td>
</tr>
</tbody>
</table>

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"This course will have a huge impact on my future career because it will open up new horizons in the labour market," explains Yara, a young woman from Homs. Over the course of a month and a half, Yara and a group of young men and women ventured into the interesting and essential world of networking and security, which introduced them to a wide range of knowledge areas, such as the fundamentals of creating networks, the components of surveillance systems, and the basics of network fault detection. The course comes as part of UNFPA’s ongoing efforts to empower young people through various skill building and vocational training programmes that facilitate their entry into the job market.

In Aleppo, UNFPA is also supporting students to traverse the challenging transition from secondary education to undergraduate studies, with activities designed to help them form a better understanding of the job, identify their existing and potential skill sets, and visualize a more informed career path.

Meanwhile, the second phase of the Social Norms Project has begun and will take place in Aleppo City and Deir Hafer in rural Aleppo. Over the course of ten days, 12 facilitators were trained on how to communicate and work with the local community. The training covered core topics that include facilitation and communication skills, in addition to providing key insights for combating gender-based violence and harmful social norms. UNFPA-supported mobile teams in Aleppo continue to provide irreplaceable services to various rural communities throughout the governorate, conducting daily trips to villages with limited to no access to quality SRH services. The teams provide sexual and reproductive health services and programming to prevent and respond to gender-based violence, in addition to delivering various awareness sessions on key topics.

"I’ve been benefiting from services provided by the medical team for a year," explains a woman from the village of ‘Tal al Damam’, one of the three hundred women and girls who benefit from these services every month. "I also attend awareness sessions whenever the mobile team visits."

Similar efforts are taking place in Deir-ez-Zor, where a UNFPA-supported well-being centre continues to provide similar services to around 175 individuals daily. As Amina, one of the women for whom the facility provides an irreplaceable service, explains, "the free medical services that we receive at this clinic mean a lot to us because they spare us the high costs of healthcare services at private clinics."

Across Deir-ez-Zor, thousands of women and girls receive SRH services and GBV programming, at three satellite points and the community well being centre. Services provided include a gynaecology clinic, an internal clinic, a paediatric clinic, and specialised GBV interventions.

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*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.*
“NO RIGHTS, NO OPTIONS: BIRTHING WITHOUT A SKILLED BIRTH ATTENDANT IN AL HOL CAMP AMID GROWING SAFETY AND PROTECTION RISKS, WOMEN AND GIRLS IN AL-HOL FACE ONGOING FEAR AND UNCERTAINTY

“I have been in Al Hol Camp for two years,” explains Sara, one of the tens of thousands living in dire conditions in the camp, most of whom are women and children. “This is a very dangerous place and I feel frightened every time the sun goes down. We don’t leave our tents at night because there have been many people killed.”

Located approximately 45 kilometers from Al Hasakah, north-eastern Syria, Al-Hol is a sprawling camp stretching over several miles of barren desert. Women and children under the age of 17 make up about 93 percent of the 55,000 inhabitants. The camp accommodates approximately 60 different nationalities, more than a third of whom are Syrian.

“The situation in Al-Hol Camp is extremely volatile with at least 26 murders reported, including those of 20 women and continuous reports of sexual violence,” explains Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator, Joyce Msuya. The humanitarian situation in the camp is of major concern, where provision of life-sustaining services, including water, is frequently interrupted due to the prevailing security situation.

‘The situation in Al-Hol Camp is extremely volatile’

UNFPA supports a local non-governmental organization (NGO) to provide sexual and reproductive health (SRH) and gender-based violence prevention and response services through six mobile teams. Four of the mobile teams provide integrated SRH services and gender-based violence programming to women in their tents and two mobile teams function as semi-static clinics based out of tents in two areas of the camp. UNFPA further supports two static SRH facilities: a maternity clinic that provides services, including natural delivery around the clock, and one smaller SRH clinic attached to a UNFPA-supported Safe Space.

Women are provided with antenatal and postnatal care, treatment for reproductive tract infections, psycho-social support and case management for survivors of gender-based violence. UNFPA also provides dignity kits that include hygiene items such as soap, sanitary pads and shampoo.

‘Many women could not access obstetric care at night, and as a result they had no choice but to give birth in their tents’

Fear of violence appears to be the main reason preventing women from leaving their tents at night. Access to the ambulance was halted in January 2022 because of the high security threats. In early 2022, a paramedic at the hospital was murdered while on duty, while another healthcare worker was injured. Meanwhile, field hospitals will not compromise their staff’s security by allowing them to travel into the camp’s phases at night. Access of private vehicles to the camp is also restricted at night; while arranging private transportation to reach the hospital is not possible. The nightly curfew also limits women’s ability to venture too far on foot from their tents.

Walking at night in Al Hol is a terrifying thought given the high number incidences of violence and murders. In this context, women feel they have no other choice but to give birth in their tent. None of the women who birthed in their tent gave birth with a skilled birth attendant; some gave birth with a family member or friend helping, others alone.

‘I woke up in labour, and I knew I couldn’t reach the health services. I was terrified’

“When I was pregnant, I was worried because the ambulance had stopped working at night due to the insecurity,” shared Jamea, a resident in Al Hol. “I woke up in labour, and I knew I couldn’t reach the health services. I was terrified. I knew I should give birth with a doctor or midwife but if I stepped out of my tent I could be attacked. There is no transport at night, and I couldn’t walk. This is why I gave birth to my son in my tent, alone.” Other women shared similar concerns with UNFPA.

‘UNFPA upholds SRH rights for all women, regardless of nationality, religion, ethnicity, sexual orientation or political affiliation’

UNFPA upholds SRH rights for all women, regardless of nationality, religion, ethnicity, sexual orientation or political affiliation, and promotes the right to the highest attainable standard of health, including sexual and reproductive health. Access to life-saving obstetric care in Al-Hol Camp is essential as not having access to this care is detrimental to women’s health and gender empowerment because it could cause the death of the mother or long-lasting disability, especially in marginalised settings. Pregnancy and childbirth are the most vulnerable stages of a woman’s life; both physically and emotionally and all women, including those in Al-Hol Camp must be supported to have safe deliveries.

By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.”

The sanitation and hygiene conditions in the tents are not conducive to a safe and healthy delivery and the risk of infection for both the newborn and the mother is high. Even more worrying is that if there were any complications, such as haemorrhage, women would be in a life-threatening position given the inability to access transportation to the health facility. It is not surprising, therefore, that 61 percent of all deaths reported in Al-Hol camp in 2021 were deaths that happened in tents.

Globaly, international medical bodies as well as UN Agencies, including UNFPA and the World Health Organization (WHO), strongly encourage the presence of a skilled birth attendant for every birth as lifesaving intervention for mothers and newborns. Furthermore, the proportion of Skilled Birth Attendance is an indicator for achieving Sustainable Development Goal (SDG) Target 3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.”

‘Many women could not access obstetric care at night, and as a result they had no choice but to give birth in their tents’

Of these, 43 newborns (45 percent) were born in a tent without a skilled birth attendant. UNFPA’s team were informed through a visit to Al-Hol Camp in June 2022.
The situation in north-western Syria continues to worsen

While the humanitarian and security situation in northwest Syria continues to deteriorate, an 82 percent funding gap is putting millions of Syrian lives at risk during winter, particularly as waves of mass displacement continue. In September, 39,545 new displacements were recorded – the highest number since the beginning of the year, primarily driven by the worsening economic deterioration. More than half of the 4.6 million people living in Syria are living in displacement, with 4.1 million in dire need of humanitarian assistance and 3.1 million in need of health assistance. The security situation remains extremely volatile and at least six airstrikes were reported in Idlib, 10 km away from the road used by the seventh cross-line convoy. Additionally, an airstrike hit in the vicinity of five camps in Idlib, injuring a woman, child, and seven men.

The overall health situation remained challenging in the region, particularly following the declaration of a cholera outbreak in Aleppo. To respond to an increasing number of lab-confirmed cholera cases, 11 rapid response teams have been activated and five five Cholera Treatment Units have been set up in Jarablus, Darkoush, Afrin, and Ad Dana with three more centres on standby and 20 planned. In line with the current epidemic observations, women experience a higher mortality rate from cholera than men.

As confirmed by a WHO report, this is closely linked to the traditional division of roles, which assigns women to run the household and care for the sick. Thus, women are more likely to come into contact with contaminated water when preparing and cooking food, feeding, caring for, and washing children, and providing care for ailing family members. Additionally, cholera significantly increases risks during pregnancy, including foetal death due to dehydration severity.

UNFPA continues to assess the impact of the cholera epidemic on women and girls, including pregnant and breastfeeding women, preparing technical guidelines to be used by partners and other UN Agencies in the region.
IN NORTH-WESTERN SYRIA, UNFPA CONTINUES TO RESPOND TO ONGOING DISPLACEMENTS, HOSTILITIES, AND EXTREME CONDITIONS

IN SEPTEMBER 2022, MASS DISPLACEMENTS CONTINUED TO PLACE LIVES AT RISK. UNFPA IS FOCUSING ON EMPOWERING WOMEN AND GIRLS THROUGH VARIOUS PROGRAMMES DESIGNED TO COMBAT AND RESPOND TO GENDER-BASED VIOLENCE.

UNFPA continues to help those most impacted

Despite its critical importance, post-natal care is among the most underreported services in the region due to a number of contributing factors, including the cost and availability of transportation, lack of awareness, and deeply rooted social norms that encourage mothers not to leave their homes during the first 40 days after birth.

To help mitigate these barriers, UNFPA developed a unique programme that will provide conditional cash transfers to beneficiaries of post-natal care to incentivize service uptake and help beneficiaries to offset transportation costs. UNFPA’s IPs has developed Standard Operating Procedures and started to register patients at the supported facility.

UNFPA also completed a family planning programme review to assess its interventions, identify gaps, and make the necessary recommendations. The review revealed that capacity building efforts targeting doctors and midwives, coupled with community-based family planning activities, have contributed to increasing effective access to and awareness of available modern family planning methods provided within the supported facilities. As noted by a Reproductive Health Supervisor at a UNFPA-supported facility: “Women and girls who give birth frequently with little or no time in between are especially in need of family planning. Midwives make their rounds in the delivery rooms and maternity hospitals, where they provide antenatal and post-natal care and advise mothers on the benefits of spacing out their pregnancies for their own health and the benefits their children will receive from breastfeeding.”

UNFPA also developed a reproductive health package, inclusive of a family planning component, which has been rolled out in northwest Syria by trained community health workers. Additionally, UNFPA Türkiye XB developed family planning Information, Education, and Communication (IEC) materials to effectively reach all groups at the community level, including women living in hard-to-reach areas and PwD.

Meanwhile, with the objective of systematising and expanding the learning from a year and a half of Income-generating activities (IGA) implementation, UNFPA conducted a participatory after-action review, which confirmed that IGA are associated with a number of economic, health, and safety benefits for targeted women and their families. Specifically, IGA significantly contributed to enhancing the level of empowerment and economic wellbeing of recipients, while contributing to mitigate GBV risks by decreasing women’s vulnerabilities to violence, abuse, and exploitation.

At the end of the IGA cycle, 80 percent of target beneficiaries reported that their level of exposure to exploitation or persecution has decreased due to the increased level of independence gained through their business activity. Fifteen percent of surveyed recipients noted that IGA contributed to reducing tensions between family members while decreasing the level of economic distress.

Finally, the assessment confirmed that IGA was effective at increasing beneficiaries’ resilience within the framework of a broader early recovery strategy, reducing existing barriers to livelihood opportunities experienced by the most vulnerable groups. Building on the lessons learnt in this After Action Review, UNFPA and its IPs agreed to implement a second round of IGA projects, while systematising existing practices into standard operating procedures. A workshop was held in September to exchange good practices that will be covered within the SOPs. Further information can be found here.

In the words of Mona, a midwife from north-western Syria, who recently participated in a training supported by UNFPA

One day, during my shift at the maternity hospital, a woman came in with her fifteen-year-old daughter. I invited them to sit down and tell me about their medical situation. The mother explained that over the previous months her daughter had lost her appetite, become pale, and had started to isolate herself. Additionally, she also shared that while her menstruations have always been regular, over the last three months she did not have her period.

I analysed the medical records of the young girl and based on her clinical condition, I suggested she have ultrasound. The results revealed that she was pregnant. I was very surprised and I did not know what to do, thus I called the nurses who were working with me in the department to confirm my diagnosis.

Today, thanks to the knowledge gained during the training, I feel better equipped to provide respectful support to survivors of sexual violence.

As for other patients, I only booked an appointment with a gynaecologist at the clinic but I did not follow up on her case.

'Today, thanks to the knowledge gained during the training, I feel better equipped to provide respectful support to survivors of sexual violence'

After attending the training on Clinical Management of Rape offered by UNFPA, I deeply regret my conduct during that delicate situation. Even if I only suspected that her pregnancy could have been a consequence of a rape, I didn’t know how to react. I did not keep her case private and confidential, and I did not provide her with the same treatment given to other patients.

Today, thanks to the knowledge gained during the training, I feel better equipped to provide respectful support to survivors of sexual violence. I learned about the protocols to be followed and about the importance of referring survivors to relevant services, such as case management, after receiving their informed consent. I am also aware of the importance of walking hand-in-hand with the survivor to make her safe and welcomed. I am confident that I can now make a difference and to ensure the survivor feels like they’ve come to the right place to receive support.

'Only at that moment, I understood that the young girl might have been a survivor of rape.'
TÜRKİYE COUNTRY OFFICE

WITH THE HIGHEST NUMBER OF SYRIAN REFUGEES IN THE CRISIS REGION, TÜRKİYE CONTINUES TO PROVIDE MUCH-NEEDED ASSISTANCE TO DISPLACED SYRIANS THROUGHOUT THE COUNTRY.

75,274
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
81% FEMALE

7,197
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
56% FEMALE

51,495
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
78% FEMALE

10,936
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

5,171
LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

16,731
YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
85% FEMALE

720
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
50% FEMALE

4,436
PEOPLE TRAINED ON VARIOUS TOPICS
69% FEMALE

75,274
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
81% FEMALE

7,197
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
56% FEMALE

51,495
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
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85% FEMALE

720
PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE
50% FEMALE

4,436
PEOPLE TRAINED ON VARIOUS TOPICS
69% FEMALE

REPRODUCTIVE HEALTH

Family planning consultations
25,536
90%

Ante-natal care consultations
12,766
100%

Post-natal care consultations
8,049
100%

People trained on SRH-related topics
993
64%

GENDER-BASED VIOLENCE

People reached with dignity kits
19,965
93%

People provided with GBV case management
1,996
66%

People reached with GBV awareness messages
35,464
82%

People trained on GBV-related topics
1,759
62%

YOUTH SERVICES

People trained on youth-related topics
1,684
80%

THESE DAYS WHEN I FEEL THE LOSS OF MY MOTHER, I FEEL THE SUPPORT OF THE WOMEN HERE, AND I FEEL BETTER.

— RIMA, a Syrian woman from Raqqa, who accessed services at a UNFPA-supported Safe Space in Türkiye
The situation of Syrian refugees in Türkiye continues to deteriorate. As highlighted by the Inter-Agency protection needs assessment, the protection concerns at the community level are worsening, and individuals are experiencing increased stress, mostly caused by the uncertainty of their future in the country. In addition to protection concerns, individuals are increasingly challenged by the economic difficulties facing the country. Half of the respondents mentioned losing their jobs in the last six months and 90 percent are not able to fully cover their expenses. The number of families adopting a survival strategy is also higher than previous rounds, with more than half of respondents noting to have reduced their food expenses and consumption.

UNFPA continues to provide SRH and protection services, including prevention and response to GBV through 22 service units. In addition, the supported service units provide awareness-raising sessions on GBV and SRH topics, empowerment activities along with social cohesion activities. In September, UNFPA continued to strengthen the capacity of implementing partner staff on provision of GBV services and reporting of GBV cases in line with the requirements of the GBV Information Management System (GBVIMS). Supervisory meetings were conducted for outreach workers aiming to increase their self-awareness about quality of services and to ensure that the interventions are provided according to the humanitarian principles and standards. Health mediators benefited from self-care sessions to ensure appropriate levels of support for them to function effectively, to cope with daily stress and strengthen their capacities to avoid situations of unacceptable risk.

Meanwhile, UNFPA continues to work with various partners and government agencies to build capacities of key staff on responding to violence against women and girls. This includes training offered to law enforcement officers, including gendermaine personnel and police officers. One such training was given to the staff of the Istanbul Metropolitan Municipal, which covered core topics that include approaches and guidelines for sexual violence and mental trauma, clinical management of rape, human trafficking for sexual exploitation, early and forced marriage, among others.

Helping refugees with disability access vital services

When Reem was 18 years old, she entered a marriage that was arranged by her family. Today, the 34-year-old from Kobane, Syria, is a mother of three children, including twin daughters who suffer from mental and physical disabilities.

Reem arrived in Türkiye around eight years ago with her husband and children. Given their dire straits, they were forced to settle in an impoverished community, like many migrants and refugees in their situation. In the case of their family, it was their daughters’ health condition that further complicated matters, requiring consistent care by both parents.

“It’s difficult taking care of both of them on my own,” explains Reem. “My daughter, who is physically and mentally disabled, frequently becomes ill. When I take her to hospital, it becomes almost impossible to take care of my other daughter. I wish she could access rehabilitation services here.”

Her daughters’ frequent bouts of illness, which often see both parents having to become available at a moment’s notice, had eventually cost her husband his job, leaving the family entirely dependent on social support. Even then, no one in the family spoke Turkish, which made the process of seeking aid at public facilities fairly daunting. Reem was immediately provided with psychosocial support and given the support she needed to apply for one-off cash assistance from a UNFPA partner. The Safe space at the Space also helped schedule a hospital visit and accompanied the family to help address the language barrier. The couple were invited to attend awareness-raising sessions on different topics of interest and were provided with a wheelchair that was donated to the centre by a volunteer.

“I’m very happy,” explains Reem. “I’d submitted lots of applications to get a wheelchair. I’ve usually had to carry my daughter to hospital in my arms. Today was another such situation; she is quite sick and it’s always difficult to carry her to the hospital. Now that I have a wheelchair, I can more easily take my daughter to the hospital or to the park so that she can get some fresh air.”

The couple eventually learned about the UNFPA-supported Safe Space in Diyarbakir during an at-home visit by a social worker. Upon visiting, the staff at the Space informed them about the services that are provided free of charge for all refugees in need. Shortly after that initial visit, Reem returned to ask for economic support and a wheelchair for her disabled daughter.
UNFPA continues to adapt its programmes to provide life-saving services to people in need, with a focus on women and girls.

61,676 people reached with reproductive health services
100% female

9,658 adolescent girls supported through various programmes
100% female

28,023 people reached with gender-based violence services
91% female

2,973 LGBTQI+ individuals supported through various services
100% female

2,680 people provided with cash & voucher assistance
100% female

2,045 people trained on various topics
98% female

1,563 people with disabilities reached with various services
100% female

**Reproductive Health**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>7,076</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>465</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>3,385</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>807</td>
<td>100%</td>
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**Gender-Based Violence**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
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</thead>
<tbody>
<tr>
<td>People reached with dignity kits</td>
<td>27,266</td>
<td>100%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>357</td>
<td>97%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>7,986</td>
<td>83%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>1,216</td>
<td>96%</td>
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</table>

**Youth Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People trained on youth-related topics</td>
<td>22</td>
<td>100%</td>
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</table>

"Many communities do not realise that way they treat us women is unfair and harmful. This is why I am committed to these awareness sessions. They are helping women understand their rights."

— Narjis, a Syrian refugee living in Lebanon
DESpite a collapsing economy and mounting challenges, UNFPA Lebanon continues to target those most in need

UNFPA is targeting marginalised communities as Lebanon experiences another difficult year.

As has been the case over the past two years, hyper-inflation in Lebanon continues to worsen, rising to about 152 percent in August year-on-year according to Lebanon’s Central Administration of Statistics. The last week of August saw a sharp drop in the value of the Lebanese pound against the dollar in the parallel market, reaching LBP 35,500 per dollar.

In September, the Lebanese Society for Obstetrics and Gynaecology in partnership with UNFPA Lebanon and Ministry of Public Health conducted a training on antenatal and postnatal care for healthcare providers working in primary healthcare facilities. The training, which aims at enhancing national capacities on maternal care services, was attended by general practitioners, obstetricians, gynaecologists, midwives, and nurses. Topics covered included the dietary needs for pregnant and lactating women especially in view of the deteriorating economic conditions leading to food insecurity and negative coping mechanisms.

Meanwhile, the network of midwives established in partnership between the Lebanese Order of Midwives (LOM) and UNFPA continued its interventions to promote COVID-19 vaccination among pregnant and lactating women and ensure provision of information on infection prevention and control (IPC) measures through awareness sessions, home visits, and referrals to the nearest vaccination centre.

UNFPA also continued its support for the provision of SRH-GBV integrated services and awareness sessions across Beirut, Bekaa, and northern Lebanon, targeting vulnerable Lebanese and Syrian communities. The services include SRH medical consultations, midwifery care, family planning counselling, lab tests, ultrasound, imagery tests and RH interventions such as IUD insertion/removal, PAP smear test, mammography, and referral to GBV services. Dignity kits were also distributed to vulnerable women and girls during awareness sessions on critical topics.

UNFPA Lebanon’s partners cited similar challenges to previous months, driven primarily by the overlapping crises in Lebanon. The economic crisis in particular has affected the purchasing power and the affordability of healthcare services, especially SRH services. Other challenges include the prohibitively high cost of services and the unaffordability and/or unavailability of transportation, which UNFPA has helped address by providing free transportation services as well as subsidised SRH interventions.

UNFPA and partners continue to deliver comprehensive gender-based violence services to vulnerable Lebanese and Syrian refugees. Services being offered include case management and psychosocial support services; implemented empowerment, prevention, and risk mitigation activities; vocational training; life skills; and emotional support sessions. Men, boys, women, and girls were given essential information about GBV-related issues through outreach and awareness-raising sessions.

Moreover, UNFPA Lebanon also continued to lead an inclusive response, with two local NGOs providing specialised programming to LGBTIQ+ individuals, women and girls with disabilities, and adolescent girls.

‘Age is just a number’

Through the generous fund from the Government of Sweden, Hayat, a 60-year-old mother, is currently attending the vocational training programme offered in Bekaa in partnership with UNFPA Lebanon.

“Age is just a number and I know what I am capable of,” said Hayat. “I reject the stereotype about our generation being inactive and unproductive. This is why I’m beyond grateful to be given the opportunity to attend these training sessions. They lift up my spirits every day.”

‘I reject the stereotype about our generation being inactive and unproductive’

Over the past three months, Hayat has been coming once a week to attend the income generating activities. She has reached an advanced stage in the accessory making course, which she says has been quite the learning experience.

“I took the decision to participate in those sessions aiming to learn and gain practical experience. I learned about hand-made accessories and found my passion at a late age. The training is not limited to hand-making activities but it is also helping me acquire new skills in communications. The entire learning process is inspiring me to be a better person despite my age. It’s never too late for that.”

“To me, the more I achieve, the more beautiful life becomes’

On the International Day for Older Persons, Hayat addressed a message to persons her age who may feel useless and forgotten:

“To me, the more I achieve, the more beautiful life becomes. Stay strong and hopeful!”

There were many instances along the way where I was more than tempted to give up — to surrender to the feelings of despair that were taking over. Thankfully, I found the right support at the right time.

— YARA, a Syrian refugee living in Lebanon
WITH 1.3 MILLION SYRIANS NATIONWIDE, UNFPA IN JORDAN CONTINUES TO PROVIDE ESSENTIAL SERVICES TO REFUGEES AND HOST COMMUNITIES NATIONWIDE.

**REPRODUCTIVE HEALTH**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>13,984</td>
<td>100%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>1,037</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>27,573</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>3,668</td>
<td>100%</td>
</tr>
<tr>
<td>People trained on SRH-related topics</td>
<td>142</td>
<td>99%</td>
</tr>
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</table>

**GENDER-BASED VIOLENCE**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
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<tbody>
<tr>
<td>People provided with GBV case management</td>
<td>1,843</td>
<td>93%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>25,684</td>
<td>83%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>119</td>
<td>92%</td>
</tr>
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</table>

**YOUTH SERVICES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People trained on youth-related topics</td>
<td>176</td>
<td>44%</td>
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</table>

—I FELL TO THE FLOOR AND BURST INTO TEARS, AND I SIMPLY RECALL MYSELF PLEADING FOR PROTECTION. THE ANXIETY HAD REACHED SUCH DEEP LEVELS THAT IT MADE ME FEEL OVERWHELMED.

— SALMA, who recently received gender-based violence support at a UNFPA-supported facility in Jordan
IRAQ COUNTRY OFFICE

IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 316,000 SYRIAN REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

11,195
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
100% FEMALE

289
PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES
99% FEMALE

2,731
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
91% FEMALE

1,051
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

62
PEOPLE TRAINED ON VARIOUS TOPICS
52% FEMALE

Reproductive Health

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
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</thead>
<tbody>
<tr>
<td>Family planning consultations</td>
<td>14,195</td>
<td>100%</td>
</tr>
<tr>
<td>Normal and assisted vaginal deliveries</td>
<td>342</td>
<td>100%</td>
</tr>
<tr>
<td>C-Sections</td>
<td>90</td>
<td>100%</td>
</tr>
<tr>
<td>Ante-natal care consultations</td>
<td>12,013</td>
<td>100%</td>
</tr>
<tr>
<td>Post-natal care consultations</td>
<td>2,909</td>
<td>100%</td>
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Gender-Based Violence

<table>
<thead>
<tr>
<th>Service</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People reached with dignity kits</td>
<td>343</td>
<td>100%</td>
</tr>
<tr>
<td>People provided with GBV case management</td>
<td>88</td>
<td>100%</td>
</tr>
<tr>
<td>People reached with GBV awareness messages</td>
<td>13,741</td>
<td>81%</td>
</tr>
<tr>
<td>People trained on GBV-related topics</td>
<td>2</td>
<td>100%</td>
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Nearly 1.2 million Iraqis continue to live in protracted situations of internal displacement as the country hosts over one-quarter of a million refugees.

These displaced populations are often more vulnerable to protection risks—such as arbitrary arrest and detention, trauma and psychological stress, the threat of eviction from their homes, and lack of access to essential services than the population at large. Nearly one-in-five Syrian refugees rely on charity and cash assistance for food, and more than half report experiencing difficulties accessing healthcare services.

While significant humanitarian support is still crucial for many, efforts in the country are gradually transitioning from humanitarian interventions and placing more focus on development interventions to support public institutions to deliver basic services and ensure their socio-economic integration. At the same time, Iraq’s overall political, economic, and security environment remains unpredictable.

UNFPA Iraq continues to provide SRH services in nine refugee camps throughout the country. These include antenatal care, family planning consultation, postnatal care, gynaecological consultations and referral pathways to secondary hospitals for the purpose of normal delivery, caesarian sections and complication cases.
EGYPT COUNTRY OFFICE

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

145,575
PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES
100% FEMALE

1,354
PEOPLE TRAINED ON VARIOUS TOPICS
93% FEMALE

7,348
PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES
96% FEMALE

81
YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES
100% FEMALE

21
PEOPLE WITH DISABILITIES REACHED WITH SPECIALISED SERVICES
90% FEMALE

1,070
ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

UNFPA continues to tailor its programmes in Egypt to respond to the needs of women and girls caught in the crisis.

More than 287,000 refugees and asylum seekers from 65 countries of origin are currently living in Egypt, around half of whom are Syrians. Most refugees and asylum-seekers are located in urban areas of Greater Cairo and on the northern coast. During September, UNFPA continued to support 10 Safe Spaces in six governorates, delivering vital services to survivors or those at risk of gender-based violence. UNFPA is particularly focusing on mental health and well-being, with more than 655 women and girls attending multiple MHPSS sessions that span sound therapy, yoga, psychological balance workshop, identity crisis and psychological support, group therapy, and others. GBV awareness raising activities were also delivered with a focus on the types of GBV, sexual harassment, and prevention using sports for GBV.

Reproductive health awareness sessions were delivered to women and girls with topics including puberty, menstrual health, and hepatitis prevention.

“This Safe Space has allowed me to find my own worth and community. I feel stronger and ready to start living.”
— Yosra, a Syrian woman from Rural Damascus
UNFPA CONTINUES TO LEAD THE GBV AREA OF RESPONSIBILITY, ENSURING THAT MINIMUM STANDARDS ARE IN PLACE TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE IN EMERGENCIES.

Whole of Syria

In September, the WHO GBV AoR finalised the data analysis for the Protection Assessment implemented in the framework of the HNO 2023. The data collection was carried out by HNAP in August and data cleaning and analysis were performed by REACH in September. Through the MSNA, 34,065 Heads of Household were interviewed (11 percent of them are female) in 269 sub districts. The MSNA provided findings for most of the humanitarian sectors, and despite not being a GBV focused assessment, the GBV AoR used proxy indicators to collect relevant information. During female-to-female interviews, 40 percent of women expressed that they do not feel safe in certain areas of their community; areas identified as unsafe mainly are public transportation, checkpoints, and markets. Early marriage has been identified as the main reason for leaving the household for 74.2 percent of girls and, together with early pregnancy, early marriage results being the main reason for not going to school for 54.9 percent of households interviewed.

Meanwhile, the first draft of the Voices from Syria report was released for internal review. The chapters dedicated to GBV trends and services are integrated with government analysis and detailed descriptions on GBV risks associated with other humanitarian sectors’ interventions.

Also in September, the regional GBV specialist attended the SRI Forum in Cancun, Mexico to support learning, knowledge sharing, and increased representation and visibility of UNFPA and the Hub in the largest convening of the global GBV community.

Lastly, the UNFPA Regional Humanitarian Hub for Syria and the Arab States supported the GBV Sub Cluster in Yemen to develop The Cost of Inaction Advocacy Brief by contributing to the design and communication component. The brief aims at advocating for focused, committed, and sustained funding and advocacy in order to ensure the needs of women and girls are voiced and answered and to maintain the relevance of Yemen GBV AoR members before national authorities.

Türkiye Cross-Border

The GBV Subcluster released the fourth GBV trend analysis report covering the period of April-June 2022. The trend analysis reveals that the majority of reported GBV incidents happened among married women within their household. According to the findings, domestic violence has been exacerbated by the economic crisis affecting the region. The report also outlines how the integration of health and GBV services is contributing to the rise of married women seeking GBV services, as their first entry point is often an SRH service delivery point. Thus, training medical staff on GBV is crucial to providing information and safe referral to relevant GBV services.

Türkiye

During the Southeast Turkey GBV Sub-Working Group meeting in September co-chaired by UNFPA, the partners shared the good practice in responding to GBV. Positive Living Association, UNFPA implementing partner presented the innovative activities provided in the context on KRG and M&B projects, targeting key refugee groups (including LGBTIQ+, sex workers, people living with HIV) and men and boys who have survived or are at risk of sexual violence. In addition, partners benefitted from a mini-training session on GBV mainstreaming in livelihood programming during the meeting.

During the Protection Sub-Working Group meeting, partners discussed progress on the result framework indicators and identified the main barriers in reaching the target values and the appeal process for 2023. Moreover, the results of the Inter-Agency Protection Needs Assessment were shared with group members. The sixth round of assessments was conducted between 9 August and 19 September 2022 with the refugee and migrant population in Turkey. The assessment results showed that protection concerns at the community level are worsening. Most individuals who report experiencing stress share that they worry about their future in Turkey (53 percent concerns about the future of their children/family (15 percent), and not being able to meet expenses (9 percent) in addition, refugees reported feeling anxious, overwhelmed, and exhausted.

Observations related to protection and community concerns continue to be reported, with some of the issues being reported at considerably higher levels compared to the fifth round. For instance, 57 percent confirm observations of increased peer bullying between Turkish and refugee children and youth (41 percent in the previous round), while 53 percent indicate increased conflict/tension with host community members (52 percent in the previous round). Meanwhile, 47 percent report an increase in sexual violence/abuse against women and girls, compared to 16 percent in the previous round.

Similar to previous rounds, the majority of respondents indicated that they work informally. Furthermore, as in previous Rounds, five percent of all children identified through the assessment at the household level were reported to be engaged in child labour. The top three income sources are work, humanitarian assistance and remittances. 90 percent of households mention that they cannot fully cover their monthly expenses, with 89 percent indicating that they adopt a survival strategy to cope with their deteriorating socio-economic circumstances. Additionally, a clear majority (80 percent) also mentioned that their financial circumstances have deteriorated/declined in the past year. The top two survival strategies adopted by communities are identified as reduction in essential food expenditure and violence.

Jordan

During September, the National Council for Family affairs, chair of the National Team for Family protection, have presented the Monitoring framework for the implementation of the 2021-2023 Executive Plan for the National Priorities for strengthening the response to GBV, family violence, and child protection, in order to reflect participating organizations’ achievements as part of the National Executive plans contributing to the work on National Priorities on GBV in Jordan.

The GBVIMS Taskforce has finalized and published the 2021 GBVIMS Reports in English and Arabic. This report provides information on incidents of Gender-Based Violence (GBV) reported by survivors in Jordan during 2021, the GBVIMS is considered the highest quality GBV incident data currently available to the humanitarian actors, which can be used effectively for trend analysis and improving coordination of GBV prevention and response.
CURRENT DONORS

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

United Nations: OCHA/CEFP, UNDP, SFCF, and UNFPA Emergency Funds.

IMPLEMENTING PARTNERS


In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Al-Ma'am, and ABAAD.

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), Quasticon, Higher Population Council (HPC), Generations for Peace (GPF), Health Care Accreditation Council (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 Masela, Harika, Zhian and Civil Development Organisation.

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

In Türkiye: ASAM (Association for Solidarity with Asylum Seekers and Migrants), KAMER (Women’s Centre Foundation), EkoDoktor Osmangazi University, Harem University, YAMA (Youth Approaches to Health Association), PLA (Positive Living Association), Red Umbrella Sexual Health and Human Rights Association. For the service units that are under direct implementation, UNFPA is collaborating with Ankara Municipality, Sanliurfa Municipality and RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

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

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RELEVANT RESOURCES

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