

REGIONAL QUARTERLY REPORT

ON THE SYRIA CRISIS

September 2023

“ I DON'T THINK THE WORLD UNDERSTANDS WHAT IT MEANS TO BE A WOMAN LIVING IN SYRIA IN 2023. IT IS A LIFE FILLED WITH DANGER, GRIEF, AND STRUGGLE, ESPECIALLY AFTER THE ECONOMIC CRISIS.

– A woman from Deir-ez-Zor, Syria

SNAPSHOT

As of September 2023, the needs of Syrians and host communities are higher than ever, particularly in light of widespread economic collapse, the cumulative impact of 12 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 2023, 15.3 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes 7.7 million women and girls, 4.2 million of whom are of reproductive age. Meanwhile, more than 6.8 million Syrian refugees remain as refugees 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 operations led inside Syria, both from Damascus and cross-border via Türkiye.

The quantitative data presented in this report is cumulative, covering achievements made between January and September 2023.



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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

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SITUATION OVERVIEW



In 2023, the needs of Syrians and host communities are higher than ever, particularly in light of widespread economic collapse, the cumulative impact of 12 years of conflict, climate-related challenges, 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. As of early 2023, 15.3 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes 7.7 million women and girls, 4.2 million of whom are of reproductive age. Meanwhile, more than 6.8 million Syrian refugees remain as refugees in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt, nearly half of whom are women and girls. Hostilities continue to place lives at risk.

Hostilities and health outbreaks continue to place lives at risk

Over the past several months, civilian life and humanitarian assistance were severely impacted by artillery shelling, air strikes, land mines, and unexploded ordnance, creating fear for millions of Syrians who have known nothing but conflict and displacement since 2011.

In Deir-ez-Zor, for example, the UN has documented a significant impact on civilians due to escalating hostilities in recent months. Attacks on civilians, economic decline, and human rights violations continue, described by the UN Inquiry Chair Paulo Pinheiro as a “monument to the failure of diplomacy.” The mass displacement of over 26,000 people, coupled with airstrikes and hostilities, further hindered humanitarian operations and added to the risks facing women and girls. Similar dangers continue to plague the north-west, where ongoing hostilities and security risks continually place the lives of women, girls, and aid workers in peril.

Compounding the impact of these challenges is the growing threat of climate-related shocks, with serious drought and flooding creating additional needs and threats. More than a decade of conflict has also 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 bear the brunt

Assessments and focus group discussions conducted by UNFPA show that gender-based violence (GBV) continues to pervade the daily lives of Syrian women and girls impacted by the crisis. Their lives 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.

“Things have gotten much worse in recent years,” explains Sali, a young woman living in Areesha camp, who was forced into a child marriage when she was 14, shortly after the crisis erupted. Fortunately, she was able to access services at a UNFPA-supported Safe Space, which helped her overcome her trauma. “The situation is the same for so many girls around me, but many are not able to find support as I did.”

Unsurprisingly, women and girls throughout Syria and the crisis region are telling UNFPA that the violence against them has become normalized. 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 violence, have also been observed in recent years. Adolescent girls in particular face a wide range of challenges that usually accompany them throughout their lives. It begins with restrictions on movement and domestic violence, and progresses as the girl grows to include child and forced marriages, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Girls are also being denied their right to an education, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

Syrians & host communities still face an uphill battle

Over 6.8 million Syrian refugees are dispersed across neighbouring countries – Türkiye, Lebanon, Jordan, Iraq, and Egypt. Among them, the women and girls confront heightened vulnerabilities due to the prolonged crisis, with GBV posing an increasing threat. Many

find themselves in densely populated and precarious environments where the danger of harassment, assault, and exploitation is ever-present. The deteriorating macroeconomic situation, exacerbated by the war in Ukraine, has pushed numerous families towards harmful survival strategies, including child and forced marriages.

Furthermore, Syrian refugees endure persistent discrimination in their host countries, which hampers their efforts to heal from trauma and to reconstruct their lives. This discrimination is multifaceted, impacting their access to work, education, healthcare, and essential services. For refugee women and girls, this often translates into an elevated risk of violence and an obstructed path to legal redress. Such discrimination is a formidable obstacle to their societal integration, leading to their marginalisation and social exclusion. This stark reality accentuates the critical need for interventions that are specifically designed to address the distinct needs and adversities faced by these women and girls.

UNFPA stands with those impacted

Furthermore, amidst the tumult of the past 12 years, marked by conflict, displacement, economic downturns, and escalating dangers, the pleas of millions of Syrians often seem lost in the cacophony of global crises. Yet, undeterred by the staggering adversities they face, Syrians across the region persist with tenacity. Individuals of various ages and backgrounds, including women and girls who have endured gender-based violence, showcase extraordinary resilience and an unwavering resolve. Many strive to transcend their circumstances and past traumas, aiming to secure a brighter future and opportunities for their children and close ones. Some channel their experiences into creativity and advocacy, emerging as artists, activists, and innovators, and becoming pivotal voices within their communities.

UNFPA and humanitarian actors will continue to advocate for the rights and well-being of all Syrians, particularly women and girls. As of September 2023, as part of its regional response to the crisis since the beginning of the year, UNFPA has delivered SRH services to more than 1.6 million people, while more than 654,000 were reached with services designed to prevent and respond to GBV, including more than 266,000 adolescent girls. More than 13,000 women were provided with cash and voucher assistance, and around 8,000 LGBTQIA+ individuals were served.

In 2023, UNFPA is appealing for a total of \$182.3 million to fund its operations throughout the crisis region. This includes an appeal of \$134.9 million to fund UNFPA's regional Syria crisis response across the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt, in addition to \$33.6 million to fund its response to the February earthquakes in the Whole of Syria and Türkiye, \$7.2 million to fund the Lebanon Emergency Response Plan, and \$6.65 million to fund the Sudan Emergency Response Plan.

FROM ALL OPERATIONS

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

1,621,880

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

12,885

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

90% FEMALE

654,519

PEOPLE REACHED WITH GBV PROGRAMMING

92% FEMALE

7,964

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

34,127

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

76% FEMALE

13,840

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

95% FEMALE

266,444

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

8,953

PEOPLE TRAINED ON VARIOUS TOPICS

81% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	123,105	100%
Family planning consultations	498,890	99%
Normal / assisted vaginal deliveries	25,313	100%
C-sections	10,637	100%
Ante-natal care consultations	378,694	100%
Post-natal care consultations	60,715	100%
People trained on SRH-related topics	3,704	88%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	132,440	100%
People reached with dignity kits	224,625	100%
GBV case management consultations	30,658	95%
People reached with GBV awareness sessions	492,227	95%
People trained on GBV-related topics	4,732	75%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	10,899	100%
People trained on youth-related topics	517	82%



150
PRIMARY HEALTHCARE FACILITIES *



132
WOMEN AND GIRLS SAFE SPACES



29
EMERGENCY OBSTETRIC CARE FACILITIES



15
YOUTH CENTRES



104
MOBILE CLINICS



27
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

1,122,090

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

519,962

PEOPLE REACHED WITH GBV PROGRAMMING

93% FEMALE

20,158

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

70% FEMALE

215,848

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

9,985

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

91% FEMALE

7,245

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

5,654

PEOPLE TRAINED ON VARIOUS TOPICS

81% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	101,783	100%
Family planning consultations	430,560	100%
Normal / assisted vaginal deliveries	24,035	100%
C-sections	10,625	100%
Ante-natal care consultations	333,897	100%
Post-natal care consultations	52,060	100%
People trained on SRH-related topics	2,704	88%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	107,183	100%
People reached with dignity kits	179,614	100%
GBV case management consultations	15,635	96%
People reached with GBV awareness sessions	392,621	96%
People trained on GBV-related topics	2,808	74%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	6,882	100%
People trained on youth-related topics	142	66%



87

PRIMARY HEALTHCARE FACILITIES *



57

WOMEN AND GIRLS SAFE SPACES



28

EMERGENCY OBSTETRIC CARE FACILITIES



10

YOUTH CENTRES



103

MOBILE CLINICS



14

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.

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.

SYRIA COUNTRY OFFICE

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

985,921

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

4,376

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

96% FEMALE

428,504

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

7,169

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

20,158

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

70% FEMALE

3,146

PEOPLE TRAINED ON VARIOUS TOPICS

86% FEMALE

185,759

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	96,945	100%
Family planning consultations	414,718	100%
Normal / assisted vaginal deliveries	10,376	100%
C-sections	7,053	100%
Ante-natal care consultations	272,494	100%
Post-natal care consultations	19,442	100%
People trained on SRH-related topics	2,346	88%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	81,932	100%
People reached with dignity kits	65,359	100%
GBV case management consultations	14,676	96%
People reached with GBV awareness sessions	344,587	98%
People trained on GBV-related topics	658	83%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	6,882	100%
People trained on youth-related topics	142	66%



76

PRIMARY HEALTHCARE FACILITIES *



45

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



10

YOUTH CENTRES



101

MOBILE CLINICS



14

OTHER SERVICE DELIVERY POINTS

I KNOW THE WORLD I WANT TO LIVE IN. HELP ME BUILD IT, AND I WILL NEVER STOP WORKING.

– 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.



Programme Update

UNFPA Syria continued to focus on improving access to quality SRH services and supporting programmes designed to protect from and respond to GBV. In addition to actively responding to the escalations of violence in Deir-ez-Zor, key activities included the distribution of family planning contraceptives and vital nutrients like folic acid and ferrous sulphate across multiple governorates, in addition to supporting an extensive network of mobile teams, safe spaces, wellbeing centres, and specialised units.

To address GBV concerns, UNFPA collaborated with implementing partners to offer GBV programming for people displaced by ongoing hostilities. Female dignity kits were prepositioned for distribution to those in need. Safe spaces recorded more than 172,000 daily sign-ins from women and girls and provided a range of services, including awareness-raising sessions, case management, psychosocial support counselling, safe referrals, and recreational activities. Vocational training courses, such as soap making, wool knitting, hairdressing, and handicrafts, were also offered, with graduates receiving small business start-up kits to empower them economically and reduce the risk of GBV associated with economic disparities.

UNFPA also engaged in initiatives like the Girl Shine programme, in collaboration with the International Rescue Committee, to provide adolescent girls with knowledge and

skills to identify and seek support for GBV. Also ongoing is the Engaging Men in Accountable Practices (EMAP) Pilot Project in Al-Mayadeen City, focusing on engaging men to promote gender equality and GBV prevention. Expanding safe spaces was a priority, with UNFPA partnering with Al-Yamamah Association and receiving support from the United Kingdom to establish three new spaces in Al-Hol camp. Additionally, existing safe spaces were refurbished to enhance service quality, following a survivor-centred approach. UNFPA supported the operation of the family protection unit (FPU) in rural Damascus, offering integrated GBV and reproductive health services, vocational training, legal aid, and recreational activities.

Meanwhile, UNFPA's commitment to menstrual hygiene management (MHM) interventions continued. Activities included the distribution of MHM supplies, awareness sessions on healthy hygiene practices during menstruation, and efforts to correct negative social norms related to menstruation. Awareness sessions reached over 12,000 women and adolescent girls, and nearly 69,000 sanitary napkins were distributed, including to earthquake-affected areas.

To build the capacity of service providers, UNFPA conducted training sessions on psychosocial support (PSS), gender

mainstreaming, gender analysis, and GBV basics, benefiting both women and men involved in various organisations and projects. UNFPA remained dedicated to addressing the needs of youth, particularly adolescent girls, by offering specialised SRH and GBV services. Over 40,000 adolescent girls were reached during the reporting period, with a focus on building resilience and providing support in government-controlled and northeast Syria areas.

Youth-friendly spaces and outreach teams operated in various governorates, offering a wide range of activities, including awareness-raising sessions, capacity building, income generation opportunities, psychosocial support counselling, and individual and group counselling. UNFPA also maintained a network of youth volunteers in earthquake-affected areas, providing support to vulnerable adolescent girls through various initiatives and awareness sessions on diverse topics. Youth engagement efforts extended to promoting "Green Skills and Jobs," with youth-led events and a Local Conference of Youth (LCOY) organised in Damascus. UNFPA also launched a Climate Change Guideline to accelerate climate action. Moreover, to empower youth economically, UNFPA provided capacity strengthening, vocational training, and livelihood support to over 2,000 youth, with an emphasis on reducing GBV risks associated with economic disparities. Small grants were provided to support startup businesses, benefiting 37 youths.

Lastly, community-based initiatives (CBIs) and psychosocial support were also offered, with training provided to 169 youth on implementing CBIs and conducting community needs assessments. CBIs in earthquake-affected areas focused on enhancing the safety and privacy of young girls and women.

Beyond the Frontlines: A Mother's Fight for Safe Birth

In the pre-dawn hours in eastern Syria's Deir-ez-Zor, the sounds of escalating violence roused a heavily pregnant Fatima from sleep. Her husband briefly ventured outside before urgently gesturing for her to flee with their children, Aya and Youssef. He chose to remain with their eldest son Mohammad and to protect their home and livestock.

What would typically be a short trip to the banks of the Euphrates stretched into a harrowing ordeal for Fatima and her children due to the intensity of the conflict. They banded together with other women from the neighbourhood, evading open roads and seeking refuge from gunfire behind natural barriers. They tried their best to reassure the children that safety awaited on the river's far side, never truly knowing they would make it that far.

"The weight of my pregnancy prevented me from carrying Aya and Youssef quickly, making us vulnerable targets," Fatima reflected.

Finally, after two gruelling hours, they reached a boat prepared to ferry them across the river.

The Unimaginable Toll

The traumatic upheaval, coupled with her pregnancy, left Fatima grappling with profound anxieties. Plans to give birth at her local Thiban hospital were dashed, giving rise to physical and psychological ailments.

"The hardest part of this displacement was the separation from my family during my most vulnerable period. The prospect of childbirth without their presence was daunting," said Fatima, visibly shaken by the memories.

Concerned for her, the family sheltering Fatima reached out to a UNFPA-backed mobile reproductive health and GBV intervention team in Al-Mayadeen.

"Throughout my ordeal, thoughts of my family stayed with me. But the assistance and tender care from midwife Hala during the twins' birth will forever remain in my heart," said Fatima.

Life and Hope

UNFPA's local partner, Sham for Health (SFH), promptly responded, making repeated visits to monitor Fatima's well-being. They ensured she received essential reproductive health services and emotional support. Furthermore, they liaised with the World Health Organization (WHO) to facilitate her safe delivery in a hospital in Al-Mayadin.

"The regular check-ups calmed many of my fears, especially after they guaranteed a safe delivery. The advice from the doctor was very important," Fatima shared.

On 14 September 2023, with UNFPA's assistance, Fatima was transported to a WHO-endorsed hospital in Al-Mayadin for a caesarean section.

"I yearned for my family to be with me, to share the joy of hearing my twins' first cries. Hala, the midwife, was my pillar of support during this crucial time," said Fatima. "My only hope is for peace to finally come to Syria, allowing the displaced to return home and reunite with loved ones."

UNFPA's team continues to support Fatima, ensuring she receives the necessary reproductive health services. From the outset of 2023, approximately 850 pregnant women in eastern Syria benefited from safe birthing services offered by UNFPA-backed midwives.

UNFPA remains committed to providing indispensable reproductive health and GBV services in Syria through local partnerships, static clinics in populous zones, and mobile teams catering to remote areas.



THE HARDEST PART OF THIS DISPLACEMENT WAS THE SEPARATION FROM MY FAMILY DURING MY MOST VULNERABLE PERIOD. THE PROSPECT OF CHILDBIRTH WITHOUT THEIR PRESENCE WAS DAUNTING.

— FATIMA, a woman from Syria

TÜRKIYE CROSS-BORDER

FOLLOWING THE EARTHQUAKE IN FEBRUARY, UNFPA CONTINUES TO RESPOND TO AN ONGOING AND FAR-REACHING EMERGENCY.

137,359

PEOPLE REACHED WITH SRH SERVICES

94% FEMALE

92,096

PEOPLE REACHED WITH GBV PROGRAMMING

80% FEMALE

30,893

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

5,911

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

88% FEMALE

76

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

2,463

PEOPLE TRAINED ON VARIOUS TOPICS

73% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH programming	4,838	100%
Family planning consultations	16,102	97%
Normal / assisted vaginal deliveries	13,725	100%
C-sections	3,552	100%
Ante-natal care consultations	75,232	100%
Post-natal care consultations	33,722	100%
People trained on SRH-related topics	313	86%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	26,055	100%
People reached with dignity kits	118,774	100%
GBV case management consultations	1,000	98%
People reached with GBV awareness sessions	52,463	83%
People trained on GBV-related topics	2,150	72%



11

PRIMARY HEALTHCARE FACILITIES



12

WOMEN AND GIRLS SAFE SPACES



9

EMERGENCY OBSTETRIC CARE FACILITIES



2

MOBILE TEAMS



THE DAY AFTER THE EARTHQUAKE, I COULD NOT WORK BECAUSE OF ALL THE BLOOD ON THE GROUND AT THE HOSPITAL. IT WAS TERRIBLE. TO CONTINUE PROVIDING HEALTH SERVICES, WE SET UP TENTS OUTSIDE THE FACILITY AND NOW, AFTER THREE MONTHS, WE MOVED INTO CONTAINERS. IT WILL TAKE AROUND A YEAR TO REBUILD OUR HOSPITAL BUT WE ARE DOING OUR BEST TO SUPPORT WOMEN AND GIRLS AS WELL AS OUR FAMILIES.

— A gynecologist working in a UNFPA-supported facility in Aleppo



Situation Update

The humanitarian situation in north-west Syria remains dire for 4.1 million people who are dependent on the humanitarian assistance provided through cross-border operations from Gaziantep, Türkiye. Out of the area's 4.5 million population, 2.9 million are internally displaced. Of those, 2 million live in camps and informal settlements. To date, 3.8 million are in need of health assistance, 1,305,000 people are in need of SRH services, and at least 1.8 million are in urgent need of accessing essential information and services.

Despite the dire needs, funding constraints have continued to negatively impact the delivery of lifesaving GBV and SRH services in north-west Syria. Based on the data collected by the SRH Technical Working Group, 15 health facilities have halted their operations due to lack of funding and 79 health facilities, including 22 CEmONC and 18 BEmONC, are expected to interrupt critical service provision by the end of the year.

In north-west Syria, safe spaces continue to serve various vital functions, offering women and girls in need a sense of safety, confidentiality, and professional support, in addition to responding to cases of gender-based violence. These spaces

also help women and girls at risk to develop coping strategies and be part of networks that contribute to the safety of all women and girls.

Since the beginning of the year, 17 safe spaces have closed, and at least 24 more are at risk of closing by the end of this year, almost half of the existing 65 which are located in highly prioritised locations. Closure of these service delivery points implies that GBV survivors will have very limited options for help which will further exacerbate the consequences and their exposure to GBV. In addition, the limited accessibility to safe spaces represents a deprivation of facilities for implementing collective and individual strategies for women and girls who experience GBV in north-west Syria. In such a complex, volatile context, it is vital to: a) Fund safe spaces and SRH-related interventions, which are considered critical and lifesaving and b) Ensure multi-year/predictable funding for supporting safe spaces and health facilities in north-west Syria.

In July 2023, the Security Council Resolution authorising UN aid delivery via Bab Al-Hawa expired and the Security Council did not reach an agreement on its extension. However, the Government of Syria has consented to UN access to north-west Syria for the purposes of continued humanitarian

interventions. In this framework, UNFPA has continued to use all three available border crossing points to deliver lifesaving humanitarian assistance to women and girls in north-west Syria. UNFPA, the GBV AoR, and the SRH TWG actively engaged in inter-agency coordination processes aimed at enhancing preparedness in case of additional changes in the political landscape affecting access to the north-west. Work plans have been developed with all partners to ensure the continuity of critical service provision for a period of six months. Critical GBV and SRH supplies were prepositioned inside north-west Syria ensuring smooth continuation of service provision to women and girls.

An increase in hostilities was recorded, particularly in Idleb, impacting civilian infrastructures and causing multiple civilian deaths and injuries, including among women and children. To monitor and mitigate risks related to a potential escalation in hostilities, UNFPA regularly engaged in interagency platforms and participated in contingency and continuity planning efforts. UNFPA also conducted internal exercises to anticipate and plan for possible scenarios related to access and the continuation of critical SRH and GBV services.

Programme Update

As the sole provider of SRH and family planning supplies in north-west Syria, UNFPA transshipped and distributed 131,620 bulk items and 308 Interagency Reproductive Health (IARH) kits, including 32 post rape treatment kits, to cover the needs of 218 health facilities providing SRH services for a period of 3 months. These facilities included basic emergency obstetric and newborn care, comprehensive emergency obstetric and newborn care, and primary health care (PHC) with SRH outpatient and mobile clinics. The delivered kits will cover the needs of around 1 million beneficiaries for only six months. Additionally, UNFPA, through the SRH Technical Working Group, launched an expression of interest among partners to understand the actual need and gaps of SRH supplies in north-west Syria to ensure continuation of service provision until the end of the year. The result of the survey highlighted a critical gap in available IARH Kits and the urgent need to procure and transship additional supplies. This need has also been highlighted during the direct field missions conducted by UNFPA and currently UNFPA is advocating for additional funds dedicated to this important component.

UNFPA partners continued to implement GBV response and prevention activities covering 15 communities in 15 sub-districts through 4 national implementing partners. These services are provided through 10 safe spaces and two confidential spaces located in two maternity hospitals. In addition, UNFPA continued to implement the "Adolescent Mothers Against All Odds" (AMAL) Initiative, which sets out to raise awareness at three intersecting levels- individual/family, health sector, and community around topics related to family planning, early marriage, dangers of early pregnancy, how to tailor services for adolescent girls, spacing pregnancies, and the risks of home deliveries. The initiative engaged 870 adolescent girls, 11 healthcare providers and 284 community leaders.

As confirmed by the overwhelmingly positive feedback of participants, the initiative remains crucial in reinforcing young mothers' and adolescents' knowledge of SRH and GBV topics and creating young leaders who positively influence their

peers at the community level. A young mother said "I married early and suffered a lot due to my lack of understanding of life matters. Thanks to these sessions, I became more aware of the risks associated with early marriage, and I even began advising mothers and girls not to marry at a young age."

Moreover, in partnership and coordination with the GBV AoR, UNFPA distributed 20,300 customised dignity kits in Idleb and Aleppo Governorate. UNFPA and the GBV AoR, in partnership with the UN Office for the Coordination of Humanitarian Affairs (OCHA), enhanced their efforts to effectively consult affected communities on the quality and content of Dignity Kits distributed in NWS.

A Doctor's Journey of Hope

"I felt lost; I couldn't get pregnant," Alaa admitted, her voice filled with both sadness and longing. Alaa, a married doctor, had always dreamed of starting a family, but she had suffered two heartbreaking miscarriages in less than three years. Each loss dimmed her hopes and brought despair into her life.

In the quiet halls of Madina Women's Hospital, Alaa Nabeel, a dedicated and caring physician, faced a personal struggle that tested her strength. Motherhood had always been her dream, but two painful failed pregnancies left her feeling adrift. Losing her second baby in the final month of pregnancy was a turning point.

Searching for answers, Alaa turned to Madina Women's Hospital, where Dr. Amna Al Bakkour had been carefully monitoring her condition for three years. Dr. Al Bakkour assured Alaa that there were no significant health issues causing her foetal losses. Despite the emotional turmoil caused by this situation, Alaa refused to give up on her dream. Less than a year after her second loss, she became pregnant again. Fearing a repeat of her previous experiences, she sought support from the team at Madina Hospital to ensure a safe pregnancy.

The hospital's doctors and nurses provided thorough care by conducting tests and closely monitoring her health. Their unwavering support gave her the strength and confidence to push through the fear and anxiety of losing yet another child. The hospital's mental health centre played a crucial role in this regard, offering her the space and guidance she needed to navigate the lasting traumas of her past.

In August, after careful monitoring by the dedicated Madina staff, Alaa finally gave birth to her long-awaited baby girl. Holding her daughter in her arms, she felt overwhelming joy.

"I couldn't have had a baby without the team's support," she reflected.

Madina Hospital, a vital healthcare facility, offers a wide range of services, including psychological and social support. The hospital's PSS and GBV staff are dedicated to promoting the well-being of their patients in several important ways. The hospital has received significant support from UNFPA. This funding allows the hospital to fulfil its mission, providing comprehensive healthcare services for women and children, raising awareness about reproductive health and GBV, and ensuring patients have access to essential mental health and support services.

TÜRKIYE COUNTRY OFFICE

90,020

PEOPLE REACHED WITH SRH SERVICES

93% FEMALE

84,622

PEOPLE REACHED WITH GBV PROGRAMMING

86% FEMALE

8,480

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

93% FEMALE

20,128

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

636

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

58% FEMALE

7,084

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

1,145

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

48% FEMALE

2,264

PEOPLE TRAINED ON VARIOUS TOPICS

77% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	7,756	100%
Family planning consultations	23,687	94%
Ante-natal care consultations	7,500	100%
Post-natal care consultations	2,240	100%
People trained on SRH-related topics	211	70%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	11,065	100%
People reached with dignity kits	28,649	99%
GBV case management consultations	1,997	75%
People reached with GBV awareness sessions	60,959	90%
People trained on GBV-related topics	1,826	76%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	1,307	100%
People trained on youth-related topics	227	95%



8
WOMEN AND GIRLS SAFE SPACES *



4
YOUTH CENTRES



13
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 currently hosts the largest refugee population globally, with over 3.4 million Syrian refugees under temporary protection and an additional 320,000 migrants of various nationalities.

The protracted crisis has been further exacerbated by the Kahramanmaraş earthquakes that struck Türkiye in February. These earthquakes had a profound impact, affecting more than 9 million people, including over 1.7 million (43%) of the refugee and migrant population. Tragically, 3.6 million people were left without safe shelter, resulting in internal displacement across the country. As of August 2023, approximately 900,000 displaced individuals were residing in both formal and informal sites across six provinces: Hatay, Adiyaman, Malatya, Kahramanmaraş, Gaziantep, and Osmaniye. There remains a high level of mobility within these affected provinces.

An issue of concern is the shortage of temporary living containers in these sites, which falls short of the actual demand. Authorities have signalled their inability to further expand container capacity in Hatay due to challenges related to available public land. This poses difficulties for populations returning to these provinces. In such cases, refugees under

temporary protection are being offered alternatives, such as the Harran (Sanliurfa) former temporary accommodation (TAC). In Gaziantep, authorities have announced their support for the relocation of refugees under temporary protection to other provinces in Türkiye or their return to Syria, providing financial assistance of TL 6,500 (approx. \$228) per person for those moving to another province and TL 14,500 (approx. \$508) per person for those returning to Syria.

The condition of container sites, particularly in rural areas hosting refugee and migrant populations, has raised concerns. These sites lack appropriate WASH facilities, including privacy in communal toilet and bath areas. They are also vulnerable to electricity disruptions and have containers with weak structures that may not withstand harsh winter conditions. These factors, combined with limited container space, increase the risk of GBV, particularly affecting women and children.

Eight months after the devastating earthquake, the health and protection infrastructure remains severely impacted. The results of workshops conducted by the Regional Refugee and Resilience Plan (3RP) protection sector have highlighted several critical issues. Among refugee communities, there is a tendency to avoid reporting child early and forced marriages

(CEFM) due to fears of legal consequences. Refugees who lost their identification documents in the aftermath of the earthquake have encountered difficulties accessing essential services. The majority of service providers are male, creating barriers for female beneficiaries in accessing services. Law enforcement officers tend to resolve GBV cases informally, often reconciling survivors with perpetrators without taking protective measures. Mobile outreach efforts in rural areas have been insufficient in earthquake-affected regions. Rising rental fees have put female-headed households and single females at risk of GBV, with landlords abusing their power. Financial constraints have been a significant contributing factor to GBV in these challenging circumstances.

Programme Update

UNFPA plays a crucial role in providing SRH and protection services, including the prevention and response to GBV, along with distributing maternity and dignity kits. Furthermore, UNFPA offers emergency and recurrent cash assistance to individuals identified as high-risk for protection issues, covering expenses such as evacuation costs and rental payments through eight service units. In August, UNFPA expanded its cash support to include case management for women and girls who are survivors of GBV. To bolster SRH services, UNFPA, in collaboration with implementing partners, established three new specialised service units, two in Hatay and one in Adiyaman. As of the end of September, UNFPA supported 24 static service units and 10 mobile units and outreach teams operating in earthquake-affected provinces and others throughout the country.

To address the emotional toll of the Kahramanmaraş earthquake on service providers, UNFPA conducted self-care sessions for 47 personnel working in UNFPA-supported service units, including women and girls safe spaces, youth centres, key refugee service units, and men and boys programs. Additionally, UNFPA organised various training sessions to ensure that implementing partners adhere to international guidelines and standards. These training topics included accountability to affected populations, cash and voucher assistance (CVA) in GBV case management, GBV service provision, and working with male survivors of sexual violence. UNFPA also focused on strengthening sectoral partners' capacity in providing SRH and GBV services, conducting training sessions on GBV in emergencies, working with LGBTQIA+ refugees, supporting children who are survivors of sexual violence, and training health professionals on SRH.

Furthermore, UNFPA held a dissemination workshop for the evaluation report of the programme to increase the access of most vulnerable groups to protection services in Türkiye. The workshop aimed to raise awareness among protection sector partners about the needs and challenges faced by different vulnerable groups in accessing SRH and GBV services, highlighting UNFPA's contributions in addressing these needs. The event garnered participation from 48 representatives from 15 organisations, fostering collaboration and knowledge sharing in the realm of protection services.

A Mother's Unwavering Love

Hilal, a 55-year-old woman residing in Izmir, Türkiye, embarked on a determined journey not for herself, but for her 28-year-old

daughter, Amine. Their story unfolds in the aftermath of a war that compelled them to seek refuge and stability in their new home in Türkiye. Amine, grappling with a history of psychiatric disorders and identity-related challenges, prompted Hilal to seek assistance from UNFPA's Youth Center in Izmir, generously funded by the US Government and in collaboration with Y-PEER Türkiye.

Recognizing the urgency of their situation, another non-governmental organisation referred them to the Provincial Directorate of Migration Management. Currently, the mother and daughter are receiving services through temporary documentation, but they encountered critical issues concerning referrals and reevaluations.

A devoted psychologist from the centre took charge of their case. Following their initial meeting with Hilal, the psychologist initiated the referral process by requesting hospital and medical reports. Amine's deteriorating psychiatric condition began to impact the family significantly, necessitating her readmission for inpatient treatment. However, the slow progress in addressing identity-related challenges presented substantial obstacles in arranging the necessary referrals.

In their second meeting, the Izmir Bulut Öncü Youth Center's team successfully re-established contact with the organisation the family had desperately been trying to reach. Through collaborative efforts, they overcame the disruptions that had impeded the case's progress. Hilal's relief and gratitude were palpable as she expressed, "We haven't been able to communicate with anyone for a very long time due to language problems, until I met you. Thank you very much." Throughout the process, the Youth Center continued to offer psychosocial support to Amine, who also participated in various empowerment activities at the centre.

The team's unwavering commitment and ongoing support were evident as they assured Hilal, "We'll see you again for follow-up." With the support of the US Government and in partnership with Y-PEER Türkiye, we remain dedicated to supporting and empowering young people in Izmir.



WE HAVEN'T BEEN ABLE TO COMMUNICATE WITH ANYONE FOR A VERY LONG TIME DUE TO LANGUAGE PROBLEMS, UNTIL I MET YOU.

— 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.

61,516

PEOPLE REACHED WITH SRH SERVICES

96% FEMALE

33,800

PEOPLE REACHED WITH GBV PROGRAMMING

93% FEMALE

14,609

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,182

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

85% FEMALE

879

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

1,318

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

95% FEMALE

554

PEOPLE TRAINED ON VARIOUS TOPICS

92% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	7,626	100%
Family planning consultations	8,804	97%
Ante-natal care consultations	4,470	100%
Post-natal care consultations	953	100%
People trained on SRH-related topics	509	92%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	6,983	100%
People reached with dignity kits	20,747	100%
GBV case management consultations	8,880	97%
People reached with GBV awareness sessions	23,049	94%
People trained on GBV-related topics	45	96%



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PRIMARY HEALTHCARE FACILITIES *

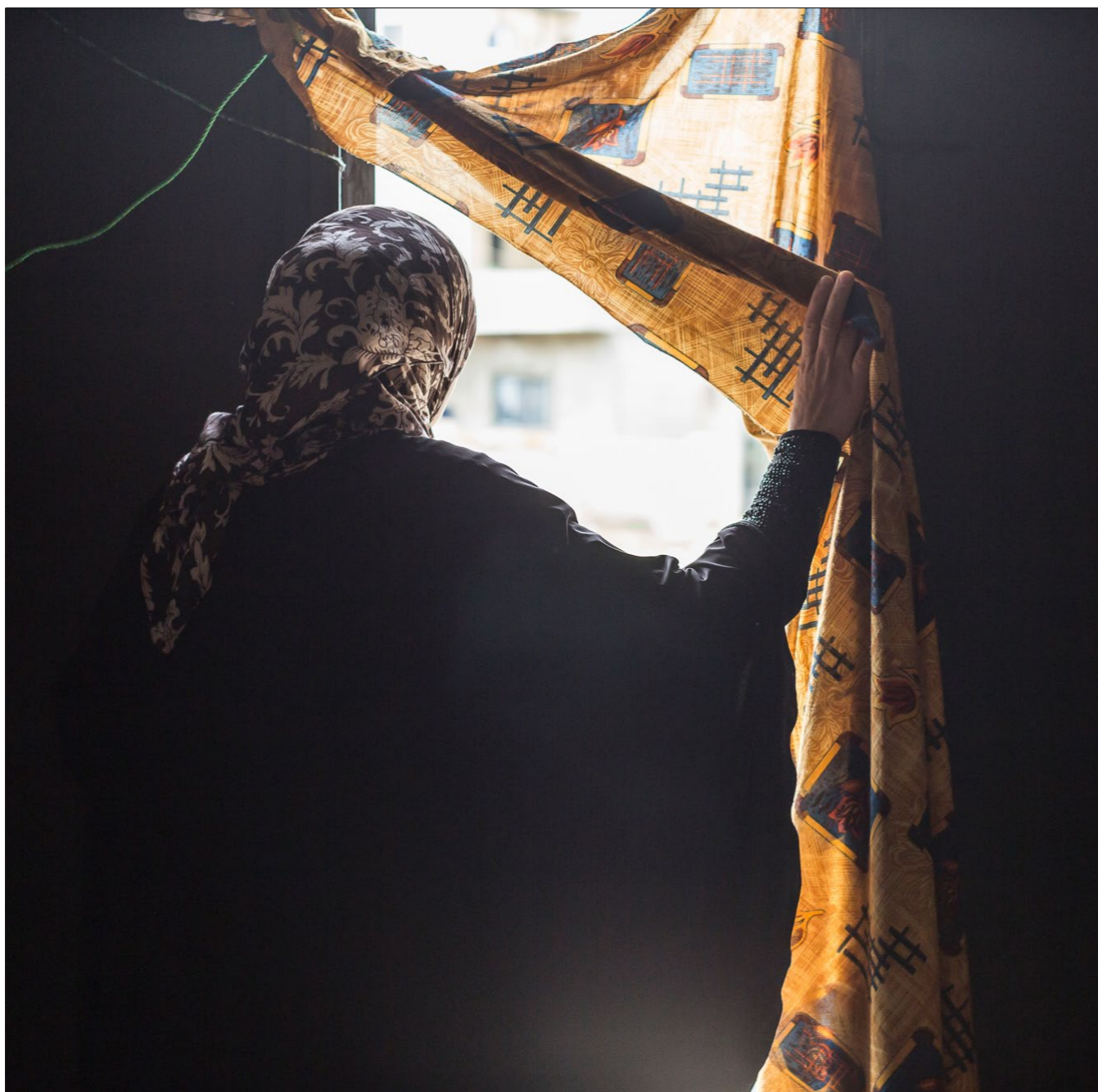


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WOMEN AND GIRLS SAFE SPACES

“SOME DAYS, I EXPERIENCE THE DISCRIMINATION EXPLICITLY. A SHOPKEEPER 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 grapples with a host of daunting challenges, encompassing political turbulence, financial instability, soaring unemployment, and rampant inflation. The nation's currency has depreciated by over 95%, while nearly 80% of its populace endures the throes of poverty. This dire situation emerges from a complex interplay of factors, including economic meltdown, political gridlock, humanitarian crises, and regional unrest. With the nation bereft of a president for more than half a year and a paralyzed parliament, addressing these multifaceted problems has proven arduous.

The repercussions of Lebanon's economic and political woes bear heavily on vulnerable communities, particularly women, who confront heightened risks and adversity. In response, UNFPA and its partners have been steadfastly delivering

vital services in GBV and SRH across regions such as Beirut, North, Akkar, Mount Lebanon, Bekaa, and South Lebanon. These dedicated partners continue to provide specialised GBV support encompassing legal aid, psychosocial assistance, awareness campaigns, and essential referrals. Additionally, they offer life skills and vocational training, conduct informative sessions on GBV-related issues, and extend outreach to LGBTQIA+ individuals and people with disabilities. SRH services encompass counselling, medical consultations, and tests, with a particular focus on the needs of pregnant women.

Programme Update

UNFPA, with support from the Swedish International Development Cooperation Agency (SIDA), conducted a comprehensive evaluation of nine safe spaces established

in collaboration with UNFPA partners. This assessment examined the quality of services and activities provided, safety and accessibility for beneficiaries, the positive impact on women and girls' empowerment and well-being, and the inclusiveness of these spaces. The resulting report highlighted strengths, best practices, gaps, and challenges.

During the same period, UNFPA's partner, Nabaa, successfully completed the renovation of a shelter in South Lebanon and initiated various GBV activities. In August, a two-day training workshop, funded by SIDA, was organised for 45 service providers in GBV and SRH (SRH). The training covered legal aspects of GBV, domestic violence law, sexual harassment law, and related topics. Until September 2023, cash assistance for GBV survivors remained fixed at \$90. UNFPA directly managed recurrent cash assistance from its partners, ensuring high satisfaction among service users.

In July, a meeting of the Joint GBV and Child Protection Working Group focused on developing guidance for child survivors of GBV. During this meeting, the GBV Referral Pathway was updated and finalised for all districts in Lebanon. Additionally, the Client Feedback Survey for monitoring GBV case management was completed and translated into Arabic.

UNFPA organised 12 CMR sensitization training sessions in September, reaching 226 health service providers from Primary Health Centers (PHCs) in Lebanon. These training sessions took place throughout the month. During the same period, the Reproductive Health (RH) Sub Working Group aimed to establish monitoring procedures for "out-of-hospital" deliveries, as an increasing trend was observed due to Lebanon's worsening economic crisis. A simplified questionnaire was introduced into the national health information system (PHENICS) in collaboration with the Ministry of Public Health (MOPH). Furthermore, the RH Sub Working Group developed a national information and communication materials (IEC) registry for SRH in September, identifying gaps and prioritising IEC material for translation into migrant languages in coordination with the International Organization for Migration (IOM).

Moreover, the Clinical Management of Rape (CMR) Task Force, co-chaired by UNFPA in collaboration with MOPH PHC department, introduced a CMR module into the national health information system used in most CMR facilities in September. This reporting module will undergo a pilot test in October. Additionally, the CMR Task Force engaged the Internal Security Forces (ISF) to establish a national hotline for sexual violence (112). UNFPA, in coordination with MOPH, conducted CMR sensitization training for 85 MOPH PHCCs, with plans to consider similar training for ISF 112 Hotline officers in 2024.

UNFPA and its partners encountered various challenges during the implementation of their activities. Rising fuel prices posed a significant hurdle as the provided transportation costs for beneficiaries fell short of covering their expenses to access essential services and sessions. Engaging male participants proved difficult due to their tight work schedules and limited availability, primarily restricted to Sundays. The increasing demand for case management and psychological assistance placed a heavy workload on caseworkers and social workers, potentially affecting the quality of support provided. Limited available services for beneficiaries, mainly focusing on shelter for GBV survivors, food distribution, and non-food items, struggled to meet the growing needs of the

affected population.

Additionally, there were reports of backlash from various communities regarding GBV programming, often associated with the promotion of LGBTQI rights in Lebanon. Tensions between refugees and host communities resulted in movement restrictions for Syrians, negatively impacting their access to safe spaces in the North. Despite budget limitations, there was a noticeable surge in the demand for GBV services, with some individuals refusing external referrals from supported organisations. These challenges highlight the complex landscape in which UNFPA and its partners operate to support vulnerable communities in Lebanon.

Empowerment Enclave: Defying Norms at Hay El Sellom

In Amel Association's community centre in Hay El Sellom, operated in partnership with UNFPA Lebanon and generously funded by the EU, a group of 20 girls under the age of 18 gathers daily, seeking solace and growth within the secure haven of this safe space.

To them, this sanctuary holds immense significance. Alaa passionately affirms, "It's the only place where I truly feel safe, even more so than in my own home." Fida echoes this sentiment, saying, "Here, I experience unconditional acceptance, free from barriers and restrictions, providing me with immense comfort." She adds, "Without this refuge, I would suffocate. It offers temporary relief from the pressures at home, and I genuinely appreciate this space."

Moreover, this safe space has played a crucial role in combatting child marriage. Soha, who was still under 18, had faced pressure to marry at an early age. She reflects, "My parents pushed for early marriage, but this space taught me about the challenges I might encounter if I get married. It empowered me to say no, asserting my right to choose my own path."

Within the walls of Amel's centre, these young girls find not only safety but also the strength to challenge societal norms and barriers.

“WITHOUT THIS REFUGE, I WOULD SUFFOCATE. IT OFFERS TEMPORARY RELIEF FROM THE PRESSURES AT HOME, AND I GENUINELY APPRECIATE THIS SPACE.”

– FIDA, a Syrian refugee living in Lebanon

JORDAN COUNTRY OFFICE

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

71,435

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

7,330

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

5,395

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

75% FEMALE

9,751

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

926

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

134

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

90% FEMALE

210

PEOPLE TRAINED ON VARIOUS TOPICS

82% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	4,267	100%
Family planning consultations	12,862	100%
Normal / assisted vaginal deliveries	973	100%
Ante-natal care consultations	24,214	100%
Post-natal care consultations	3,320	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	2,841	100%
GBV case management consultations	1,678	96%
People reached with GBV awareness sessions	8,458	91%

YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	2,643	100%
People trained on youth-related topics	148	76%



11

PRIMARY HEALTHCARE FACILITIES



17

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE

“ 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

The Syrian refugee situation represents one of the most significant humanitarian crises in recent history, profoundly affecting the Middle East, with Jordan shouldering a considerable portion of this burden.

As of September 2023, Jordan hosts 653,292 registered Syrian refugees, alongside roughly 150,000 unregistered ones, underscoring the enormity of this crisis. One of the gravest issues within refugee settlements is maintaining security. Reports indicate recurrent criminal activities within these communities, with GBV being a particularly persistent problem. Jordanian authorities have taken measures to improve camp security, yet the situation demands more comprehensive interventions to protect refugees, especially the disproportionately impacted women and girls.

UNFPA has been a critical player since the onset of the crisis, working to mitigate the hardships of refugees and host communities by focusing on their specific needs and the challenges they face, such as access to healthcare, GBV response, and psychosocial support. These efforts remain pivotal in providing relief and fostering a safer environment for the Syrian refugees in Jordan.

Programme Update

Under the guidance of the Arab States Regional Office (ASRO), a significant project is underway to compile a comprehensive regional report on the Minimum Initial Service Package (MISP) for Reproductive Health (RH) in Arab countries. This report is crucial, especially given the ongoing complex emergencies that heighten the need for accessible reproductive health services in crisis situations. In line with this initiative,

UNFPA Jordan has effectively hosted the MISP Readiness Assessment Workshop. This workshop witnessed proactive engagement from the Ministry of Health, prominent health sector figures, and various humanitarian working groups, marking a step forward in emergency preparedness for reproductive health services.

In parallel, through the Women Friendly Health Services programme, there has been a significant revision of the national mental health Standard Operating Procedures (SOPs). These revisions aim to integrate sexual and reproductive health (SRH) needs more comprehensively, thus promoting a holistic approach to women's health services. This initiative ensures that women's health is addressed in its entirety, considering the intricate link between mental health and SRH.

Furthering the commitment to education and capacity building, UNFPA has collaborated with the American University of Cairo and the American University of Beirut to conduct workshops. These sessions have delved into the social determinants of health and disparities, with a keen focus on improving maternal health and reducing preventable maternal deaths. From these intellectual exchanges, we plan to develop research materials that will strengthen our advocacy work for SRH.

Regarding our research efforts, UNFPA has recently completed a national survey assessing obstetric and neonatal services in public health facilities. The findings from this survey, which included an analysis of breastfeeding practices, have been shared with SRH sub-working groups in the Zaatari and Azraq refugee camps. This information is vital for shaping future Infant and Young Child Feeding (IYCF) programme strategies. The survey's comprehensive findings await approval from the Ministry of Health, after which they will be presented in the Health Sector Working Group forum. An event to discuss the report's conclusions and recommendations, in collaboration with the MoH, is also anticipated.

Lastly, the SRH Sub Working Group is in the process of developing strategic plans to address neonatal mortality in refugee settlements. These strategies are set to enhance the quality of SRH services, including maternal care in the camps. Our objective is to leverage these strategies and the cooperation of essential partners to monitor and improve outcomes concerning neonatal and stillbirth rates, bringing them within acceptable standards.

The Strength Within: Nour's Quest for Hope

Nour Mohammad's journey began at the tender age of 12, when she, alongside her parents and four younger brothers, fled the escalating crisis in Syria for safety in Jordan. Upon their dawn arrival at Zaatari refugee camp, the family was consumed by exhaustion but found a glimmer of hope in reuniting with Nour's aunt. For Nour, this was a poignant moment, tinged with the joy of reunion and the sorrow of leaving her home behind.

Despite the dire situation, Nour's passion for education did not wane. She enrolled in school at the camp within two days. Her commitment to her education faced numerous obstacles, including her mother's belief that domestic duties should come first, which led to Nour's books being torn and her being kept from school. Nonetheless, her resolve did not falter, and she excelled as a student.

Their circumstances shifted when they relocated to Ramtha after her father found work. Nour's aspirations to continue her education were met with refusal from her mother, who feared for her daughter's safety outside the camp. At 14, Nour's life took an unexpected turn when a visitor to their home declared her intention to have Nour as a daughter-in-law, and shortly after, Nour found herself shyly engaged to a 19-year-old mechanic.

Nour recalls that day with mixed emotions. "I was happy," she admits, "because in my mind, marriage meant wearing a white wedding dress and makeup. Most importantly, I wanted to escape my family's home, where I felt like I was slowly fading under the heavy burdens."

Marriage at such a young age thrust Nour into a daunting new reality. She found herself laden with the burdens of managing a household and the demands of extended family members. Her personal dreams and education receded into the background as she grappled with her new role. The pressure to bear a child soon became another layer of her struggle, which she endured in isolation, as her family, oblivious to her distress, had moved to America.

After three years of marriage, her husband took a second wife, but the marriage was short-lived, ending in divorce. Nour's husband then left for the Emirates, further isolating her and deepening her servitude to his family. A year into his absence, he proposed an ultimatum: Nour could either remain as a servant to him and his new wife or seek a divorce. Choosing her dignity and freedom, Nour divorced and was left to seek refuge with her paternal uncle in Amman. Her challenges persisted, compounded by the societal stigma surrounding divorced women.

In search of healing and self-discovery, Nour eventually found solace in therapy. After a year and a half of living with her uncle, she reached out to her maternal uncle in the Zaatari camp, who offered her a home and introduced her to Quest Scope youth centre. Here, she found a haven in volunteering and participated in various training programmes that boosted her skills and self-esteem. The centre's sessions on reproductive health, GBV, and photography transformed her outlook, igniting a passion for photography and a fervent advocacy for women's rights.

"I made a promise to myself," Nour declares, "that I would give full attention to my dreams, change my life with my own hands, and be responsible for my future. I decided to develop my abilities and skills."

Now 24, Nour is a skilled photographer, using her art to advocate against child marriage and empower young women. She stands as an embodiment of strength, advocating for free will and the pursuit of dreams, regardless of life's hardships. Her story is a testament to the resilience of the human spirit, and she continues to inspire others to become their own advocates, proving that determination can change the course of one's life.

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.

4,624

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

2,248

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,800

PEOPLE REACHED WITH GBV PROGRAMMING

89% FEMALE

149

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	1,218	100%
Family planning consultations	7,420	100%
Normal / assisted vaginal deliveries	305	100%
C-sections	12	100%
Ante-natal care consultations	8,613	100%
Post-natal care consultations	2,142	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,030	100%
People reached with dignity kits	544	100%
GBV case management consultations	62	100%
People reached with GBV awareness sessions	5,354	84%



5
PRIMARY HEALTHCARE FACILITIES



8
WOMEN AND GIRLS SAFE SPACES

Despite a backdrop of improved stability and an expansion of fiscal resources in Iraq, the nation grapples with ongoing humanitarian and development challenges, a complex political landscape, and a precarious security situation.

Iraq generously hosts around 300,000 refugees and asylum-seekers, predominantly comprising Kurdish Syrians, with approximately 270,000 residing in the Kurdistan Region of Iraq (KR-I). These individuals face limited prospects for immediate repatriation, largely due to the worsening security conditions in northeastern Syria, their place of origin. Approximately 70% of Syrian refugees have settled in urban areas, while the remainder live in nine refugee camps and one transit facility.

Iraq is also home to an internally displaced population numbering 1.2 million. Many of these individuals encounter significant obstacles preventing their return or effective local integration. Most of the 5 million internally displaced persons who have already returned experience similar rights to the broader Iraqi population but also encounter comparable challenges. Common barriers include insecurity, limited livelihood opportunities, financial constraints, damaged housing in their areas of origin, and perceived affiliations with extremist groups.

Within the framework of the gender equality and women empowerment program, UNFPA Iraq has been consistently delivering comprehensive GBV services to women and girls in four refugee camps in the Erbil governorate (Kawrgosk, Qushtapa, Basirma, and Darashakran) and four refugee camps in the Duhok governorate (Domiz 1, Domiz 2, Gawilan, and Bardarash) in collaboration with the Ministry of Social and Labor Affairs. Services provided in the Erbil governorate encompass the registration of new GBV survivor cases, psychosocial support for both GBV and non-GBV cases, follow-up support for GBV survivors, and referrals.

Additionally, awareness-raising sessions were conducted for adolescent girls aged 10-14 and 15-19, covering topics such as building confidence, health, leadership, and safety. In the Duhok governorate, services included awareness-raising sessions, individual and group psychosocial support, case management, referrals, follow-ups, training programmes for adolescent girls, sessions engaging men and boys, and recreational activities. In commemoration of World Refugee Day, a competition was organised in collaboration with the Barzani Charity Foundation (BCF) for two groups of girls aged 15-18, with general knowledge questions and gift distribution.

UNFPA continues its support for reproductive health clinics in both refugee and IDP camps, offering services like awareness sessions on family planning, family planning counselling, provision of contraceptives, and postnatal care. These services ensure that IDPs and refugees have access to high-quality reproductive health care. Coordination among UN agencies is ongoing to finalise the integration plan of existing primary health care centres in the camps, including reproductive health clinics, into national primary health care centres within host communities by December 2023.

EGYPT COUNTRY OFFICE

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

272,195

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

3,860

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

7,005

PEOPLE REACHED WITH GBV PROGRAMMING

95% FEMALE

271

PEOPLE TRAINED ON VARIOUS TOPICS

69% FEMALE

94

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

86% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	455	100%
Family planning consultations	15,557	100%
People trained on SRH-related topics	248	94%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	3,338	100%
GBV case management consultations	2,406	97%
People reached with GBV awareness sessions	1,786	93%



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WOMEN AND GIRLS SAFE SPACES

As of 30 September 2023, Egypt hosts 374,724 refugees and asylum-seekers. Syrians remain the largest group (40%), followed by the Sudanese (34%) and other nationalities (26%). The increasing influx of refugees, especially since the Sudan crisis, coupled with the deteriorating economic situation in Egypt, is imposing heightened protection risks on the refugees residing in Egypt.

With the no-camp policy implemented in the country, refugees are encountering difficulties in finding proper housing with the increasing rental prices and living costs. With such financial strain, refugees are struggling to meet basic needs. While resource mobilisation efforts for humanitarian programmes have been focusing more on the Sudan response since May, the needs of the Syrian refugees remain urgent and important.

During September, UNFPA, with its implementing partners Etijah and the Ministry of Youths and Sports, provided support to refugee women and girls through 12 safe spaces in Egypt. The humanitarian operation in Egypt has expanded to address the Sudanese refugee response while ensuring the continuation of services and the inclusion of Syrian refugees.

By the end of September, UNFPA-supported safe spaces have reached 7,160 Syrian refugees this year, while nearly 3,000 of them have accessed safe spaces for the

first time. More than 3,000 have attended different awareness-raising sessions on GBV and harmful practices, as well as on SRH topics. UNFPA Egypt ensured the availability of MHPSS services through group sessions or individual counselling. More than 1,300 beneficiaries have been reached with GBV case management consultation, while almost one third of them were new beneficiaries. The safe spaces ensured the inclusion of adolescent girls, offering different activities tailored to the younger age group. Around 450 women received vocational skills training as an economic empowerment activity.

Beyond Borders: A Tale of Triumph and Autonomy

At 20 years old, Yara, a Syrian woman with one sister, reflects on the arduous journey that led her family to seek refuge in Egypt amidst the war in their homeland. They arrived six years prior, leaving Yara's childhood memories in Syria's past. In Egypt, Yara found herself under the oppressive control of her family, her movements restricted to the company of her mother, a practice that weighed heavily on her mental health and self-esteem. "I struggled internally," Yara recalls, "with anxiety and the longing for affection—needs that remained unmet within my family."

Her mother, empathetic to Yara's plight due to her own past struggles with oppression, was initially reluctant to visit the UNFPA Women and Girls Safe Space. Nevertheless, she recognized the necessity of breaking the cycle of suffering and

took Yara there in 2019, hoping it would be a catalyst for change. "It was difficult to find my voice, to stand up for myself," her mother said, acknowledging the importance of empowerment for her daughter.

At the safe space, Yara met with a case manager who immediately sensed her trepidation and isolation. Seeing her potential, the manager encouraged Yara to immerse herself in various activities offered at the centre. Yara's journey of self-improvement began tentatively, with her mother at her side, but gradually, she found the strength to attend alone, actively participating and voicing her thoughts. The diverse programs, including art therapy, yoga, and psycho-social support, catalysed her transformation. "The most profound change," Yara expresses with new-found pride, "is that now I walk alone, engage with others, and partake in discussions. I've discovered courage and my self-confidence has soared."

Today, Yara's evolution continues as she regularly engages in the centre's activities and maintains follow-up sessions with the case management specialist. Her story is not just one of surviving displacement but of personal triumph and the quest for autonomy. Yara's resilience and unwavering determination serve as a beacon, illuminating her path to a future where she defines her worth and direction.



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 organizations 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)

Annually, the Whole of Syria GBV AoR conducts a qualitative data collection for the development of its flagship Voices from Syria report and of the Syria Humanitarian Needs Overview (HNO). Between July and September, more than 130 community focus group discussions (FGDs) took place across various demographics and six were conducted with GBV experts across the three hubs to enrich the information gathered. The data will be analysed and triangulated with quantitative data from the Multi-sectoral Needs Assessment.

Additionally, in the framework of the HNO and the Humanitarian Response Plan (HRP), the WoS GBV AoR continued its GBV activity costing exercise, in line with the new HRP hybrid costing methodology, which includes Activity Based Costing from each sector.

To continue its GBV risk mitigation efforts, the Whole of Syria GBV AoR has refined tip sheets in collaboration with six humanitarian sectors. Each tipsheet identifies

and addresses GBV risks, obstacles to risk mitigation, and suggests measures for each sector's interventions. These guides are meant to be used to support the other sectors' coordination teams in the development of their HNO and HRP. As an example, the GBV and Nutrition sectors incorporated a novel aspect in their nutrition surveys (used to develop the HNO) to examine links between early marriage, early pregnancies, and malnutrition among adolescents. This could lead to a joint strategy to address these GBV issues through nutrition programming.

Following July's escalation of hostilities in Deir-ez-Zor, a comprehensive inter-cluster contingency plan was developed to predict the humanitarian needs and prepare an effective humanitarian response. Based on the most likely scenario developed by OCHA, the plan outlines response strategies to potentially support 200,000 people, with \$1,593,940 designated for GBV responses out of an inter-cluster total budget of \$47,415,716.

Syria Country Office

UNFPA Syria played a central role in coordinating efforts related to SRH services. UNFPA organised a SRH working group meeting and a training session for SRH working group partners in August. A review of service delivery by SRH partners revealed that awareness raising was the most common intervention, followed by ante-natal care (ANC) and family planning. However, support for births was limited to only around 10% of ANC seekers, and post-natal care (PNC) was provided to just 25% of ANC recipients, indicating a need for improved follow-up care.

UNFPA also continued its leadership in the GBV Sub-Sector/Area of Responsibility (AoR). UNFPA facilitated the submission of GBV-related information by 44 humanitarian actors, organised ten GBV AoR coordination meetings at national and sub-national levels, and provided support to 482 communities through various GBV response services for survivors and at-risk women and girls.

In response to the IDP crisis in Deir-ez-Zor, UNFPA, as the lead agency of the GBV Sub-Sector, played a crucial role in developing a contingency plan in collaboration with other organisations. UNFPA's contribution included coordinating the dispatch of emergency supplies (Dignity kits) to Deir-ez-Zor and re-positioned three existing GBV mobile service facilities to ensure access to GBV services for IDP communities.

UNFPA also actively participated in the development and planning for the Humanitarian Needs Overview (HNO) for 2024. This included conducting focus group discussions (FGDs) in 12 governorates and contributed to the design of the GBV Expert Judgment methodology. This data, along with GBV Severity review and activity-based costing, will inform the definition of the 2024 GBV PIN.

Additionally, UNFPA, as the lead of the GBV sub-sector, provided technical support for the design of the SHF's allocation strategy for 2023, advocating for a minimum

allocation of 1.6 million USD to the GBV Sub-Sector out of a total allocation of 4 million USD for protection. UNFPA also supported GBV Sub-Sector partners in aligning their project proposals with sectoral priorities and participated in the technical review committee for received protection sector proposals in October.

Furthermore, UNFPA continued its co-chairing role in the Gender Inter-Agency Working Group, which aims to promote gender equality and mainstreaming in UN agencies' programmes and projects while identifying synergies among agencies' actions on gender equality in Syria.

Türkiye Cross-Border

The SRH Technical Working Group (SRH TWG) has updated the [service mapping and the GBV dashboard](#), which is widely shared with its partners. The dashboard provides detailed information about the available SRH health facilities in north-west of Syria and illustrates different services provided at health facility level, including CEmONC, BEmONC and mobile clinics. This participatory exercise will continue to regularly collect data to reflect which facilities are supported and currently providing lifesaving SRH services. The SRH TWG is currently working to improve its data collection tools, increasing the level of quality of data collected. Additional information to be reflected in SRH reporting tools are: syndromic case treatment of STIs; GBV case management; and Prevention of Mother to Child Transmission (PMTCT) of sexually transmitted infections or PMTCT case management.

With the objective of enhancing the referral pathways toward specialised GBV services, the GBV AoR has updated and widely circulated among humanitarian actors the [GBV district referral focal points](#). The GBV AoR played a pivotal role in ensuring that all partners include up to date information about functional protection services. On the other hand, the GBV AoR, in partnership with UNICEF, has continued the pilot process of digitising referral pathways, with a full transition expected by end of year.

Moreover, the GBV AoR has enhanced its efforts to promote the use of CVA in GBV case management. To this end, a survey on cash in the framework of GBV case management was conducted with the aim of determining challenges faced by GBV actors providing cash. Key challenges identified by partners included the lack of coordination with other cash actors, including on referrals of survivors, and the need of strengthening the capacity of case workers to safely deliver cash assistance. A [CVA mapping](#) was also developed and an action plan was developed with the Cash Working Group to address the challenges identified.

COORDINATION UPDATES



Türkiye Country Office

UNFPA actively participates in the 3RP inter-agency coordination mechanism, contributing to the protection, health, and basic needs sectors. In September, the 3RP partners reviewed and reported on their accomplishments and the challenges encountered while striving to meet their planned targets. This information is contributing to the strategy for 2024 program response planning, scheduled to commence in early October.

Additionally, as the co-chair of the GBV Sub-Working Group, UNFPA played a vital role in a joint protection workshop held in August, organised collaboratively by the 3RP National Protection, GBV, and Child Protection Sub-Working Groups. The workshop provided a platform for 3RP National Protection Coordinators to identify priorities and formulate a roadmap for national 3RP protection coordination platforms for the remainder of 2023, which will subsequently inform the 3RP 2024-2025 Türkiye chapter. During the workshop, partners addressed challenges in seven thematic areas,

including Accountability to Affected Population (AAP), Access to International Protection, Registration, and Documentation, Access to Legal Assistance/Aid, GBV, Protection of Children, Adolescents, and Youth, Social Cohesion, and People with Disabilities.

Furthermore, UNFPA, in collaboration with the KAMER Foundation, a UNFPA implementing partner with extensive experience in gender equality and women empowerment, co-chairs the GBV Sub-Sector and continues to enhance GBV awareness, response, and mitigation services in earthquake-affected regions. Monthly meetings facilitated by UNFPA served as a platform for sharing best practices in prevention and response services. In August, UNFPA presented the GBV Response Analysis for the earthquake-affected area, covering the period from February to July. The presentation outlined the four stages of emergencies and the corresponding response efforts by humanitarian aid workers, emphasising prevention, response, and risk mitigation components of GBV programming. UNFPA also coordinated monthly capacity-building sessions on areas prioritised by the members.

UNFPA, as a task team member of the PSEA Network, identified UN Agencies and other institutions/organisations with PSEA focal points, establishing strategic partnerships and enhancing their capacity in PSEA through thematic information, education, and communication (IEC) materials and training sessions across all four Hubs in earthquake-affected areas. Additionally, UNFPA contributed to the development of an incident reporting tool and referral form for sexual exploitation and abuse (SEA) cases and the capacity-building strategy for PSEA Focal Points.

Lastly, UNFPA co-chairs the Southeast Türkiye and Istanbul Key Refugee Groups (KRG) Thematic Coordination Groups, facilitating monthly meetings to address ongoing trends in the region regarding KRG protection issues, the protection and SRH needs of KRGs after the earthquake, complex cases involving KRGs, and mutual supervision. Through partners in the Southeast region, service mapping for LGBTQIA+ protection services has been identified as a priority moving forward.

Lebanon Country Office

UNFPA co-chaired the SRH working group and the CMR task force meetings along with MOPH. In addition, UNFPA has been leading the GBV Working Group, collaborating with a range of partners to address this critical GBV related issue.

In addition, UNFPA ensured the continuous collaboration between GBV and SRH partners supported through UNFPA's donor-funded programme to ensure adequate referrals and provision of suitable services, in addition to coordinating with other parties working on protection, child protection, livelihood, and education to safeguard the quality of service for people served.

Jordan Country Office

The 2022 GBV Information Management System (GBV IMS) report, now available in both [English](#) and [Arabic](#), serves as an essential instrument for understanding the landscape of GBV in Jordan. By providing a detailed overview of GBV incidents reported by survivors throughout the year, the document is instrumental for analysing trends and bolstering the coordination of GBV prevention and response efforts across the nation. The report's findings are pivotal for stakeholders who are striving to tailor and enhance strategies to combat GBV, ensuring that interventions are informed by accurate data and can effectively address the specific needs of those affected.

In alignment with the 2023 action plan of the GBV sub-working group in Jordan, UNFPA has actively facilitated capacity building measures. This included specialized training for members of the Child Protection and GBV working groups, focusing on nuanced aspects of child case management such as communication with child survivors, recognizing abuse indicators across different

age groups, handling cases of adolescents and child marriage, and high-risk scenarios along with the protocol for mandatory reporting. Additionally, training sessions on GBV case management were conducted, delving into foundational guidelines, principles, and various stages of case management, including optional modules on PSS, addressing suicidality, and emphasising the importance of staff welfare and self-care. A further educational initiative introduced participants to Gender Transformative Approaches (GTA), discussing their definition, implementation, and real-life applications in Jordanian programmes.

Egypt Country Office

The inter-agency coordination mechanism for the refugee response in Egypt has been expanding since the Sudan crisis. While the current refugee response coordination is focusing on the Sudanese refugees, the inter-agency coordination team conducted multiple workshops to develop the Egypt Refugee Response Plan for 2024, ensuring the inclusion of all refugees, including those of Syrian origin. Within the refugee response coordination forum, UNFPA continues to co-chair the GBV sub-working group in Egypt with UNHCR as lead, coordinating the GBV prevention and response services for refugees and ensuring the GBV-SRH integrated approach is mainstreamed among different sectors.

For the past few months, the GBV SWG conducted multiple capacity-building training and workshops for the partners with GBV programming in emergencies, GBV coordination, PSEA, GBV case management, trauma-sensitive stress reduction, and provided information sessions on available services in the UNFPA safe spaces. The GBV SWG is ensuring the engagement of refugees in the coordination mechanism by actively inviting the refugee-led organisations and community based organisations to the monthly meetings, and also conducting separate monthly meetings on refugee community engagement with different topics on GBV and harmful practices. A Syrian refugee-led organisation was invited to the September meeting to introduce its services and to explore the possibility of partnering with different GBV partners.

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, LECORVAW, 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. For the service units that are under direct implementation, UNFPA is collaborating with RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

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).

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RELEVANT RESOURCES

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