

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 116

APRIL 2022

“ AS DESPERATE AS THINGS HAVE GOTTEN, WE STILL FIND WAYS TO GET UP AND OVERCOME ONE OBSTACLE AT A TIME.

– RIMA, a young woman from Deir-ez-Zor

SNAPSHOT

As of April 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 an unrelenting pandemic.

The crisis region, which spans the Whole of Syria, Turkey, 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 Turkey, Lebanon, Jordan, Iraq, and Egypt, in addition to operations conducted inside Syria from Damascus and cross-border via Turkey.

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.



ISSUE # 116

A P R I L 2 0 2 2



I MADE A PROMISE TO MY DAUGHTER A LONG TIME AGO: THAT SHE WILL NOT EXPERIENCE THE VIOLENCE AND INDIGNITY I'VE EXPERIENCED.

– MARAM, a Syrian woman from Qamishli

IN THIS REPORT

| | |
|------------------------------|----|
| SITUATION OVERVIEW | 3 |
| RESPONSE FROM ALL OPERATIONS | 4 |
| WHOLE OF SYRIA | 5 |
| SYRIA COUNTRY OFFICE | 6 |
| TURKEY CROSS-BORDER | 8 |
| TURKEY | 10 |
| LEBANON | 12 |
| JORDAN | 14 |
| IRAQ | 15 |
| EGYPT | 17 |
| COORDINATION | 18 |
| DONORS & PARTNERS | 19 |

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.ocha.org
www.unhcr.org
<http://syria.humanitarianresponse.info>

THE SITUATION / 2022

11 YEARS ON, SYRIAN WOMEN AND GIRLS FEEL LEFT BEHIND

The year 2022 marked another grim milestone for Syrians throughout the region as the crisis entered its 12th year. For women and girls, the cumulative impact has been catastrophic, upending decades of progress on women's issues and bringing unprecedented risks that have fundamentally altered their realities.

Despite the continuing efforts of humanitarian actors, the situation in Syria remains dire, further complicated by a worsening economy, waves of hostilities and mass displacement, and the lingering aftermath of the COVID-19 pandemic. 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 11 years surviving conflict, displacement, economic collapse, and mounting risks to their safety, many feel their calls for help have been increasingly drowned out.

Women and girls pay the steepest price

The crisis has created a daunting array of challenges for women and girls, who are paying the steepest price of ongoing hostilities, economic collapse, climate-related challenges, among others. The lives of Syrian women and girls are marked by mutually reinforcing forms of gender-based violence and gender discrimination. Highly unequal gender practices, often exacerbated by discriminatory attitudes based on age, displacement status, disability and/or marital status, create an environment in which women and girls are devalued, controlled, and blamed for the violence they face.

"Violence against women and girls has become so common after the crisis," explains Shaza, an adolescent girl from Qamishli. "Many women in my family are struggling and cannot find the right support. I see more women being beaten by men in their families, and sometimes in public."

Moreover, these risks 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 shortage of natural resources. This is further increasing reliance on negative coping mechanisms such as early and forced marriage and sexual exploitation and abuse.



THE IMPACT OF THIS CRISIS STRETCHES FAR BEYOND SYRIA TO INCLUDE TURKEY, LEBANON, JORDAN, IRAQ, AND EGYPT.

Even more alarming are the reports by women and girls stating that the violence against them has become normalised 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 violence, have also been observed in recent years.

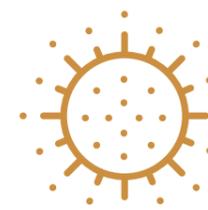
And yet, despite the enormous challenges levelled against them, Syrians throughout the region refuse to give up. People of different ages and backgrounds, including women and girls who have survived gender-based violence, continue to demonstrate remarkable resilience and determination. Many rise above 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 like Maram.

Between January and April 2022, as part of its regional response to the crisis, UNFPA delivered SRH services to more than 500,000 people, while more than 250,000 were reached with services designed to prevent and respond to gender-based violence, including more than 94,000 adolescent girls. More than 88,000 women were provided with cash assistance, and more than 2,200 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, Turkey, Lebanon, Jordan, Iraq, and Egypt.



TOTAL CONFIRMED CASES OF COVID-19
SINCE THE START OF THE PANDEMIC
As of April 30, 2022

| SYRIA | TURKEY | LEBANON |
|-----------|------------|-----------|
| 55,630 | 15,032,093 | 1,099,355 |
| JORDAN | IRAQ | EGYPT |
| 1,695,970 | 2,325,092 | 513,881 |



14.6 MILLION
Estimated people in need in Syria



3.7 MILLION
Women and girls of Reproductive age in need in Syria



7.1 MILLION
Refugees, asylum seekers, or stateless people in the region



500,000
Estimated pregnant women and girls in the crisis region

RESPONSES FROM ALL OPERATIONS

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

534,151

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

93% FEMALE

9,800

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

72% FEMALE

258,215

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

92% FEMALE

94,207

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

18,903

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

71% FEMALE

2,218

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

88,068

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

6,416

PEOPLE TRAINED ON VARIOUS TOPICS

83% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|---------|----------|
| Family planning consultations | 338,168 | 99% |
| Normal and assisted vaginal deliveries | 8,558 | 100% |
| C-Sections | 4,733 | 100% |
| Ante-natal care consultations | 187,809 | 100% |
| Post-natal care consultations | 42,016 | 100% |
| People trained on SRH-related topics | 2,603 | 85% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|---------|----------|
| People reached with dignity kits | 42,731 | 97% |
| People provided with GBV case management | 11,937 | 94% |
| People reached with GBV awareness messages | 189,411 | 92% |
| People trained on GBV-related topics | 2,763 | 82% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 1,050 | 83% |



123
PRIMARY HEALTHCARE FACILITIES*



95
WOMEN AND GIRLS SAFE SPACES



27
EMERGENCY OBSTETRIC CARE FACILITIES



17
YOUTH CENTRES



98
MOBILE CLINICS



76
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 WORSEN, 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 Turkey, 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.

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.

348,326

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

93% FEMALE

196,477

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

94% FEMALE

8,102

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

61% FEMALE

87,543

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

3,325

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

92% FEMALE

81,195

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,677

PEOPLE TRAINED ON VARIOUS TOPICS

82% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|---------|----------|
| Family planning consultations | 132,607 | 99% |
| Normal and assisted vaginal deliveries | 7,970 | 100% |
| C-Sections | 4,669 | 100% |
| Ante-natal care consultations | 162,555 | 100% |
| Post-natal care consultations | 31,328 | 100% |
| People trained on SRH-related topics | 881 | 89% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|---------|----------|
| People reached with dignity kits | 15,822 | 100% |
| People provided with GBV case management | 9,494 | 97% |
| People reached with GBV awareness messages | 153,903 | 94% |
| People trained on GBV-related topics | 714 | 76% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 82 | 57% |



93

PRIMARY HEALTHCARE FACILITIES*



49

WOMEN AND GIRLS SAFE SPACES



25

EMERGENCY OBSTETRIC CARE FACILITIES



11

YOUTH CENTRES



84

MOBILE CLINICS



61

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.

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 Turkey. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Turkey exclusively. On July 11, 2021, the resolution was extended for an additional six months, with the proposed extension of a further six months subject to the Secretary General's report. The continuation of this large, UN-led humanitarian operation is vital to reach 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 (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Turkey, Lebanon, Jordan, Iraq, and Turkey.



VIOLENCE AGAINST GIRLS CAN HAPPENS EVERYWHERE, EVEN IN THEIR HOMES AND SCHOOLS AND MARKETS. IT'S BECOME VERY DIFFICULT TO FEEL SAFE ANYMORE, ESPECIALLY IF YOU'RE A GIRL.

– RULA, a Syrian woman from Aleppo

SYRIA COUNTRY OFFICE

DELIVERING EMERGENCY AND LONG-TERM ASSISTANCE TO SYRIAN COMMUNITIES IN NEED THROUGHOUT THE COUNTRY, WITH A FOCUS ON WOMEN AND GIRLS.

317,184

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

2,224

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

93% FEMALE

163,089

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

98% FEMALE

62,929

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

8,102

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

61% FEMALE

1,166

PEOPLE TRAINED ON VARIOUS TOPICS

83% FEMALE

86,695

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|---------|----------|
| Family planning consultations | 128,680 | 99% |
| Normal and assisted vaginal deliveries | 3,199 | 100% |
| C-Sections | 3,125 | 100% |
| Ante-natal care consultations | 144,655 | 100% |
| Post-natal care consultations | 22,411 | 100% |
| People trained on SRH-related topics | 797 | 89% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|---------|----------|
| People reached with dignity kits | 15,822 | 100% |
| People provided with GBV case management | 8,759 | 97% |
| People reached with GBV awareness messages | 132,048 | 98% |
| People trained on GBV-related topics | 287 | 71% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 82 | 57% |



87

PRIMARY HEALTHCARE FACILITIES*



35

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



11

YOUTH CENTRES



85

MOBILE CLINICS



61

OTHER SERVICE DELIVERY POINTS

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

“ I DON'T WANT TO BE MARRIED NOW. I HAVE SO MANY THINGS I WANT TO DO. BUT MANY OF US NEVER REALLY FEEL LIKE WE HAVE A CHOICE, ESPECIALLY AFTER THE CRISIS.

– SEIVAN, a Syrian woman from Qamishli

IN THE HARSHTEST OF ENVIRONMENTS, MIDWIVES CONTINUE TO SAVE LIVES

WELL-TRAINED MIDWIVES COULD HELP AVERT ROUGHLY TWO THIRDS OF ALL MATERNAL AND NEWBORN DEATHS. FOR FATIMA AND OTHER PREGNANT WOMEN IN AL BUKAMAL, THEIR SERVICES ARE IRREPLACEABLE.

"I woke up in the middle of the night with a heavy cramping and realised that my baby was coming," recalls 19-year-old Fatima, who was nine months pregnant at the time. Fatima had previously given birth to a baby daughter, but that pregnancy came with severe complications that placed the life of both mother and baby at risk. Fatima was desperately hoping this time would be different.

"I remember praying for the baby and for myself that all would be well, and that I would give birth without complications like those I'd experienced during birth of my first daughter," says Fatima.

UNFPA's team visited the city of Al Bukamal in Deir ez-Zor, located in eastern Syria on the border of Iraq, with a population of approximately 35,000. For the UNFPA Damascus team, this was the first visit to Al Bukamal in a long time, as the city has been severely impacted by more than a decade of instabilities, rendering safe access increasingly difficult.

"I remember praying for the baby and for myself that all would be well"

Over half of the health facilities in the area are not functioning and there is only one fully operational public hospital in the city offering free health services. In Al Bukamal, there are two private hospitals and only one offers emergency obstetric care. The devastating impact of the crisis in Deir ez-Zor has left thousands of people, including women and adolescent girls, without safe and affordable access to reproductive health services and deprived them of life-saving health interventions such as emergency obstetric care.

For women like Fatima, the consequences can be devastating.

"I woke my husband and he called our neighbour to take us in his car to the midwife's house," recalls Fatima, explaining the extreme difficulty and risks associated with movement after dark. She knew the midwife well, as she had visited her several times during her pregnancy to make sure the baby was growing healthily and to prepare for her impending delivery.

"I was relieved and overjoyed to see my newborn. Sadly, this relief was short-lived as the procedure cost us 400,000 Syrian pounds"

Thankfully, Fatima's journey to the midwife's house was smooth and uneventful, but complications soon emerged as she went deeper into extended labour. Concerned, the midwife gauged that the delivery might necessitate a Caesarean section, which would require the support of a gynaecologist. Unfortunately, only one private hospital in the whole of Al Bukamal has a gynaecologist on staff and their facilities are only open for emergencies.

Anticipating further complications, the midwife reached out in advance to give the staff time to open the facility at the late hour. She also arranged private transportation for Fatima and her husband, as there are no ambulances available in the area. Hours later, she awoke from her procedure to welcome her new baby into the world.

"I was relieved and overjoyed to see my newborn," recalls Fatima. "Sadly, this relief was short-lived as the procedure cost us 400,000 Syrian pounds (around 105 USD at the time of the birth). My husband and I could not afford this as we are farmers and our income is seasonal. Harvest time was still months away."

Fatima's mother-in-law had to ask relatives for support to meet the costs and they were able to cover the bill collectively. Fatima is grateful that her baby was born healthy but like many other pregnant women in Syria, she worries about how she will be able to afford the cost of delivering another baby.

Fatima's story highlights the lack of access to essential and lifesaving reproductive health services many women are facing in Deir ez-Zor, while shedding light on the vital role that midwives play. Free obstetric care services are scarce; there is a severe lack of health workers in the Governorate and the plummeting of the Syrian Pound, low salaries, lack of available accommodation and high costs of transport makes it incredibly difficult to attract and retain health

staff in Al Bukamal. Due to the lack of affordable services women pay private midwives or doctors to deliver, which can be incredibly expensive. Some families resort to harmful coping mechanisms to raise the funds; they might sell livestock or land which will negatively impact their livelihood and be damaging into the future.

In response to the dire needs, UNFPA is supporting a local partner to work in Al Bukamal and provide free essential sexual and reproductive health services through two mobile teams and a newly established midwifery network. Due to the difficulties accessing services, the mobile teams travel to remote areas to provide integrated sexual and reproductive health and gender-based violence prevention and management services. Sham for Health also provides essential SRH services, including antenatal, postnatal care, treatment of reproductive infections and supports uncomplicated deliveries through a private hospital.

"Well-trained midwives could help avert roughly two thirds of all maternal and newborn deaths"

Midwives save lives. Well-trained midwives could help avert roughly two thirds of all maternal and newborn deaths. They could also deliver 87 per cent of all essential sexual, reproductive, maternal and newborn health services. Yet only 42 percent of people with midwifery skills work in the 73 countries where more than 90 percent of all maternal and newborn deaths and stillbirths occur. Since 2008, UNFPA has worked with partners, governments and policymakers to help build a competent, well-trained and well-supported midwifery workforce in low-resource settings. UNFPA focuses on four key areas: strengthening competency-based midwifery training; developing strong regulatory mechanisms to ensure quality services; raising the voices of midwives by establishing and strengthening midwifery associations; and advocating for increased investments in midwifery services. UNFPA also works to create a supportive environment for midwives by advocating for adequate workforce policies for midwives.



CROSS-BORDER TURKEY

ENSURING THAT ALL COMMUNITIES INSIDE SYRIA HAVE ACCESS TO QUALITY SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE SERVICES.

31,142

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

33% FEMALE

1,101

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

91% FEMALE

33,388

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

74% FEMALE

18,266

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

848

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

56% FEMALE

511

PEOPLE TRAINED ON VARIOUS TOPICS

81% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|--------|----------|
| Family planning consultations | 3,927 | 100% |
| Normal and assisted vaginal deliveries | 4,771 | 100% |
| C-Sections | 1,544 | 100% |
| Ante-natal care consultations | 17,900 | 100% |
| Post-natal care consultations | 8,917 | 100% |
| People trained on SRH-related topics | 84 | 85% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People provided with GBV case management | 735 | 100% |
| People reached with GBV awareness messages | 21,855 | 67% |
| People trained on GBV-related topics | 427 | 80% |



6
PRIMARY HEALTHCARE FACILITIES*



14
WOMEN AND GIRLS SAFE SPACES



6
EMERGENCY OBSTETRIC CARE FACILITIES



1
MOBILE CLINIC

“ I DESPISED BEING A WOMAN AND I HAD NO RESPECT FOR MYSELF NOR FOR OTHER WOMEN — UNTIL I JOINED THE UNFPA-SUPPORTED SAFE SPACE AT THE CAMP.

— AMINA, a Syrian woman from Aleppo

IN NORTH-WESTERN SYRIA, UNFPA CONTINUES TO RESPOND TO ONGOING DISPLACEMENTS, HOSTILITIES, AND EXTREME CONDITIONS

AS THOUSANDS OF NEW DISPLACEMENTS ARE RECORDED IN APRIL, UNFPA FOCUSES ON EMPOWERING WOMEN AND GIRLS THROUGH VARIOUS PROGRAMMES DESIGNED TO COMBAT AND MITIGATE THE RISKS OF GENDER-BASED VIOLENCE.

A far-reaching humanitarian crisis continues to unfold in north-western Syria. In April, 6,375 new internal displacements of people were recorded, primarily due to the economic deterioration. Harsh weather conditions continued to impact displaced persons living in tents in northwest Syria, with, strong winds and floods damaging at least 700 tents and destroyed 200 tents.

Meanwhile, the overall COVID-19 situation significantly improved in northwest Syria. In April, 284 new COVID-19 cases and 14 deaths were recorded, compared to 5,386 cases recorded in March. Vaccination coverage remains low in the region. In April, 9 percent of the population received one dose of COVID-19 vaccine while only 5 percent of the population have been fully vaccinated.

Artillery shelling occurred daily and an overall increase in airstrikes was reported at the end of the month by the Office of the High Commissioner for Human Rights (OHCHR). At least four children were killed in shelling. Unexploded ordnance of war and Improvised Explosive Devices killed at least three civilians and injured at least five civilians, including a woman.

UNFPA partners continued to roll out income generating activities (IGA) with linkages to employment / earning capacity, and with a focus on vulnerable individuals (GBV survivors, women with disabilities and female headed households). During April, 10 women were supported with IGAs coupled with small grants. The objective of the activity is for people served to achieve a level of economic independence, which will contribute to GBV prevention and mitigation. UNFPA's partner also provided training on business capacity development and establishing and managing small businesses. Selected IGA proposals included: small-scale businesses selling perfumes, clothes, stationery, and the manufacturing of cleaning materials and soap. The positive impact of IGA on the lives of people served has also been confirmed by an end-line

survey conducted by a UNFPA's partner in Aleppo and Idlib governorates, in which all respondents confirmed that the professional skills acquired through IGA contributed to addressing their household livelihood needs. Of respondents, 96 percent also noted that the activities enhanced their level of economic independence and in turn their ability to prevent and mitigate GBV risks.

UNFPA partners continued to implement the "Adolescent Mothers Against All Odds" (AMAL) initiative, which sets out to raise awareness around topics including family planning, early marriage, dangers of early pregnancy, how to tailor services for adolescent girls, spacing pregnancies, and the risks of home pregnancies. Grounded in gender transformative approaches, the initiative engaged, during April, 209 adolescents living in the Idlib and Aleppo Governorates. As one adolescent girl stated during a 2021 impact assessment, "the Young Mothers Club has helped me because I got married at an early age. I've benefited greatly from the health information and have changed many aspects of my relationship with my husband and his family."

During Ramadan, UNFPA's partners organized a targeted campaign to raise awareness on the importance of accessing gender-based violence and sexual and reproductive health services. Through household visits, group sessions and targeted messages on social media, information about existing SRH and GBV services were widely shared, reaching 15,136 people living in camps and informal settlements in Idlib and Aleppo.

In the words of Amina, a 30-year old woman from Aleppo, north-western Syria, who is among the millions currently displaced

"My life was turned upside down when my village in Lattakia was bombed. I lost my parents and I had to flee with my married brother to a camp. There, I was living with my brother who treated me as his maid, and he abused me. He also forced me to marry a 40-year-old man."

"I was not allowed to go out and, in his view, my only role was to take care of my child and serve him"

Despite my dream of finding happiness in my family, I soon realized that my husband perceived me as a breeding machine for giving birth to his male children. When I gave birth to my first male child, my husband confined me in our tent. I was not allowed to go out and, in his view, my only role was to take care of my child and serve him. He also started to beat me. The level of violence increased a few years later when I gave birth to my second child, a baby girl. He abandoned her and refused to recognize her as his daughter.

I decided I had endured enough when he burned me with a hot teapot. I asked for divorce, and moved to a tent near my brother. At that time, I

was so accustomed to violence that I started to be violent with my own daughter, blaming her for being a girl. I despised being a woman and I had no respect for myself nor for other women – until I joined the UNFPA-supported Safe Space at the camp.

"I used the money to rent a small place outside the camp. This helped me and my children to feel safer and start a new life"

One day, a neighbour told me about an awareness session taking place, and I decided to participate. After the activity, I talked to the case manager and asked for support. She listened to my story, and we decided to start meeting regularly.

With her support, I defined a plan with some achievable goals. I joined a business coaching programme to build my professional skills and start a small business. I also openly shared my wish to leave the camp. The case manager liaised with another organization which provided me with cash assistance. I used the money to rent a small place outside the camp. This helped me and my children to feel safer and start a new life. The case manager also referred me to their legal counselor who helped me to enroll my daughter in school.

Today, I feel happy and empowered. I remarried a man who respects me. My daughter has again the right to learn and play. After a long journey into the darkness, a guiding light was kindled in my path. The support received at the Safe Space changed my life. Here, I learned how to respect myself and uphold my dignity."



TURKEY COUNTRY OFFICE

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

42,605

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

77% FEMALE

5,332

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

54% FEMALE

24,310

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

79% FEMALE

4,797

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

8,019

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

84% FEMALE

1,970

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

117

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

55% FEMALE

2,548

PEOPLE TRAINED ON VARIOUS TOPICS

74% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--------------------------------------|--------|----------|
| Family planning consultations | 15,425 | 91% |
| Ante-natal care consultations | 8,996 | 100% |
| Post-natal care consultations | 6,513 | 100% |
| People trained on SRH-related topics | 730 | 66% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with dignity kits | 13,176 | 91% |
| People provided with GBV case management | 915 | 62% |
| People reached with GBV awareness messages | 16,658 | 82% |
| People trained on GBV-related topics | 945 | 68% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 873 | 88% |



4

WOMEN AND GIRLS SAFE SPACES *



14

OTHER SERVICE DELIVERY POINTS



10

MOBILE CLINICS



4

YOUTH CENTRES

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

“ IT’S DIFFICULT TO FIND HOPE WHEN YOU FEEL THAT EVEN YOUR FAMILY CANNOT WAIT TO BE RID OF YOU. I AM FORTUNATE TO HAVE FOUND PEOPLE WHO HELPED ME BELIEVE IN MY OWN WORTH AGAIN.

– MARAM, a Syrian woman from Qamishli

IN TURKEY, UNFPA IS HELPING WOMEN AND YOUNG PEOPLE BECOME BETTER PREPARED FOR THE JOB MARKET

AS TURKEY CONTINUES TO FACE A MOUNTING ECONOMIC CRISIS, UNFPA IS COMMITTED TO WORKING WITH GOVERNMENT AND LOCAL PARTNERS TO ENSURE THAT WOMEN AND GIRLS ARE NOT LEFT BEHIND.

UNFPA continues to provide uninterrupted SRH and protection services, including prevention and response to GBV through 22 static service delivery points targeting the most vulnerable refugees as well as 10 COVID-19 mobile teams. The static service units, in line with government and inter-agency guidelines, continued providing support through a hybrid modality, including in-person and remote modalities of service delivery.

To increase the inclusion of women and vulnerable youth including those not in employment, education, or training (NEET), UNFPA is providing socio-economic empowerment activities to complement the SRH and GBV service provision. These activities include services designed to develop effective communication skills, strengthen computer literacy, and raise awareness about local culture and traditions. Culinary training is also conducted with mixed groups, including both refugee and host community participants.

A key objective here is to help women and young people to find secure livelihood opportunities by developing new skill sets, receiving basic career guidance, or helping them develop income-generating projects at home. UNFPA is also working with local partners to help artists and craftspeople exhibit and sell their hand-made products in various public spaces, in addition to offering them guidance and support by established women entrepreneurs.

In order to strengthen the capacity of implementing partner staff on provision of SRH and GBV services, UNFPA conducted a round of supervision sessions and refreshment training for PSS workers and health service providers on diverse topics. In addition, UNFPA conducted a training for UNHCR Refugee Protection Unit on key refugee groups (i.e. LGBTI, refugee living with HIV, sex workers) to raise awareness of service providers on the group specific needs and gaps in accessing services.

UNFPA conducted a training on the GBV SoP, which was developed by the National GBV sub-Working Group at the inter-agency level, aiming to standardize the provision of GBV prevention and response services. The workshop was attended by service providers from the protection/GBV sector.

Helping refugee women find a fresh a start

Betul is a 25-year-old woman. At the age of fifteen, she immigrated to Turkey with her family. She was not able to complete her primary education being prevented by her family to go to school. At the age of 17, her family forced her to step into an arranged wedding. Betul never had an official wedding, but only a religious ceremony to mark the event. After eight years of marriage, Betul and her husband have three children.

Betul participated in several awareness sessions organised by the UNFPA-supported Diyarbakir Safe Space, where she learned about her rights and prospects in Turkey and about women's rights.

"I realised in the meetings I attended at the centre that you cannot do anything in Turkey unless you have your official documents in order"

After attending the awareness-raising sessions, Betul went through a series of transformations. First, she expressed interest in continuing her education and asked the centre staff to support her enrolment in school. Next, she decided that she wants to be officially married to her husband, and requested the centre support to initiate the legal procedures to formalise her marriage.

"I realised in the meetings I attended at the centre that you cannot do anything in Turkey unless you

have your official documents in order. You cannot officially work, you cannot claim any family right as foreseen by law."

The centre helped Betul to enrol in a primary school. In three months, she completed the primary school curriculum and received her school diploma. "I now have a primary school diploma. I will continue my education moving forward."

"While my relationship with my husband has never been an issue, now my rights and my children's rights are guaranteed"

The Safe Space staff also supported Betul to initiate her marriage process. A translator accompanied her to and helped her collect all the necessary documents, including a health certificate and a certificate of celibacy. She is now officially married and eager to know more about her rights.

"I am very happy that I have an official marriage certificate. It feels like I just got married. It was so exciting to collect the documents for the process. The awareness-raising sessions enabled me to achieve this and I certainly learned a lot from these meetings. While my relationship with my husband has never been an issue, now my rights and my children's rights are guaranteed."



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.

17,708

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

4,844

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

15,869

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

100% FEMALE

246

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

371

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

1,573

PEOPLE TRAINED ON VARIOUS TOPICS

99% FEMALE

567

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--------------------------------------|-------|----------|
| Family planning consultations | 2,948 | 100% |
| Ante-natal care consultations | 178 | 100% |
| Post-natal care consultations | 1,455 | 100% |
| People trained on SRH-related topics | 479 | 100% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|--------|----------|
| People reached with dignity kits | 11,905 | 100% |
| People provided with GBV case management | 122 | 100% |
| People reached with GBV awareness messages | 2,587 | 100% |
| People trained on GBV-related topics | 1,072 | 98% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 22 | 100% |



5
PRIMARY HEALTHCARE FACILITIES



12
WOMEN AND GIRLS SAFE SPACES



3
MOBILE CLINICS



MANY COMMUNITIES DO NOT REALISE THAT THE 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 woman from Idleb

DESPITE A COLLAPSING ECONOMY AND MOUNTING CHALLENGES, UNFPA LEBANON CONTINUES TO TARGET THOSE MOST IN NEED

UNFPA is targeting marginalised communities as Lebanon braces for another difficult year.

As Lebanon continues to host the second largest number of refugees in the crisis region, mounting other crises are unfolding from within, chief among them being the ongoing economic deterioration that is placing the lives and future of people at risk.

Most people in Lebanon continue to struggle to survive amid soaring inflation, with many families unable to afford generator costs. The Lebanese Lira depreciated rapidly during March, hitting a low point of 24,000 to the U.S. dollar on the parallel market. This will undoubtedly compound the gender-based violence and protection risks women and girls already face, such as intimate partner violence, child marriage, and sexual exploitation.

Lebanon is also witnessing an unprecedented deterioration in its healthcare system, and prices of medications have also significantly increased after government subsidies were restructured and reduced, leaving many families unable to afford healthcare. The larger ramifications of the pandemic for the country remain to be seen, particularly as efforts to accelerate economic recovery continue to stall and more communities are pushed to the brink as they struggle to survive.

The impact of the economic crisis and the COVID-19 pandemic can be seen on the ground.

A recent study has shown that 58 percent of women reported COVID-19 had a negative effect on their lives, while 83.5 percent reported that the economic crisis prevented them from accessing antenatal care. The crisis has exacerbated gender-based violence nationwide, particularly intimate partner violence and sexual exploitation and abuse. According to a survey conducted by the Inter-Agency SGBV Task Force in Lebanon in late 2021, more than two-thirds of GBV-related organisations have experienced increased calls for assistance on their hotlines, and 96 percent report reduced ability of survivors to reach out for assistance.

To help offset these effects, UNFPA continues to lead cash and voucher assistance programmes, which have proven crucial to safeguarding the rights, dignity, and well-being of women caught in this crisis. UNFPA also continues to prioritise the well-being and protection of women and girls and other vulnerable groups, including members of the LGBTQIA+ community, by preventing and mitigating risks of violence, abuse, and exploitation, and providing vital and essential gender-based violence programming.

‘people are in dire need of free of charge medical services’

Dr. Clara is a 35-year-old obstetrician and gynaecologist. She has been working with Caritas, UNFPA Lebanon’s partner, for the past six years

“I love volunteering work and I like helping people,” she says. Dr. Clara has her own clinic, but she also makes sure to visit the primary healthcare facility led by CARITAS to support the most vulnerable people. “I have many patients that come to my personal clinic, but here at the facility, the pressure is much more intense.”

Over the past two years, traffic at the facility has skyrocketed as Lebanon plunged deeper into an economic recession that has had a profound impact on the lives of millions. As Dr. Clara explains, “we used to primarily serve patients from Syrian communities, but now with the impact of the economic crisis the number of Lebanese has tripled.”

“I have many patients that come to my personal clinic, but here at the facility, the pressure is much more intense”

The increased number of patients at the facility and the shortage of medical kits has created a daunting challenge. Dr. Clara has been providing sexual and reproductive health services such as echography, lab tests, treatments, and follow-ups, which are often the only available avenue for those most marginalised.

“What we are currently providing in terms of reproductive health is very important, especially during this unimaginable economic downturn”

“It’s very important to sustain and extend the services offered at this facility, as people are in dire need of free of charge medical services amid the collapse of the health care systems in Lebanon,” she adds.

In partnership with UNFPA Lebanon, Caritas Lebanon has been providing maternal care consultations and needed tests such as blood tests and echography to women in vulnerable communities. This project is made possible with the generous support of the Government of France.

“I can assure everyone that prevention is less expensive than treatment,” adds Dr. Clara. “What we are currently providing in terms of reproductive health is very important, especially during this unimaginable economic downturn that has forced people to prioritise food over their healthcare.”



JORDAN COUNTRY OFFICE

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

33,795

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

50

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

17,271

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

86% FEMALE

439

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

97% FEMALE

2,546

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

67% FEMALE

2,637

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|--------|----------|
| Family planning consultations | 6,122 | 100% |
| Normal and assisted vaginal deliveries | 435 | 100% |
| Ante-natal care consultations | 11,634 | 100% |
| Post-natal care consultations | 1,525 | 100% |
| People trained on SRH-related topics | 29 | 100% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People provided with GBV case management | 725 | 93% |
| People reached with GBV awareness messages | 8,688 | 81% |
| People trained on GBV-related topics | 30 | 100% |

YOUTH SERVICES

| | TOTAL | % FEMALE |
|--|-------|----------|
| People trained on youth-related topics | 73 | 48% |



16

PRIMARY HEALTHCARE FACILITIES



19

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE

“ 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.

6,647

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

125

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

98% FEMALE

1,154

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

100% FEMALE

155

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

220

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

50% FEMALE

REPRODUCTIVE HEALTH

| | TOTAL | % FEMALE |
|--|-------|----------|
| Family planning consultations | 6,117 | 100% |
| Normal and assisted vaginal deliveries | 153 | 100% |
| C-Sections | 64 | 100% |
| Ante-natal care consultations | 4,446 | 100% |
| Post-natal care consultations | 1,195 | 100% |

GENDER-BASED VIOLENCE

| | TOTAL | % FEMALE |
|--|-------|----------|
| People reached with dignity kits | 343 | 100% |
| People provided with GBV case management | 38 | 100% |
| People reached with GBV awareness messages | 6,876 | 82% |



9

PRIMARY HEALTHCARE FACILITIES



9

WOMEN AND GIRLS SAFE SPACES



1

EMERGENCY OBSTETRIC CARE FACILITY



1

YOUTH CENTRE



1

GBV MOBILE TEAM



OF COURSE, I SEE THEM ALL THE TIME. GIRLS AS YOUNG AS 14 AND 15 GIVING BIRTH, OFTEN MANY TIMES BY THE TIME THEY'RE WOMEN. MANY OF THEM BECOME SERIOUSLY ILL OR EVEN DIE.

– RUQAYYA, a Syrian midwife living in Duhok

IN IRAQ, UNFPA CONTINUES TO EMPOWER WOMEN AND GIRLS TO OVERCOME GENDER-BASED VIOLENCE

Following a difficult journey with COVID-19 and ongoing security challenges, Iraq's displaced populations continue to face mounting challenges

Almost 1.2 million Iraqis continue to live in protracted situations of internal displacement, and the country hosts over a 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, threat of eviction from their homes, and lack of access to essential services – at a higher rate than the population at large.

For example, almost one-fifth of the out-of-camp IDPs report psychological distress, and just half have access to safe and adequate housing. 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 returns of displaced Iraqis to their home governorates consistently outnumber new displacements, many of those still in displacement are unable to go back for a range of reasons, including destroyed property, lack of livelihood opportunities, insecurity, fear and trauma, and perceived affiliation with extremist groups. As many as 90 percent have been displaced for more than three years and 70 percent for more than five years.

Additionally, many Iraqis who have been able to return to their homes continue to live in substandard conditions, struggle to reintegrate, lack livelihood opportunities, and require support and assistance to access services and meet their basic needs.

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 through access to public services and socio-economic integration. At the same time, Iraq's overall political, economic, and security environment remains largely volatile, foreshadowing a difficult year ahead.

When Enough is Enough

Berivan was barely 18 when the crisis in Syria broke out, forcing her and her family to leave her hometown of Qamishli to take refuge in the Domiz Camp, Kurdistan Region of Iraq.

Growing up, she had always had a passion for sociology, which she had chosen as her major of choice as she planned to pursue her undergraduate education. Those dreams vanished with her life in Syria, forcing her to adapt to a reality in which she had far fewer choices.

“My interest in sociology fueled my will to better myself and pursue bigger dreams”

While the crisis in Syria and the harrowing journey to safety were traumatising for a young woman, Berivan refused to give up. “My interest in sociology fueled my will to better myself and pursue bigger dreams, so I began volunteering at a local organisation offering services to people with disabilities at the camp. From there, I moved on to work with multiple international organisations, such as Save the Children and the Norwegian Refugee Council.”

Through working with these organisations, Berivan gained plenty of knowledge on the rights of children, adolescents, and women. “I had enough information about my body and rights, which is why I did not get married at an early age. I was 25 when I got engaged and my husband and I were very understanding of each other.”

After being married for four months and already pregnant with her first child, she began noticing a change in her husband's behaviour. He would often verbally abuse her, which only worsened with time. His family did not approve of her career choice and desire to work with people with disabilities, so her movements were also restricted. She was frequently beaten if she pushed back.

“Every day felt like a year, especially having to put up with physical violence while pregnant,” recalls Berivan. “But I put up with it for the sake of my unborn daughter.”

“...they barged into my mother's house, assaulted me, and took my baby by force. I must have cried for days”

After her daughter was born, the cycle of abuse intensified. The verbal and physical assaults continued and, even worse, Berivan was forbidden from seeing her parents and family. Eventually, she decided she'd had enough.

“One day, I realised that living this way was simply unacceptable, so I picked up my daughter and ran to the first place I could think of – my mother's house. This made my husband furious, to the extent that they barged into my mother's house, assaulted me, and took my baby by

force. I must have cried for days. My daughter was gone in the blink of an eye while I was still breastfeeding her. I missed her terribly”

It was around that time that Berivan recalled many of the essential insights she'd gained from the many awareness and training sessions she'd attended. “I immediately went to the UNFPA-supported Safe Space in our camp and asked for help.”

The case workers at the Safe Space worked with Berivan on an action plan that prioritised her safety as well as that of her newborn daughter. They helped her file a physical assault complaint with the police, which was referred to the court within two months.

“I've asked for help, and I've gotten it”

“I'm now waiting for the final decision, as they are debating an annulment of my marriage and giving me full custody of my daughter,” says Berivan. “I cannot wait to live with my daughter peacefully and to get back to working as passionately as I was before I got married. I've asked for help and I got it. Every step of the way was hurtful, but it will all be worth it.”



EGYPT COUNTRY OFFICE

UNFPA EGYPT CONTINUES TO PROVIDE ASSISTANCE TO SYRIAN REFUGEES IN THE COUNTRY.

85,070

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

| REPRODUCTIVE HEALTH | TOTAL | % FEMALE |
|--------------------------------------|---------|----------|
| Family planning consultations | 174,949 | 100% |
| People trained on SRH-related topics | 484 | 91% |

3,134

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

99% FEMALE

| GENDER-BASED VIOLENCE | TOTAL | % FEMALE |
|--|-------|----------|
| People provided with GBV case management | 643 | 96% |
| People reached with GBV awareness messages | 699 | 99% |

16

PEOPLE WITH DISABILITIES REACHED WITH SPECIALISED SERVICES

100% FEMALE

579

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES



10
WOMEN AND GIRLS SAFE SPACES

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

As of April 2022, more than 135,000 Syrian UNFPA and its partners are providing humanitarian interventions to tackle different forms of violence and abuse against refugees in Egypt. In 2021, UNFPA-supported facilities served 14,261 women including 11,187 refugees through the UNFPA supported Safe Spaces, where women and girls receive GBV case management services as well as MHPSS services.

484

PEOPLE TRAINED ON VARIOUS TOPICS

91% FEMALE



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

Helping refugees overcome depression and other mental health challenges

While postpartum depression (depression that occurs after giving birth) is now more commonly discussed, antenatal depression, which strikes during pregnancy, is also a concern for many pregnant women, and has been experienced by at least 20.7 percent of pregnant women across 173 studies worldwide.

Countless cases of pregnant women and mothers seeking psychological support and medical support have entered the UNFPA-supported Sanad Safe Spaces over the past years, many of them also suffering from symptoms of antenatal and postpartum depression.

One such case is Aisha, a 32 year old Syrian female who came to Egypt with her family in 2020 and was one of many who had a history of coping with depression, made more acute by her pregnancy. As is the case for many women who must deal with depression, Aisha's family undermined the significance of her symptoms, claiming that "every woman gets pregnant" and that Aisha should not be expressing negative emotions.

During April around 236 pregnant women and mothers visited these Safe Spaces to follow up with gynaecologists and medical professionals, who work with patients to overcome any physical and psychological challenges they may encounter during pregnancy and as new mothers. Additionally, 1,439 women have also attended psychological support and case management sessions and workshops of various types to help them deal with any negative emotions or situations, including antenatal depression.

The case histories at Sanad show that women who live in stress due to their socioeconomic status, or those at risk or survivors of gender-based violence are significantly more likely to experience antenatal depression. Aisha, for an instance, shared with the Sanad support staff that she was subjected to different forms of violence in the household,

including intimate partner violence by her husband. This, and the fact that Aisha had only recently moved to a new country as a refugee, also compounds the stress on her mental health, which could jeopardise her and her baby's health. Aisha exhibited numerous signs of depression and anxiety expressed through her anger and observed unwillingness to interact with others due to consistent feelings of fear and self-doubt, common in antenatal depression. Hence, she was encouraged by the case management staff and her doctors to attend psychological support workshops which led her to attend Yoga workshops and support groups with community members who gradually created a support network for Aisha.

To further relieve pregnant women's anxiety, particularly those in tougher economic contexts, the Safe Spaces also provide visitors with economic empowerment workshops that provide them with skills, entrepreneurial, and vocational training to help them achieve greater economic stability and independence. Aisha and 408 other women have attended crochet, perfume making, Microsoft Excel, CV writing, and other economic and professional training workshops in order to give them alternative means for generating income for themselves and their families in the hope of reducing the stressors impacting their health.

"Since I came to this Safe Space, I became much better at dealing with tough situations around me and at dealing with pressure," says Aisha. "My husband noticed this and told me that he, too, wants to attend similar activities to help him deal with his own feelings."

Aisha's transformation was easily observed by others around her, who are now more understanding of the value of treatment and self-expression.

COORDINATION UPDATES

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.

The Whole of Syria GBV AoR HRP sector priorities and figures were presented during the HRP sector defence meeting. The GBV HRP 2022 appeal of US\$ 84 million targeting 1.7 million people was accepted and confirmed.

The AoR also finalised the analysis of the Coordination Survey, with findings presented and shared with Hub coordinators for their consideration. Currently, hub coordinators are sharing the survey's results with the membership to identify operational and quality improvements. Around 63 percent of survey responses across hubs stated that coordination does not need improvement, while 37 percent identified space for improvement mainly linked to capacity-building opportunities. Meanwhile, 92 percent of informants shared that information received through the GBV AoR helped program implementation.

In Syria, the UNFPA Homs sub-office participated in a joint mission with WHO to assess the targeted areas under the ABRs approach, in the newly accessible areas in Northern rural Latakia, specifically in Salma and Wata ALKhan sub-districts. The mission included an assessment of medical points in the mentioned areas from Reproductive health and General Health perspective. The finalised report with the findings and suggestions was shared with AHCT sectors' focal points in the coastal areas. Meanwhile, an intervention is being planned in the women's prison in Hama, with teams currently working to acquire the necessary approvals to start providing services inside the prison. During the upcoming visit, the integrated medical team in the area will implement a needs assessment for the women inside the prison in order to prepare the plan of intervention on the assessment results.

Through Cross-Border Turkey, UNFPA developed a comprehensive plan for GBV integration into SRH facilities in coordination with the GBV Sub-Cluster and the SRH thematic working group. An inter-agency coordination team, which will lead and provide technical support to the

implementation of the plan, was also created. UNFPA, with WHO support, has launched a comprehensive baseline study in northern Aleppo, Idlib and Afrin to evaluate the level of integration of GBV services in 49 EmONC facilities in north-western Syria, identify gaps in service provision networks, assess the functionality of the facilities, as well as the knowledge, practice and attitude of staff on gender norms and stereotypes. Based on the findings, UNFPA will lead on developing targeted training materials and conduct capacity building activities among health service providers ensuring on-the-job supervision and monitoring. In addition, a checklist on the minimum GBV services that should be provided in health facilities was developed and reviewed and will be used by partners to help identify gaps and address them.

In Turkey, UNFPA conducted a training on the GBV SoPs, which were developed by the National GBV sub-Working Group at the inter-agency level. The objective was to standardise the provision of GBV prevention and response services. The workshop was attended by service providers from the protection/GBV sector. Meanwhile, UNFPA co-chaired the National GBV sub-Working Group meeting that discussed the published SoPs and the training conducted in April, in addition to outlining the next steps for roll-out and implementation. Members were also informed of the planned trainings to be held in 2022, which will cover key areas such as technology facilitated GBV and GBV mainstreaming in other sectors. Group members were reminded about the GBV typology as foreseen by the GBVIMS classification and discussed the changes to the GBV indicators in the Regional Refugee and Resilience Plan (3RP) Turkey Chapter results framework. Lastly, UNFPA contributed to the Health Sector Working Group meeting that discussed (i) updates on the COVID-19 Situation in Turkey and the problems of refugees; (ii) updates on situations of the Ukrainian refugees and support of the agencies involved in the HSWG; and (iii) results of the Sectoral Coordination Survey.

In Jordan, following the release of the English version of the Jordan GBV M&E toolkit and a training session for Subworking Group members in March 2022, the Arabic version has now been finalised and can now be accessed here. The GBV Subworking Group has finalised its annual work plan in light of the sub-sector strategy for 2020-2022. The work plan has been developed in coordination with the GBV sub-working group member and GBV Subworking Group field coordinators. The SOPs for prevention and response to violence in Jordan which was developed in 2018 by NCF and in coordination with the GBV Subworking Group and other actors is currently available in English. The Gender-Based Violence Sub-Working Group in Jordan, co-chaired by UNFPA and UNHCR, also published its activity report on the occasion of International Women's Day.

In Lebanon, a successful collaboration between INTERSOS and caritas SRH mobile clinic took place, where INTERSOS referred and coordinated with 60 women and girls to attend reproductive health awareness sessions and services, in Sibliin Area chouf district. Meanwhile, UNFPA is finalising the selection of financial service providers for the cash disbursement. This will facilitate the cash transfers and allow referrals for complementary cash assistance.

In Egypt, the GBV Sub Working Group meeting was held in April, during which UNHCR provided training on PSEA for the members, as one of the thematic topics of the month. The members shared their operational updates and program updates on GBV services provided for refugees and migrants during March.



I'VE SPENT MY LIFE TRYING TO FIND THE KIND OF SUPPORT AND UNDERSTANDING THAT I FOUND IN THIS SAFE SPACE, AMONG THESE REMARKABLE WOMEN WHO REFUSE TO SURRENDER TO CIRCUMSTANCES.

— RAYA, who received protection services at a UNFPA-supported facility



DONORS & PARTNERS

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 (BPRM).

United Nations: OCHA/CERF, UNDP, SCHF, and UNFPA Emergency Funds.

IMPLEMENTING PARTNERS

In Syria: (MOH) Ministry of Health, (MOHE) Ministry of Higher Education, (Mosaic) Mosaic for Human Relief & Dev., (ICDA) Ihsan Charity Development Association, (NFRD) Nour Foundation for Relief and Development, (SSSD) Syrian Society for Social Development, (Al Tamayouz) Altamayouz for Orphan Sponsorship, (SFPA) Syrian Family Planning Association, (Yamama) Syria Al-Yamama, (Agha Khan) Agha Khan Foundation, (ASSLS) Amelioration of Sanitary and Social Level Society, (CCA) Circassian Charity Association, (Ghiras) Ghiras Ass. for Development, (PACA) Pan Arminian Charity Association, (Sham) Al-Sham Association for Health, (BSWH) Al Bir & Social Welfare Hama, (SARC) Syrian Arab Red Crescent, (SCFAP) Syrian Commission for Family Affairs and Population, (MAC) Mar Asia, (PRCS) The Palestine Red Crescent Society, (IECD) European Institute of Cooperation and Development, (Sanad) Sanad team for development, UNDP, UNICEF, FAO, and WFP.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Akkarouna, 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), 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), Etijah, and Care International.

In Turkey: 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 Ankara Municipality, Sanliurfa Municipality and RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

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

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



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

CONTACT INFORMATION

Jennifer Miquel
Regional Humanitarian Hub for Syria &
the Arab States
miquel@unfpa.org
(962) 79 575 6755

RELEVANT RESOURCES

www.unfpa.org
www.ocha.org
www.unhcr.org
<http://Syria.humanitarianresponse.info>

