

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 113

JANUARY 1-31, 2022



AFTER LOSING YEARS OF MY LIFE AND EVERYTHING THAT WAS PRECIOUS TO ME, FINDING THIS SAFE SPACE ALLOWED ME TO FIND HOPE AGAIN.

– RIMA, a Syrian refugee who accessed services at a UNFPA-supported Safe Space

SNAPSHOT

As of January 2022, the situation in Syria predicts a challenging year ahead, further complicated by a deteriorating economy, increasing 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 and managed from cross-border 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.

UNFPA operations in Syria are managed from the Syria Country Office as well as from the UNFPA hub in Gaziantep, Turkey, for cross-border operations.



ISSUE # 113

JANUARY 1 - 31 2022



THERE ARE MANY WAYS TO FIND HEALING FROM VIOLENCE, ESPECIALLY THROUGH THE FRIENDSHIPS I'VE MADE IN THIS SAFE SPACE.

– LANA, a Syrian woman from Quneitra

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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

CONVERGING CRISES CREATE UNPRECEDENTED NEEDS, FURTHER PLACING THE LIVES, DIGNITY, AND FUNDAMENTAL FREEDOMS OF PEOPLE AT RISK.

As of January 2022, the situation in Syria predicts a challenging year ahead, further complicated by a deteriorating economy, increasing hostilities, and an unrelenting pandemic.

Given the multitude of crises facing the international community in 2022, communities that have been grappling with protracted humanitarian crises are increasingly feeling left behind. For those impacted by the Syria crisis, the case is no different. As one survivor of gender-based violence tells UNFPA, "when I speak to loved ones in Syria and neighbouring countries, a common feeling I observe is despair and a sense of betrayal by the world."

Alas, it is no wonder that, 11 years later, those impacted by this crisis are quickly running out of choices and resilience. Years of geopolitical unrest, disruptions in community networks, an economy in free-fall, a water crisis and other impacts of climate change, and the lasting ramifications of the COVID-19 pandemic — all have converged to create an unprecedented situation, further placing the lives, dignity, and fundamental freedoms of people at risk.

The 2022 Humanitarian Needs Overview (HNO) for Syria identifies 14.6 million people in need of humanitarian assistance countrywide, including approximately 5 million people classified as experiencing extreme or catastrophic levels of humanitarian need. This translates to an additional 1.2 million people in need (or 9 percent) over the 13.4 million reported in 2021, largely driven by accelerated economic deterioration, climatic shocks adversely affecting water access, continued hostilities, forced displacement, limited access to basic commodities and services, and a lack of livelihood opportunities.

The macro-economic context continues to emerge as a key driver of humanitarian needs. Since the onset of the crisis in 2011, economies both in Syria and the region have experienced varying degrees of decline, now made worse by the continuing effects of the COVID-19 pandemic. The combined impact of currency depreciation, acute inflation, reduced fiscal spending, and widespread unemployment have plunged swathes of the population into despair, even in areas that have been less impacted by hostilities and displacement so far. As a result, people's ability to meet basic needs and access basic services has diminished sharply, forcing families to resort to harmful coping mechanisms like child labour, child marriage, sexual exploitation and abuse, among others.

Even 11 years after the onset of the crisis, gender-based violence continues to pervade the lives of women and girls caught in its web, and has now 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.

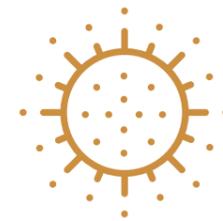
Among women and girls, adolescent girls in particular face unique challenges that usually accompany them throughout their lives. This often begins with restrictions on movement and family violence, and progresses as the girl matures to include child and serial marriage, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Adolescent girls are also being denied their education and growth opportunities, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

In north-western governorates of Syria, the situation continues to be severe, with ongoing hostilities causing mass displacements and disruptions in community networks and services. Access to protection services remains extremely limited, particularly as more people take refuge in informal settlements. The ongoing deterioration in the value of the Turkish Lira poses a serious risk to people's ability to meet basic needs and access humanitarian aid. Communities have become more dependent on humanitarian aid, with 3.4 million people in need of food and livelihoods assistance and 3.1 million people still food insecure. Operations implemented cross-border via Turkey remain vital to delivering the scale of aid required to assist those in need.

In 2022, UNFPA will continue to tailor its programmes to meet the emerging needs of Syrian and host communities throughout the region. UNFPA continues to pilot cash and voucher assistance where possible to help ensure that women and girls in desperate need are not left behind, and is coordinating with local partners and authorities including women's networks, health clinics, health workers, and gender-based violence case managers to identify communities in need. While the COVID-19 pandemic has significantly impacted UNFPA's operations in the field, efforts are ongoing to ensure that critical services are being delivered to people in need throughout the region.



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



TOTAL CONFIRMED CASES OF COVID-19
SINCE THE START OF THE PANDEMIC
As of January 31, 2022

SYRIA	TURKEY	LEBANON
51,402	12,051,852	914,929
JORDAN	IRAQ	EGYPT
1,225,309	2,218,483	471,460



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, assylum 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.

131,041

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

98% FEMALE

1,296

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

84% FEMALE

63,081

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

92% FEMALE

20,096

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,780

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

75% FEMALE

294

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

70,032

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

100% FEMALE

299

PEOPLE TRAINED ON VARIOUS TOPICS

75% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	35,903	98%
Normal and assisted vaginal deliveries	2,381	100%
C-Sections	1,253	100%
Ante-natal care consultations	45,572	100%
Post-natal care consultations	10,516	100%
People trained on SRH-related topics	49	65%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	4,888	97%
People provided with GBV case management	2,580	95%
People reached with GBV awareness messages	49,910	92%
People trained on GBV-related topics	52	69%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	198	79%



119

PRIMARY HEALTHCARE FACILITIES *



79

WOMEN AND GIRLS SAFE SPACES



26

EMERGENCY OBSTETRIC CARE FACILITIES



15

YOUTH CENTRES



94

MOBILE CLINICS



68

OTHER SERVICE DELIVERY POINTS

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 the country, 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 keep rising above their challenges 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.

114,088

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

98% FEMALE

888

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

90% FEMALE

54,901

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

94% FEMALE

18,094

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

1,141

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

61% FEMALE

78

PEOPLE TRAINED ON VARIOUS TOPICS

64% FEMALE

70,008

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	30,267	99%
Normal and assisted vaginal deliveries	2,214	100%
C-Sections	1,209	100%
Ante-natal care consultations	39,507	100%
Post-natal care consultations	8,422	100%
People trained on SRH-related topics	49	65%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	3,273	100%
People provided with GBV case management	2,187	97%
People reached with GBV awareness messages	42,437	94%
People trained on GBV-related topics	29	62%



89

PRIMARY HEALTHCARE FACILITIES*



45

WOMEN AND GIRLS SAFE SPACES



23

EMERGENCY OBSTETRIC CARE FACILITIES



9

YOUTH CENTRES



84

MOBILE CLINICS



53

OTHER SERVICE DELIVERY POINTS

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 WOMEN AND GIRLS HAS BECOME SO COMMON AFTER THE CRISIS. MANY WOMEN IN MY FAMILY ARE STRUGGLING AND CANNOT FIND THE RIGHT SUPPORT TO FEEL EMPOWERED.

– MARAM, a Syrian woman from Qamishli

SYRIA COUNTRY OFFICE

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

104,370

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

490

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

87% FEMALE

45,846

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

97% FEMALE

16,372

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

49

PEOPLE TRAINED ON SRH TOPICS

65% FEMALE

1,141

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

61% FEMALE

69,349

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	29,451	99%
Normal and assisted vaginal deliveries	874	100%
C-Sections	819	100%
Ante-natal care consultations	35,005	100%
Post-natal care consultations	5,866	100%
People trained on SRH-related topics	49	65%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	3,273	100%
People provided with GBV case management	1,995	97%
People reached with GBV awareness messages	37,267	99%



85

PRIMARY HEALTHCARE FACILITIES*



34

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



9

YOUTH CENTRES



84

MOBILE CLINICS



53

OTHER SERVICE DELIVERY POINTS

“ 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

A CHALLENGING YEAR LIES AHEAD FOR SYRIAN WOMEN AND GIRLS AS THEY FACE PROTECTION RISKS AND A COLLAPSING ECONOMY

UNFPA SUPPORTS WOMEN AND GIRLS THROUGH CASH AND VOUCHER ASSISTANCE, MEETING CRITICAL AND ESCALATING NEEDS AS THE SYRIAN ECONOMY CONTINUES TO DETERIORATE. MEANWHILE, OUR TEAMS ARE ON THE GROUND IN AL HASAKEH AS PART OF A COORDINATED RESPONSE TO THE SECURITY SITUATION IN THE AREA.

UNFPA continues to provide CVA assistance to people in need, with programmes currently operational in two locations in the city of Deir-ez-Zor. These programmes, implemented in partnership with the World Food Programme (WFP), have proven invaluable to the people being served, particularly in light of the current economic crisis impacting Syria and multiple neighbouring countries.

In addition to allowing women and girls access to food and other basic necessities, the programmes also serve as a good entry point for accessing various other SRH and GBV specialised services. WFP and UNFPA plan to continue expanding the programme to other locations – an effort that will largely depend on the overall security situation and other logistical and accessibility factors. UNFPA mobile teams are also delivering vital SRH services in various locations in the city, including rural districts. This includes advanced medical services were not previously available in the locations served, highlighting the significant gaps that still exist in many communities throughout Syria and the region.

Meanwhile, UNFPA and its partners continue to respond to the ongoing security situation in Al Hasakeh by ensuring that women and girls impacted are able to meet their SRH needs, in addition to being protected from the various forms of GBV that thrive amid geopolitical and economic instabilities, such as child and forced marriage, intimate partner violence, sexual exploitation and abuse, and others.

‘I’ve always felt that they’re treated unfairly, and often with deliberate cruelty’

Samia’s journey to help people with disabilities in Daraa find their way to brighter futures.

“My dream is to establish an educational centre for people with disabilities,” says Samia, a student of sign language who recently received services at a UNFPA-supported facility. “Many are living in rural Daraa, where there aren’t any specialised facilities to support them.”

Samia lives in one of the villages located in the eastern region of Daraa. She regularly visits the UNFPA-supported Safe Space in her area to attend sign language lessons. She says that her motivation to support people with

disabilities is further nurtured by the fact that her aunt has a hearing and speech impairment, which allowed her to witness firsthand the many difficulties faced by people with similar conditions. She has also spent time as a school teacher and has taught many students with disabilities, which ultimately cemented her determination to pursue her vision.

“I’ve always felt that they’re treated unfairly, and often with deliberate cruelty,” explains Samir. “I chose to major in sociology as it’s one of the basic requirements for establishing an educational centre for people with special needs, and I continue to look for every opportunity to broaden my skills as I try to help them find their way to a better life.”

Samia was actually introduced to the Safe Space in Daraa by Um Muhammad, the sign language teacher at the space. She had told Um Muhammad about her passion to serve those in need, and how her aunt would often tell her that while she often gets by when communicating with loved ones, she often yearns to be

able to make them to fully grasp what she is trying to say.

Since her initial visit to the space, Samia’s reliance on the services provided has grown significantly, as has her drive to reach her goal. She compares learning sign language to learning English: “Sign language is fun and easy to learn, and I hope they make it part of the regular educational curriculum for children at school and other institutions.”

The UNFPA-supported Safe Space where Samia receives support was established in 2021 to support and empower women and girls in Daraa city. In addition to offering GBV protection and response services, the space also provides an array of empowerment activities, including SRH awareness sessions, literacy classes, and sign language and Braille training.

“ IT DEFINITELY BECAME HARDER TO STAY POSITIVE AFTER THE PANDEMIC, ESPECIALLY NOW THAT ECONOMIC CONDITIONS ARE MUCH WORSE THAN THEY WERE BEFORE.

– LAMEES, a Syrian woman from Aleppo



CROSS-BORDER TURKEY

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

9,718

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

96% FEMALE

398

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

92% FEMALE

9,055

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

74% FEMALE

1,722

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

659

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

56% FEMALE

29

PEOPLE TRAINED ON GBV-RELATED TOPICS

62% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	816	100%
Normal and assisted vaginal deliveries	1,340	100%
C-Sections	390	100%
Ante-natal care consultations	4,502	100%
Post-natal care consultations	2,556	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People provided with GBV case management	192	100%
People reached with GBV awareness messages	5,170	61%



4

PRIMARY HEALTHCARE FACILITIES *



11

WOMEN AND GIRLS SAFE SPACES



4

EMERGENCY OBSTETRIC CARE FACILITIES

SITUATION UPDATE

A far-reaching humanitarian crisis continues to unfold in the northern-western governorates of Syria. Severe winter conditions have had a marked impact on displaced persons living in the area, affecting some 300,000 residents across 121 displacement sites in Aleppo, and 172 in Idlib. Sadly, two babies in displacement settlements in rural Idlib passed away due to exposure and, out of the 1.7 million people in camps and informal settlements, more than 900,000 are children.

During January, the most urgent needs revolved around the relocation of families to safer locations and the maintenance of access routes for the delivery of essential aid, including fuel, food, and non-food winter items. The Office of the High Commissioner for Human Rights (OHCHR) reported that air strikes and shelling had killed at least 11 civilians during the month, including two women and seven children, and injured 32 civilians, including seven women and 13 children. Ongoing hostilities continue to place people's lives at risk, with two civilian men killed and one child injured by an improvised explosive device.

Meanwhile, the northern regions of Syria appear to have passed the peak of the most recent wave of COVID-19 infections, with the number of new confirmed cases seeing a decline for the fourth consecutive month.



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 Idlib

IN NORTH-WESTERN SYRIA, A HUMANITARIAN CRISIS CONTINUES TO UNFOLD, LEAVING WOMEN AND GIRLS AT RISK

THE SITUATION CONTINUES TO BE SEVERE, WITH ONGOING HOSTILITIES CAUSING MASS DISPLACEMENTS AND DISRUPTIONS IN COMMUNITY NETWORKS AND SERVICES. UNFPA CONTINUES TO TAILOR ITS PROGRAMMES TO MEET THE WORSENING NEEDS OF COMMUNITIES IMPACTED.

Winter is especially cruel for those living north-western Syria – a volatile region that continues to see sporadic hostilities and mass displacements. January in particular had come with devastating consequences, bringing heavy snow, rain, strong winds, and freezing temperatures. For the 2.8 million displaced people in the area, the consequences have been catastrophic.

In January alone, more than 7,000 new displacements were recorded, and the severe conditions damaged or destroyed over 10,000 tents, leaving more than 57,000 people homeless or otherwise impacted. During most of the month, artillery shelling continued, often for days on end. The early days of the month had seen the violence intensify, with air strikes in particular becoming notably more frequent. Meanwhile, OCHA reports that sewage contamination of the waterways in Idlib continues to place lives at risk, with 10,000 people in villages surrounding the city facing difficulty accessing clean water. The situation is also threatening the main water wells of Idlib city and risks further contributing to the country's climate-driven water crisis.

UNFPA continued to adapt its programmes in response to the needs, both in terms of emerging needs due to ongoing instabilities or as an extension of the ongoing response to the pandemic.

UNFPA-supported SRH facilities continued to apply infection prevention and control and triage measures, while enhanced measures such as telemedicine contributed to limiting unnecessary crowding at service delivery points. Health staff maintained home visits to raise awareness among communities on COVID-19 and provide necessary services.

Recent research by UNFPA shows that the vast majority of people who received online SRH consultations appreciated the service as it alleviated both transport and COVID-19 concerns. In north-western Syria, accessibility remains a key obstacle for people requiring support, with both security issues and lack of available routes making access difficult or impossible. While most respondents expressed that they felt comfortable

and safe discussing their health issues online, they also underscored that online consultations cannot fully replace the added value of face-to-face service provision. Other findings highlighted the need for greater awareness among communities on the online services on offer as well as the need for better internet access among the targeted communities.

Meanwhile, SRH awareness raising sessions held in displacement camps have had a notable effect on family planning. As explained by a UNFPA beneficiary: "I am a mother of ten children. Every year I get pregnant, and my body is tired. I thought that there was no solution until a team came to our camp and taught us about family planning. They directed us to a clinic at the hospital, where services and family planning methods are free. The team also guided us to a clinic that treats malnutrition for pregnant and breastfeeding women, where we learned about health and proper nutrition."

In addition to helping local communities become better informed about their health, SRH staff also raised awareness on available GBV services in an effort to maintain open referral pathways. SRH outreach staff are consistently trained on issues of gender, GBV, women's and human rights, social inclusion, and other key issues.

In response to the harsh winter conditions, UNFPA supported the provision of one-off, unconditional cash disbursements to 657 vulnerable displaced persons to cover the costs of their most urgent needs. With a significant number of the recipients residing in so-called "widows' camps" and unfinished buildings, these efforts serve as vital life-lines to many families and individuals. The assistance has also continued to serve as an effective entry point to provide recipients with relevant information on available services in the areas served, including protection and GBV specialised services. Female staff and protection staff are integrated into distribution teams, which serves, by design, to also offer recipients psychological first aid and referrals.

In the words of Amina, an internally displaced girl living in Idlib

"I was 13 years old the first time I was given away by my family to be married. Shortly after, I was left divorced and remarried to another man who already had three wives. Living in a tent with my four children, my husband would often beat me and refused to formally register our marriage or even our children.

"One day, he beat me so hard, and with sharp objects, that I was bleeding from my eyes and between my legs. I had to go to a health centre where I received emergency medical treatment and psychological first aid. Together with one of the staff, who was my case worker, we developed a safety plan which included finding ways that the people in my life could help address my situation.

"The case worker secured us an additional tent space, which offered me some distance from my husband. She also referred me to an organization that provides legal counselling, which helped me to finally register my marriage and children.

"While the situation with my husband remains difficult at times, I now feel safer thanks to the healthcare and GBV staff."

🗨️ **ONE DAY, HE BEAT ME SO HARD, AND WITH SHARP OBJECTS, THAT I WAS BLEEDING FROM MY EYES AND BETWEEN MY LEGS.**

– AMINA, a Syrian girl from Idlib



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.

7,254

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

90% FEMALE

286

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

65% FEMALE

5,351

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

78% FEMALE

1,222

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

2,086

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

83% FEMALE

292

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

24

PEOPLE PROVIDED WITH CASH & VOUCHER SERVICES

67% FEMALE

219

PEOPLE TRAINED ON VARIOUS TOPICS

79% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	3,376	83%
Ante-natal care consultations	1,952	100%
Post-natal care consultations	1,337	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	1,485	89%
People provided with GBV case management	139	61%
People reached with GBV awareness messages	3,781	81%
People trained on GBV-related topics	21	76%



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

TURKEY'S WORSENING ECONOMIC DETERIORATION IS PLACING COMMUNITIES AT RISK, EVEN BEYOND ITS BORDERS

IN ADDITION TO IMPACTING MIGRANT AND REFUGEE AND HOST COMMUNITIES IN TURKEY, THE DEVALUATION OF THE TURKISH LIRA HAS HAD A MARKED IMPACT ON SYRIAN COMMUNITIES, PARTICULARLY IN NORTHERN SYRIA, WHERE IT HAS BECOME THE DE FACTO CURRENCY FOR MOST.

The COVID-19 has had a significant impact on the Turkish economy and labour market. The relatively high unemployment rates (11.2 percent as of November 2021, according to data provided by Turkish Statistical Institute) and high inflation rates (more than 36 percent as of December 2021) have reduced household economic and social gains, negatively impacting incomes and access to basic needs.

According to the World Bank, the COVID-19 crisis has deepened gender gaps and increased youth unemployment and the poverty rates. These converging factors will likely have a negative impact on women and girls' well-being, leading to an increase in gender-based violence and harmful practices, like child early marriages.

Meanwhile, the devaluation of the Turkish Lira has had a marked impact on Syrian communities, particularly in northern Syria, where it has become the de facto currency for most. In recent months, the Lira has taken a sharp nosedive in terms of value, adding to the economic woes already plaguing Syrian communities throughout the country. The inextricable link between the Turkish and regional economies, particularly in light of the current humanitarian needs in the region, underscores the serious risks facing those impacted, both inside Syria and in host communities region-wide.

In Turkey, UNFPA continues to target the most vulnerable refugees (women, girls, young people, key groups, men and boys who are survivors or at risk of sexual violence, and refugees with disabilities). Mobile teams also continue to provide uninterrupted SRH services and protection services, including prevention and response to GBV.

Meanwhile, in line with government and inter-agency guidelines, static service units continued providing support on a hybrid basis, while training programmes continued for healthcare personnel operating migrant health centres in Istanbul, Sanliurfa, and Adana.

For girls with disabilities like Khulud, access to specialised services can be life-saving

Khulud and her family arrived in Turkey in March 2019. At the time, anxiety had gripped the entire family, who had fled the continuing uncertainty in Syria in search of more promising futures.

Khulud is a 9 year old girl with a handicap. Her illness appeared when she was young but her family did not notice it until her condition worsened significantly. Khulud can't walk, eat, and sit up by herself. She had never used words or made eye contact with anyone. Her family did not know how to help her or even where to look for support.

One day, Khulud's father learned of the UNFPA-supported Refugee with Disabilities (RwD) centre in Izmir.

"We were very relieved when we learned about the services of the centre," said Salih, Khulud's father. "They helped us in many ways. They picked us up by transfer vehicle and took us to the hospital. They secured interpretation services at the hospital to help us break the language barrier. And while thanks to their help we finally had a diagnosis, we also learned that it was unfortunately too late."

The RwD staff referred Khulud and her family to the social services centre so that they can access the various

social assistance mechanisms available to families in their condition. While waiting for the result of this process, the centre provided rent support to the family for two months in an effort to alleviate some of their more immediate concerns.

Moreover, Salih Bey, Khulud's father, received psychosocial support to better enable him to cope with the pressures brought about by the crisis and his daughter's situation. The staff at the centre had observed clear signs of exhaustion and burnout, likely worsened by his care-taking responsibilities and his inability to help his daughter, and highlighted the necessity of addressing these issues before they manifest in harmful ways.

Following the initial treatment, the family was stunned at how quickly Khulud began to show signs of improvement. It began with a few random words here and there, followed by a notable shift in her ability to make eye contact. The transformation breathed new life into the family, with both parents now beginning to see light at the end of the tunnel.

"We have learned much from the centre," explained Mariam, Khulud's mother. "But the most valuable thing is the fact that they treated us as people like them, they treated us with respect. We felt that they truly cared about us. I feel very close to them."

“ THE MOST FRIGHTENING ASPECT ABOUT BEING A REFUGEE IS NOT THE FACT THAT THE JOURNEY IS DIFFICULT BUT THAT MANY PEOPLE TRY TO TAKE ADVANTAGE OF THAT DIFFICULTY, EVEN MEMBERS OF YOUR OWN FAMILY.

– TAMARA, a Syrian refugee living in Turkey



LEBANON COUNTRY OFFICE

DESPITE THE ESCALATING POLITICAL AND ECONOMIC INSTABILITIES IN LEBANON, UNFPA CONTINUES TO ADAPT ITS PROGRAMMES TO PROVIDE LIFE-SAVING SERVICES TO PEOPLE IN NEED, WITH A FOCUS ON WOMEN AND GIRLS.

“For me and many other girls my age in Lebanon, thinking of the future now seems futile,” explains Serena, a 17-year-old girl from Beirut. “When you are consistently in a surrounding that works against you, that limits every aspect of your life, it becomes quite impossible to continue working towards a goal.”

Sadly, women and girls who spoke to UNFPA over the past months agree with Serena. 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. Communities nationwide continue to decry the accelerating depreciation of the local currency, which in January passed 33,000 Lebanese pounds (LBP) to the dollar on the black market. The economic meltdown is made worse by the political deadlock that is preventing the country from initiating meaningful recovery efforts, further complicating the long-term ramifications of the situation.

Throughout 2021, most people in Lebanon were struggling to survive amid soaring inflation coupled with fuel and medicine shortages, severe power cuts, and fuel scarcity, with many families unable to afford generator costs.

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. In January, medical personnel were forced to ration oxygen treatments for patients undergoing treatment for COVID-19 due to growing shortages, with older patients increasingly given less priority, according to a doctor at Lebanon’s Rafik Hariri University Hospital. The larger ramifications of the pandemic for the country remain to be seen, particularly as efforts to accelerate economic recovery continue to stall.

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 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.

The impact of the economic crisis can be seen on the ground. In January, the number of Lebanese families registered for two long-awaited cash social assistance programs reached 410,000, or 1.6 million individuals, from different regions across Lebanon, according to a statement issued by the Social Affairs Minister.

To help offset these effects, UNFPA will also continue to provide CVA support programmes, which have proven fundamental to safeguarding the rights, dignity, and well-being of women caught in this crisis. In fact, January saw the value of Emergency Cash Assistance increase to LBP 1400,000, in line with the devaluation of the local currency and the rising inflation rates. Other forms of CVA were also increased, including the Recurrent Cash and Cash for Transport assistance. Unfortunately, the implementation of the CVA faced challenges in January due to continuity gaps between annual work plans, in addition to the added pressure of rising demand for these services. This will require additional funding so assistance can be channelled to more communities in need, taking into account the continuous fluctuations in the macroeconomic context.

In 2022, UNFPA Lebanon will continue prioritising the well-being and protection of women, girls, boys, 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 GBV services, including psychosocial support. UNFPA will also ensure access of women and girls to reproductive health services. In addition, teams will continue to engage communities with information to promote gender transformative programming and stronger capacities to address the needs of vulnerable people.

In the words of Serena, an adolescent girl from Beirut

For me and many other girls my age in Lebanon, thinking of the future now seems futile. When you are consistently in a surrounding that works against you, that limits every aspect of your life, it becomes quite impossible to continue working towards a goal. Still, we do it, because the young people of Lebanon have learned the hard way that we are our only hope. Every girl my age wants to be part of the solution and simply needs a place to start.

My parents raised me in a way that kept these realities hidden from view. I grew up feeling safe, loved, and that my voice mattered. But as I grew older, I started noticing the reality of things; that it is acceptable for some people to go hungry, or for children to have to work to survive. I started seeing this clearly around two years ago as the economy began to collapse, and it became inescapable in 2020 after COVID-19 and the Beirut Port incident. People everywhere are hurting and dreaming of stability.

The pandemic also shifted our realities, for good and for bad. While the routine of lockdowns and restrictions became almost deadly to some, it was also a time for me to

escape the pressures of daily life and work on myself. When you look at all that has happened in such a short time, it is almost as if I and many girls like me were forced to grow; to understand that this world needs to go in an entirely different direction if we are to protect future generations.

When these realities kept hitting, the change in people was clear to see, even in the people around me. There are certain experiences that simply defy one’s ability to cope. I constantly see people in despair, in one form or another. I would often see my mother crying, either over someone else’s pain or her own pain. I learned to hold things inside; to stay strong for those around me and to hold everything together for as long as I had strength.

I’m constantly asked what I want – as a girl, as a Lebanese citizen, and as an Arab. I dream of a world without political divisions. They are what tore us apart, leaving us hungry, lost, and unhappy as a society. And yet, these crises have helped show us the importance of humanity and charity, particularly as we all came together to support those in need. My humanity and my unending love for Lebanon is what drives me. I want to give people hope. I want to continue working to help the people of Lebanon rise up from these ashes as they have done many times before.

Stories of other girls like Serena who are living in humanitarian settings throughout the region can be found [here](#).

“ I DREAM OF A WORLD WITHOUT POLITICAL DIVISIONS.



JORDAN COUNTRY OFFICE

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

8,779

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

91

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

96% FEMALE

2,273

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

80% FEMALE

601

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

553

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

73% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	1,587	100%
Normal and assisted vaginal deliveries	117	100%
Ante-natal care consultations	3,089	100%
Post-natal care consultations	481	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People provided with GBV case management	148	94%
People reached with GBV awareness messages	915	72%



16
PRIMARY HEALTHCARE FACILITIES*



19
WOMEN AND GIRLS SAFE SPACES



1
EMERGENCY OBSTETRIC CARE FACILITY



1
YOUTH CENTRE

For Salma, cash and voucher assistance meant freedom from an abusive relationship and economic independence

When 37-year-old Salma approached the UNFPA-supported health facility in Madaba, she was several months pregnant and clearly traumatised. She had come in to receive medical services and follow up on her pregnancy, but the doctor noticed some bruises on Salma's body, prompting her to provide additional information on the various gender-based violence services available to her.

"The moment she began speaking of protection, I collapsed," recalls Salma. "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."

Once referred to the GBV case manager, Salma opened up. She told them of the daily abuse she has been experiencing at the hands of her husband, who would often leave her bruised and bloody after his fits of rage. She also expressed her clear desire to leave and file for a divorce — a major taboo in her community given the fact that she also shares five children with him, in addition to the one she was carrying.

After assessing her situation, the case manager saw that the major obstacle standing in the way of Salma's freedom was economic. Like other women in her condition, many of whom are seldom given the opportunity or even the ability to work and achieve financial independence, she had concerns about her livelihood prospects should she manage to leave, and feared that she and her children would starve. This made her eligible for emergency cash assistance which, at least in her case, proved to be life-saving.

"I was given approval for six months of cash assistance, and this made all the difference," she recalls. "I was able to file for a divorce, cover the cost of my delivery, and file a legal complaint against my husband to prevent him from causing further harm to us. I took my children and bought a big tent to shelter us, as I knew the cash assistance would eventually stop and I did not want to be left homeless when that happens."

Salma does not want to settle for her mere freedom; she is determined to make the best out of the opportunities available to her and give her children a much better life than the one she's had. So she came up with a plan: she would invest the remainder of her cash assistance to start her own packaged foods business, which she regularly sells to people in her community. She also hoped to use the profits from that to further grow her business and offer a wider selection of products.

"I noticed that people in my community suffered from similar financial problems," explains Salma. "They live on next to nothing, and often struggle to afford food and basic necessities. So I wanted to offer a solution by providing quality but low-priced foods that they can trust."

And so she did, consistently sourcing new suppliers and supply chains to secure basic foods and staples at preferential prices, and the idea quickly took off. More and more people flocked to buy her products, which quickly grew into a consistent revenue stream.

"Launching this business was one of the greatest steps I have taken, and the support I received was what made it possible," explains Salma. "While my divorce gave me a strong sense of freedom, I now feel much more confident to take on future challenges, and I hope to pass the lessons I have learned to my children as well."

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.

348
PEOPLE REACHED WITH
REPRODUCTIVE HEALTH SERVICES
100% FEMALE

30
PEOPLE WITH DISABILITIES
REACHED WITH VARIOUS SERVICES
90% FEMALE

294
PEOPLE REACHED WITH
GENDER-BASED VIOLENCE SERVICES
100% FEMALE

52
ADOLESCENT GIRLS SUPPORTED
THROUGH VARIOUS PROGRAMMES

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.

REPRODUCTIVE HEALTH	TOTAL	% FEMALE
Family planning consultations	623	100%
Normal and assisted vaginal deliveries	50	100%
C-Sections	44	100%
Ante-natal care consultations	1,024	100%
Post-natal care consultations	276	100%

GENDER-BASED VIOLENCE	TOTAL	% FEMALE
People reached with dignity kits	130	100%
People provided with GBV case management	14	100%
People reached with GBV awareness messages	2,738	77%
People trained on GBV-related topics	2	100%



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

FATIMA'S JOURNEY

FOR FATIMA, LEAVING HER HOMETOWN AFTER THE VIOLENCE ERUPTED IN SYRIA FELT LIKE A BITTER END TO HER OLD LIFE. DETERMINED TO BEGIN ANEW, SHE DISCOVERED HER OWN RESILIENCE.

When Fatima fled her hometown of Qamishli in search of a better life, she was working as a nurse, and life was generally good. Alas, like many others in the Syrian city, she lost her job shortly after the crisis started, turning her life upside down. Now, at 35 years old, Fatima lives in Domiz Camp, located in Duhok, Kurdistan Region of Iraq.

"In Qamishli, I lived a normal life with my family," recalls Fatima. "I was a full-time nurse and had plenty of hobbies that gave my life purpose, such as photography and part-time journalism. I had many dreams."

Right before the violence broke out in Syria, Fatima's mother passed away and her only sister had gotten married and moved to Kurdistan, leaving Fatima to live with her brother and his wife. Having lost her job, she was forced to spend more time at home, and unfortunately did not get along well with her sister-in-law. The constant tension that ensued made her feel unwelcome and that she had to leave.

"In Qamishli, I lived a normal life with my family"

"But where to go," asks Fatima. "The country was war-torn and the road away from the violence was dangerous, especially for a young woman by herself. My brother's family did not want to leave Syria, so I was left with two choices: to stay in what was becoming an unbearable situation, or to take the risk to cross the border in the hope of finding my sister."

Fatima felt a glimmer of hope when she learned that her neighbour was planning to move to Kurdistan, which fuelled her desire to make the attempt herself. As she puts it, "my brother refused to leave the country, his wife refused to live with me, and I refused to live with fear of bombardment every day."

"The amount of fear, anxiety and panic I faced on the road was unbelievable."

Fortunately, she managed to convince her brother, and they agreed to make the journey together. "The amount of fear, anxiety and panic I faced on the road was unbelievable," she explains with a deep sigh. "Once I arrived at the Camp and hugged my sister, I thought it was over. But the war, the road to safety, the camp itself, and the living situation were all so traumatising."

Fatima settled down with her sister, her husband, and their children, as well as her sister-in-law. "I felt lonely in a house full of so many people. I wasn't very much used to the idea of living with a lot of people. I couldn't adapt, I couldn't leave, I didn't have a job, and going back to Qamishli was not an option. One day, I was lucky enough to meet two community mobilisers from the UNFPA-supported Safe Space in our camp. From that day onward, things got better!"

At the Safe Space, Fatima received much-needed counselling sessions that helped her

come to terms with some of the experiences she had been having, and to process the significant trauma caused by her journey and living situation. The sessions were immensely helpful, she explains, and allowed her to find the strength to adapt.

"As positive as the initial experience was, I decided to do more at the [Safe Space]."

"As positive as the initial experience was, I decided to do more at the space." And so she registered for sewing courses and other recreational activities, which not only gave her a necessary break from her living situation but also allowed her to widen her social circle, making several new friends in the process.

More importantly, others quickly noticed her dedication and ability to acquire new skills quickly, which eventually allowed her to become a trainer at the very Safe Space where she felt alive again. She now gives sewing sessions to other women and girls who may be experiencing similar hardships, finding fulfilment in the work she does to help them to make sense of the new lives into which they have been catapulted.

BUT WHERE TO GO? THE COUNTRY WAS WAR-TORN AND THE ROAD AWAY FROM THE VIOLENCE WAS DANGEROUS, ESPECIALLY FOR A YOUNG WOMAN BY HERSELF.

— FATIMA, a Syrian refugee living in the Kurdistan Region of Iraq



EGYPT COUNTRY OFFICE

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

42

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

47

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

262

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

98% FEMALE

2

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

1

WOMAN WITH DISABILITIES REACHED WITH SPECIALISED SERVICES



2
WOMEN AND GIRLS SAFE SPACES

GENDER-BASED VIOLENCE	TOTAL	% FEMALE
People provided with GBV case management	92	96%
People reached with GBV awareness messages	39	100%



FOR YEARS, I WAS AFRAID OF MY HUSBAND. I WAS AFRAID OF HIM EVEN WHEN HE WAS JUST STANDING NEAR ME, AND I DIDN'T KNOW WHY I WAS AFRAID. THE SESSIONS I'VE ATTENDED HAVE ALLOWED ME TO UNDERSTAND THAT SOME OF HIS BEHAVIOURS TOWARDS ME ARE SIMPLY UNACCEPTABLE.

— ALMIRA, a woman from Kobani, Syria

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

As of early 2022, more than 135,000 Syrian refugees are currently living in Egypt, according to the United Nations High Commissioner for Refugees (UNHCR). Despite the absence of a land border with Syria, Egypt continues to be a key destination for Syrians escaping violence, most of whom find favourable treatment by both communities and state institutions alike. The Government of Egypt continues to allow refugees and asylum-seekers registered with UNHCR to regularise their residency and grants six-month renewable residence permits.

Despite the welcoming environment, refugees in Egypt face many of the challenges experienced by others throughout the region, particularly in the case of women and girls, who tell UNFPA that they continue to experience various forms of gender-based violence, including child and forced marriage, intimate partner violence, sexual exploitation and abuse, among others.

Syrian refugees in Egypt mostly reside in urban areas alongside Egyptian communities across the country, and are mainly concentrated in Greater Cairo, Alexandria, and Damietta. They continue to have access to public education and health services on equal footing to Egyptians. This poses challenges of its own given the current state of the Egyptian economy, which has already grappled with various difficulties in recent years. Economic fluctuations in

Egypt significantly also affect all aspects of the lives of refugees and asylum-seekers, and downturns such as the one experienced during the COVID-19 pandemic render many families unable to meet their basic needs.

UNFPA continues to respond to the needs of women and girls throughout Egypt. In January 2022, interventions focused on providing GBV case management to survivors, who reported cases of child marriage, sexual harassment, domestic violence, intimate partner violence, and violence on the basis of sexual orientation.

Moreover, in line with the IASC Guidelines on MHPSS in Emergency Settings, activities were carried out during January to protect and promote psychosocial well-being and prevent or treat mental

disorders through various approaches, including group therapy, art therapy, Zumba sessions, mental health awareness sessions, and other engaging workshops. UNFPA also continues to provide awareness sessions on sexual and reproductive health, with a focus on female genital mutilation (FGM), menstrual health and hygiene, and other key issues.



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.

To ensure effective coordination when emergencies occur, the Inter-Agency Standing Committee (IASC) has introduced the Cluster Approach. Clusters are groups of humanitarian organisations, both UN and non-UN, in each of the main sectors of humanitarian action such as water, health, and logistics. In contexts where the IASC Cluster Approach has been activated, UNFPA is mandated to co-lead the GBV Area of Responsibility (GBV AoR), a part of the Global Protection Cluster, which is led by UNHCR.

As lead, UNFPA is accountable for working closely with national authorities, partners, and communities to ensure that minimum standards are in place to prevent and respond to gender-based violence in emergencies. In non-clustered and refugee contexts, UNFPA is co-leading with UNHCR.

Through its Damascus-based operation, UNFPA is the main lead, while in its Turkey Cross-Border operation UNFPA co-leads with Global Communities. In the refugee response in Turkey and Iraq, UNFPA co-leads with the Government of Turkey and International Medical Corps (IMC), respectively. In Jordan and Lebanon, UNFPA co-leads the refugee GBV response with UNHCR.

In January, the Whole of Syria GBV AoR presented the strategic priorities and main achievements of the GBV sub-sector during a GBV-specific meeting requested by the Syria Donors Group to the Humanitarian Leadership. Moreover, in the framework of the Humanitarian Programme Cycle, the Whole of Syria GBV AoR finalized the Arabic draft of the *Voices from Syria 2022* report (the English version had been finalised previously). As in previous years, the document still reads “draft” as this report is usually officially published together with the HNO. EasyRead versions are also being finalized.

The Whole of Syria GBV AoR was also engaged in the review of the draft HNO and in finalizing the needed preparation for the HRP submissions by GBV actors across the three hubs. The [GBV dashboard](#) has also been updated based on 4Ws data covering the period between January and December 2021. The AoR also finalised a guidance note on GBV prevention and response across the Whole of Syria, with an Arabic version currently in development.

Meanwhile, efforts towards the replication of the GBV M&E Toolkit developed by the Turkey Cross-Border GBV Sub Cluster has continued in both Jordan and Iraq, with key documents being translated into Arabic and Kurdish. Next steps will involve the rollout to coordination groups in the two countries.

Lastly, the North-eastern GBV Sub-working Group welcomed its new GBV coordinator hosted by RI, whose assignment began in January.

In Syria, UNFPA participated in a meeting with other UN agencies in Deir-ez-Zor to discuss the Area-Based Returnee Support approach and agree on the way forward. Efforts are now focused on identifying two pilot locations where this approach can be applied, with support from all UN agencies. Meanwhile, several coordination meetings took place with UNDP and UNICEF to kick start youth support activities and to exchange available information and knowledge.

In Turkey, the National Protection Working Group is working on implementing the [GBV IMS](#) in Turkey in 2022. The 3RP protection sector indicators related to GBV were aligned to the GBV typology and reporting requirements as foreseen by the GBV IMS. The National Protection working group conducted a capacity building training for all the partners from the protection sectors to inform

about the updates to the protection sector M&E framework and the 2022 reporting requirements.

During January, UNFPA Turkey — as the co-chair of the PSEA Network — shared with network members the 2022 final work plan and discussed the proposed activities. The priorities for 2022 include conducting workshops to disseminate the standard operating procedures on inter-agency complaint referral pathways, engaging with inter-agency working groups for collaboration on measures related to PSEA, providing PSEA capacity building opportunities and awareness-raising, among others.

Meanwhile, the members of the Izmir GBV and Child Protection sub-working groups held their first meeting in 2022 to address the issue of “peer bullying” in Turkey, and agreed on the final work plan in that regard. The plan prioritises training on communication with the refugee community, capacity building on the dissemination of the new child labour toolkit, mapping of peer bullying, sharing good practices, among others. UNFPA also contributed to the Health Sector Working Group meeting that discussed the challenges faced by the refugee and migrant population when accessing health services. The main topics discussed included updates on the growing unmet health needs of refugees and the challenges impeding COVID-19 vaccination among refugees.

In Lebanon, free consultations were provided that were previously frequently requested by the patients, especially amid the current economic crisis affecting most of the residents of Lebanon. These efforts included transportation services to help people served access the services on site. IEC materials related to SRH were distributed, providing awareness on intra-uterine devices (IUDs), pap-smear, and mammography.

Meanwhile, within Lebanon's efforts to deliver cash and voucher assistance to people in need, discussions in January focused on identifying those most vulnerable and defining clearer criteria and guidelines for eligibility. Programmes are set to launch as soon as annual work plans are finalised.

In Jordan, the technical team launched the Primero GBV IMS e-learning course and case managers were enrolled from different organisations. The purpose of the GBV IMS eLearning course is to meet the increasing demand for capacity building among users in new and existing roll-out locations, thereby offsetting issues like staff turnover by expanding opportunities for learning.

In Iraq, in an effort to achieve quality service provision, regular sub-cluster and Working Group meetings have been conducted. The discussions have effectively served to prevent duplication in services being provided as well as effective referral pathways amongst service providers

In Egypt, UNFPA and UNHCR are co-leading the monthly GBV sub-working group in order to coordinate with relevant GBV partners, share operational updates and information, and discuss major challenges that partners face. UNFPA and UNHCR are also planning an integration effort between GBV and SRH and is seeking to have quarterly meetings in 2022.



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: Ministry of Health (MoH), Ministry of Higher Education (MOHE), Syrian Arab Red Crescent (SARC), Syrian Family Planning Association (SFPA), Agha Khan Foundation, Masyaf Charitable Association, Al Bir and Social Welfare Hama, Al Bir Charitable and Sociable Qamishly, Pan Armenian Charity Association, Al-Ihsan Charity Association, Al Bir and Al-Ihsan Charitable Association in Ras Alain, Albatoul Charity for Humanitarian Services, Islamic Charity Association - Aoun for Relief and Developments (AOUN), Monastery of St. James the Mutilated (MSJM), Nour Foundation for Relief and Development, Syrian Commission for Family Affairs and Population, SCS, SEBC, OCHA / SHF, UNICEF, WFP, UNHCR, ILO, UNDP, UNHCR.

In Lebanon: Ministry of Public Health, Ministry of Social Affairs, Amel Association, Al Mithaq, Akkarouna, 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: Syria Relief and Development (SRD), Syrian American Medical Society (SAMS), Shafak, Relief International (RI), Ihsan for Relief and Development (IhsanRD), and their sub-implementing partners Masrart (Ihsan), Women's Support Association (Ihsan), and Hope Revival Organisation (Ihsan).

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

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RELEVANT RESOURCES

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

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