

UNITED NATIONS POPULATION FUND

REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

ISSUE# 119

JULY 2022



THE SAFE SPACE EMPOWERED ME TO MOVE PAST THE VIOLENCE I EXPERIENCED AND TO HELP PREVENT IT FROM HAPPENING TO OTHER WOMEN AND GIRLS.

– DOHA, a Syrian refugee living in Türkiye

SNAPSHOT

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

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

In addition to providing aggregated quantitative results for each country involved in UNFPA's regional Syria response, this report also brings stories from the field that highlight the plight of communities inside Syria and in host countries, underscoring the positive impact of the response delivered by UNFPA in the areas of sexual and reproductive health, gender-based violence, youth engagement, and others. The report also covers UNFPA's efforts to ensure continuity of operations throughout the Syria crisis region during the COVID-19 pandemic.



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

– YUSRA, a Syrian woman from Qamishli

IN THIS REPORT

SITUATION OVERVIEW	3
RESPONSE FROM ALL OPERATIONS	4
WHOLE OF SYRIA	6
SYRIA COUNTRY OFFICE	7
TÜRKIYE CROSS-BORDER	9
TÜRKIYE	11
LEBANON	13
JORDAN	15
IRAQ	16
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.

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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.

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

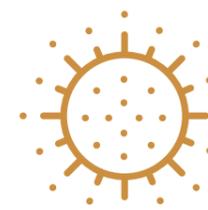
UNFPA and humanitarian actors will continue to advocate for the rights and well-being of women and girls.

Between January and July 2022, as part of its regional response to the crisis, UNFPA delivered SRH services to more than 793,000 people, while around 390,000 were reached with services designed to prevent and respond to gender-based violence, including more than 134,000 adolescent girls. Around 104,000 women were provided with cash assistance, and more than 9,000 LGBTQI+ individuals were served.

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



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



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

	SYRIA	TÜRKIYE	LEBANON
	56,520	15,889,495	1,122,146
	JORDAN	IRAQ	EGYPT
	1,715,296	2,445,888	515,198



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, TÜRKIYE, LEBANON, JORDAN, IRAQ, AND EGYPT.

879,752

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

92% FEMALE

14,911

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

78% FEMALE

440,559

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

92% FEMALE

149,777

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

34,502

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

71% FEMALE

6,008

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

109,923

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

10,023

PEOPLE TRAINED ON VARIOUS TOPICS

82% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	584,273	99%
Normal and assisted vaginal deliveries	16,191	100%
C-Sections	8,071	100%
Ante-natal care consultations	329,202	100%
Post-natal care consultations	68,672	100%
People trained on SRH-related topics	3,755	86%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	54,622	97%
People provided with GBV case management	20,094	94%
People reached with GBV awareness messages	329,483	91%
People trained on GBV-related topics	4,634	79%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	1,634	79%



131

PRIMARY HEALTHCARE FACILITIES*



107

WOMEN AND GIRLS SAFE SPACES



28

EMERGENCY OBSTETRIC CARE FACILITIES



19

YOUTH CENTRES



104

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 Türkiye, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in Syria itself, with far-reaching ramifications for its future resilience.

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

Despite testing their limits, however, the crisis has also revealed the remarkable resilience of women and girls, many of whom defy enormous odds to become artists, activists, innovators, and other influential voices in their communities.

#ThisIsNotNormal

Rejecting the normalisation of violence against women and girls

[Watch](#) the launch video by UNFPA Executive Director, Natalia Kanem.

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

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

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

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

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

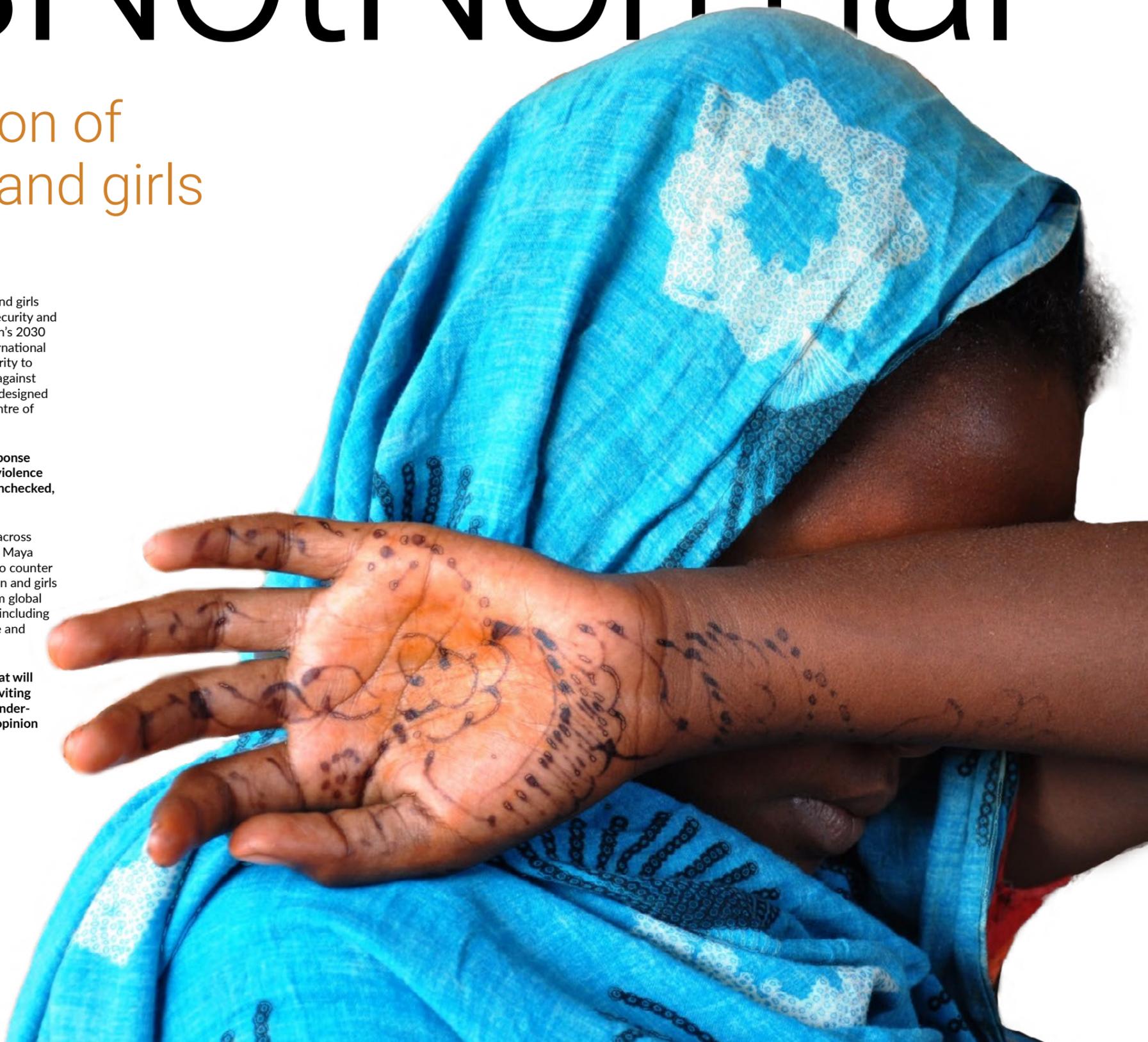
The #ThisIsNotNormal campaign comes in response to increasing reports by women and girls that violence against them is becoming so widespread and unchecked, that it is normalized in some communities.

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

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

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

— SERENA, a young woman from Lebanon



ACROSS THE WHOLE OF SYRIA

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

569,222

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

90% FEMALE

6,507

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

93% FEMALE

335,468

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

94% FEMALE

127,158

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

15,274

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

62% FEMALE

3,268

PEOPLE TRAINED ON VARIOUS TOPICS

82% FEMALE

108,684

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	219,105	99%
Normal and assisted vaginal deliveries	15,095	100%
C-Sections	7,997	100%
Ante-natal care consultations	287,360	100%
Post-natal care consultations	53,179	100%
People trained on SRH-related topics	1,269	89%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	16,448	99%
People provided with GBV case management	15,976	97%
People reached with GBV awareness messages	265,460	94%
People trained on GBV-related topics	1,917	78%

YOUTH SERVICES

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



100

PRIMARY HEALTHCARE FACILITIES*



52

WOMEN AND GIRLS SAFE SPACES



26

EMERGENCY OBSTETRIC CARE FACILITIES



13

YOUTH CENTRES



101

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 Türkiye. Successive UNSCRs extended and adapted this, eventually reducing to cross-border assistance from Türkiye exclusively. In July 2022, the resolution was extended until 10 January 2023. The continuation of this large, UN-led humanitarian operation is vital to reaching those most in need. In addition to the Whole of Syria approach under the Humanitarian Response Plan (HRP), there has been a succession of comprehensive Regional Refugee and Resilience Plans (3RPs) since 2014, which aim to coordinate and align responses to Syrian refugees and affected host communities across Türkiye, Lebanon, Jordan, Iraq, and Türkiye.



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

– RULA, a Syrian woman from Damascus

SYRIA COUNTRY OFFICE

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

497,288

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

3,757

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

94% FEMALE

273,367

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

98% FEMALE

104,305

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

15,274

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

62% FEMALE

1,732

PEOPLE TRAINED ON VARIOUS TOPICS

82% FEMALE

105,263

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	211,068	99%
Normal and assisted vaginal deliveries	5,816	100%
C-Sections	5,127	100%
Ante-natal care consultations	247,594	100%
Post-natal care consultations	34,512	100%
People trained on SRH-related topics	1,095	89%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	16,448	99%
People provided with GBV case management	14,686	97%
People reached with GBV awareness messages	220,085	98%
People trained on GBV-related topics	555	71%

YOUTH SERVICES

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



93

PRIMARY HEALTHCARE FACILITIES*



36

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



13

YOUTH CENTRES



99

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.

“ WE HAVE TO SHOW COMMITMENT TO EDUCATION AND MAKE EVERY EFFORT TO KEEP LEARNING BECAUSE IT IS THE ONLY WAY TO MAKE OUR DREAMS COME TRUE.

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

IN SYRIA, UNFPA CONTINUES TO PROVIDE SUPPORT TO THOSE MOST MARGINALISED, WITH A FOCUS ON WOMEN AND GIRLS.

HALFWAY THROUGH 2022, THE SITUATION IN SYRIA REMAINS VOLATILE. WOMEN AND GIRLS ARE PAYING THE STEEPEST PRICE.

"At this point in the crisis, so many years later, no woman and girl feels safe," says Maya, a young woman from Aleppo, Syria. "Harassment, kidnappings, forced marriages and many worse forms of violence have become so common."

Like many other Syrians — particularly women and girls — living throughout the Arab region and beyond, Maya feels left alone as she faces her fate. 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 increasingly been drowned out.

In 2022, around 14.6 million people are estimated to be in need throughout Syria, including 3.7 million women and girls of reproductive age. Meanwhile 7.1 million refugees, asylum seekers, or stateless people require humanitarian assistance region-wide, including an estimated half a million pregnant women and adolescent girls who urgently need access to health care.

The ongoing conflict has caused tremendous stress, anxiety, and suffering, which has spilled over into private life. Women and girls tell UNFPA that gender-based violence has become so widespread and unchecked that many feel it has become normalised.

UNFPA and its partners remain committed to providing life-saving services to women and girls in Syria and in camps and host communities throughout the region. Providing Syrian communities with the services and support they need in 2022 requires a concerted and committed effort by the international community. UNFPA will continue to amplify the voices of women and girls affected by this crisis, and coordinate with partners as we strive to leave no one behind.

'The services I received have been vital for my health and wellbeing'

In Syria, UNFPA continues working with local communities and women-led organisations to mitigate the devastating impact the crisis has had on women and girls, who continue to face unprecedented rates of gender-based violence and lack of access to quality SRH services.

"My husband will be angry when I tell him that I'm expecting another girl," said Marwa, a 23 year-old Syrian woman who recently accessed services at a UNFPA-supported facility in rural Tartous. "He does not want a third child and the only thing that would make him accept this baby is if it were a boy. I'm anxious about how he will react."

Marwa had been wed at the young age of 15 — a practice that has become all too common in communities throughout Syria since the onset of the crisis, particularly in light of the dire economic conditions that are forcing families to adopt negative coping mechanisms. Her husband is a day labourer whose income depends on the availability of construction work in the area, which often leaves them struggling to make ends meet.

'Marwa had been wed at the young age of 15 — a practice that has become all too common in communities throughout Syria'

"I have two children; a five year-old boy and a two year-old girl," explained Marwa. "After my first child, I returned to the clinic for an intrauterine device (IUD) to give my body some space between pregnancies, and two years later I returned to have the IUD removed."

When she spoke to UNFPA in July, Marwa was five months pregnant with her third child and was visiting the clinic for a routine antenatal care visit. The clinic hosts the only free laboratory in the area, and Marwa was awaiting her test results. She spoke softly, explaining the importance of the clinic to her personally given the difficulties her family has faced over the past few years as the cost of living skyrocketed.

Both of Marwa's children were born at the Tartous National Hospital via a Caesarean section (C-section). She was under the impression that this third pregnancy would also culminate in a C-section — an impression based on a common myth in her village that once a woman undergoes a C-section, all her subsequent pregnancies will follow suit. The C-section rate in Tartous is estimated at 50 percent; significantly higher than the 10 to 15 percent rate recommended by the World Health Organization (WHO). This is due to numerous factors, including questionable decisions by some doctors motivated by profit, the convenience of scheduling labour in an unstable environment, as well as shifting social norms that increasingly encourage C-sections for aesthetic purposes.

There is no evidence that C-sections carry any additional benefits to women or infants when not medically required. UNFPA encourages safe deliveries based on current medical guidance, which includes avoiding unnecessary C-sections as they can lead to complications that adversely impact future pregnancies.

After her second child, Marwa did not have another IUD inserted and instead relied on the calendar method, which relies on tracking a woman's cycle to predict when she ovulates, and which is known to be less effective than other modern methods of contraception. After giving birth, she plans to get another IUD to avoid unplanned pregnancies in the future.

'The C-section rate in Tartous is estimated at 50 percent; significantly higher than the 10 to 15 percent rate recommended by the World Health Organization.'

"The services I received have been vital for my health and wellbeing; without them, I would not be able to maintain routine prenatal care or receive post-natal care because of the high costs of transportation", added Marwa.

UNFPA's goal is to contribute to the reduction of maternal and newborn morbidity and mortality, in addition to providing quality services to prevent and respond to gender-based violence. This is best achieved through the availability, access to, and utilisation of integrated SRH and gender-based violence services and information, even in rural and hard-to-reach areas. Integrated SRH services include antenatal, postnatal, and neonatal care; referral to maternal and emergency services; and psychosocial support (PSS). UNFPA partners also refer to advanced case management services through static facilities and the outreach services of integrated mobile teams.



TÜRKIYE CROSS-BORDER

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

73,213

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

96% FEMALE

2,851

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

91% FEMALE

63,844

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

77% FEMALE

15,462

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

3,421

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

78% FEMALE

1,547

PEOPLE TRAINED ON VARIOUS TOPICS

80% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	8,688	100%
Normal and assisted vaginal deliveries	9,347	100%
C-Sections	2,870	100%
Ante-natal care consultations	40,820	100%
Post-natal care consultations	18,811	100%
People trained on SRH-related topics	174	86%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People provided with GBV case management	1,272	97%
People reached with GBV awareness messages	47,558	70%
People trained on GBV-related topics	1,373	80%



7

PRIMARY HEALTHCARE FACILITIES*



16

WOMEN AND GIRLS SAFE SPACES



7

EMERGENCY OBSTETRIC CARE FACILITIES



2

MOBILE CLINIC

“ MY LIFE CHANGED WHEN MY VILLAGE WAS BOMBED ... THAT DAY, I LOST EVERYTHING – MY HOME, MY WORK, AND HOPE FOR THE FUTURE.

– FATIMA, a woman from north-western Syria

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

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

On 12 July 2022, the UN Security Council reauthorized cross-border humanitarian access from Türkiye to Syria until 10 January 2023. This allows UNFPA to continue providing essential services to women and girls living in north-west Syria, which remains one of the only available lifelines to people in need of hostilities and mass displacements continue.

As the sole provider of SRH services and supplies to the region, UNFPA had joined the call for renewal launched by OCHA Assistant Secretary-General Joyce Msuya during her mission to Türkiye in July. At the Bab-Al-Hawa crossing-point, Msuya acknowledged the ongoing efforts made by UNFPA to transport and distribute SRH medicines and supplies, which are critical to preserving the well-being and dignity of women and girls in displacement settings and to enhancing the safe and effective access to lifesaving services.

The humanitarian situation in north-west Syria remains dire for millions of women and girls. In July, around 8,000 new internal displacements of people were reported by the Humanitarian Needs Assessment Programme (HNAP). Out of the area's 4.5 million population, 2.8 million are internally displaced and 1.7 million live in camps and informal settlements. The security situation remained extremely volatile, with frequent artillery bombardments reported by the Office of the United Nations High Commissioner for Human Rights (OHCHR). Meanwhile, despite the overall COVID-19 situation in the area continuing to improve, vaccination rates remain low, with only 6 percent of the population fully vaccinated and 11 percent having received the first dose of the vaccine.

Continuous investment in building the technical and operational capacity of women-led organisations has proven to be a key entry point for promoting early recovery and sustainability. In July, UNFPA conducted tailored training to enhance the technical and operational capacity of 11 women-led organisations. This ongoing effort is contributing to promoting change from the ground up, framing responses on the actual and evolving needs of women and girls living in the area. These interventions have also contributed to strengthening outreach to marginalised and vulnerable individuals at the community level, in addition to reducing dependency on the status of cross-border access.

UNFPA continues to raise awareness about its integrated SRH-GBV services through targeted outreach efforts. In July, 8,994 right-holders, including men and boys, were reached with targeted messages. These have contributed to increasing overall awareness on and access to SRH services provided at UNFPA-supported facilities, including newly launched services like breast and cervical cancer prevention, nutrition, and HIV testing.

In the words of Huda, a woman from north-western Syria, who is among the millions currently displaced

'After my divorce, my life was turned upside down. Seven years ago, I not only left my husband but also the house where I raised my three children.

'While my marriage brought me psychological abuse, exploitation, and denial of resources, my divorce carried its own costs'

I was forced to move into a tent with my brother, who lived in a camp in rural Latakia. While my marriage brought me psychological abuse, exploitation, and denial of resources, my divorce carried its own costs that made my situation even worse. I did not know how to support my children and our futures looked bleak.

'Some time later, I went for a check-up at a maternity hospital near the camp. There, I was welcomed by a social worker who explained to me the available services and encouraged me to join a Safe Space located in the area.

She registered me in several activities, such as information sessions, vocational training, and psychological support. I was also offered the possibility of receiving a micro-grant to start a small business and a business course to guide me on the process.

'Thanks to the grant received, I opened a small food shop in my neighbourhood, which helped me make enough to cover the family's basic needs. I'm still a regular participant at the Safe Space and constantly encourage my friends to do the same.

'After my divorce, I was left with no money nor hope of survival, but good things always happen to those who are patient and who seek the help they need. Today, I feel stronger and much more independent.'

'Thanks to the grant received, I opened a small food shop in my neighbourhood, which helped me make enough to cover the family's basic needs.'



TÜRKIYE COUNTRY OFFICE

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

62,008

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

79% FEMALE

6,160

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

56% FEMALE

38,683

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

78% FEMALE

8,137

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

13,262

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

84% FEMALE

3,993

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

590

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

50% FEMALE

3,637

PEOPLE TRAINED ON VARIOUS TOPICS

72% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	21,024	90%
Ante-natal care consultations	11,380	100%
Post-natal care consultations	7,482	100%
People trained on SRH-related topics	848	65%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	17,165	92%
People provided with GBV case management	1,597	62%
People reached with GBV awareness messages	26,645	82%
People trained on GBV-related topics	1,444	65%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	1,345	84%



4

WOMEN AND GIRLS SAFE SPACES*



4

YOUTH CENTRES



14

OTHER SERVICE DELIVERY POINTS

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

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

– RIMA, a Syrian woman from Raqqa, who accessed services at a UNFPA-supported Safe Space in Türkiye

IN TÜRKIYE, UNFPA CONTINUES TO CHAMPION THE RIGHTS AND WELL-BEING OF MARGINALISED COMMUNITIES.

AS TÜRKIYE 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.

In Türkiye, almost 99 percent of refugees live in urban or suburban areas. The current economic context in Türkiye, marked by rapidly increasing inflation and ever-decreasing purchasing power, has significantly exacerbated the vulnerabilities of refugees, including their access to shelter as rent costs sky-rocket. Many refugees are compelled to resort to negative coping mechanisms, such as reducing food intake to prioritise rent in an attempt to avoid homelessness. Refugees are also driven to accumulate debts in ever-growing amounts, which further entraps them in the vicious cycle of poverty.

Meanwhile, vulnerable refugees, such as young people and women and girls at risk, are more exposed to protection risks that include exploitation by landlords, loaners, and employees. Exorbitant rent prices and the likelihood of illegal evacuation are further contributing to heightened stress levels among refugees, negatively affecting their psychosocial well-being. Recent policy developments that limit refugee registrations and impose neighbourhood closures further exacerbate housing challenges, forcing many refugees to move, often to areas with more expensive housing. This is placing refugees forced to move at greater risk as they drift further apart and away from social networks and safety nets.

This situation also increases the risk of living in substandard conditions with regards to issues such as overcrowding, living in houses without proper protection from weather conditions etc. Also, the additional demand for rental homes triggers additional rent increases, exacerbating the potential for social tensions.

As highlighted by different reports from coordination groups, there are a limited number of support mechanisms for vulnerable individuals in case of financial restraint. Multi-purpose cash-based interventions (CBIs) play a significant role in meeting refugee needs in Türkiye, but these alone cannot cover housing costs considering the mounting costs of living, including those of basic items such as food, transport, and healthcare.

Through its Key Refugee and Refugees with Disability service units, UNFPA is providing individual protection assistance to key refugee groups under two modalities: individual protection assistance (IPA) and assistance within case management (ACM). IPA provides individuals with one-off support in order to mitigate a protection risk, such as covering notary fees for a letter of attorney, translation fees when an institution requires an official document translation, and travel expenses for beneficiaries undergoing gender adaptation who need to travel to another province. Meanwhile, ACM is a specialised modality that mitigates protection risks for beneficiaries with complex or multiple protection risks, such as survivors (or those at risk) of gender-based violence survivors requiring emergency accommodation or travel expenses, or people living with HIV who require assistance covering the costs of their treatment. As of July 2022, rent support is being provided as well.

UNFPA also continues to provide SRH and protection services, including prevention of and response to gender-based violence, social cohesion activities, and socio-economic empowerment. Social cohesion activities work to bring together women and young people from refugee and host communities for tea talks, outdoor and sport activities, visits to historical sites and cultural events, group culinary activities, among others. Meanwhile, life skills education and socioeconomic empowerment activities often see refugees attending language courses (including Arabic, Turkish, and English), literacy courses, and speaking clubs that offer a safe environment where refugees are empowered to express themselves freely. UNFPA also continues to host regular capacity building initiatives to help partner staff maintain and improve the quality of their services.

Building lifelines where none are found

When 23 year-old Amira reported experiencing difficulty accessing health services, she was referred to a UNFPA-supported health facility for further assistance. Her identity card had passed its expiration date, and the pregnant mother-of-two had little recourse but to seek help.

The facility dispatched health mediators to visit her in her home, where a preliminary examination showed that she had elevated blood pressure and potential complications from her pregnancy. As she was being referred to a hospital for further examination, the team wasted no time to get her paperwork in order, which helped restore her healthcare privileges. This turned out to be a life-saving measure, as it was revealed that both her and her baby's life were in danger, and she was immediately referred to an emergency C-section.

"You helped me a lot," said Amira following the procedure. "You came to my home, showed me care, and immediately called for further assistance when you saw the situation was bad."

'You came to my home, showed me care, and immediately called for further assistance'

While the procedure saved Amira's life, her baby was not so fortunate, having passed away after spending 20 days in an incubator. It was also revealed that this was the most recent in a series of miscarriages that had left Amira physically and psychologically exhausted. She was referred to receive psychological support as well as awareness sessions on family planning, where she was given vital information on the methods most suited to her needs and circumstances.

While the procedure saved Amira's life, her baby was not so fortunate, having passed away after spending 20 days in an incubator.

"The nurse from the centre told me that my body is exhausted right now and that I need to take a break for at least two to three years before attempting another pregnancy," explained Amira. "I didn't know anything about family planning or that such a concept even existed. Now that I know, I will not forget the advice."



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.

45,330

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

7,451

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

23,975

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

90% FEMALE

2,013

LGBTQI+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

543

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

1,900

PEOPLE TRAINED ON VARIOUS TOPICS

98% FEMALE

1,214

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	6,038	100%
Ante-natal care consultations	302	100%
Post-natal care consultations	3,052	100%
People trained on SRH-related topics	662	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	19,181	100%
People provided with GBV case management	281	98%
People reached with GBV awareness messages	6,113	78%
People trained on GBV-related topics	1,216	96%

YOUTH SERVICES

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



6

PRIMARY HEALTHCARE FACILITIES



13

WOMEN AND GIRLS SAFE SPACES



2

MOBILE CLINICS



MANY COMMUNITIES DO NOT REALISE THAT WAY THEY TREAT US WOMEN IS UNFAIR AND HARMFUL. THIS IS WHY I AM COMMITTED TO THESE AWARENESS SESSIONS. THEY ARE HELPING WOMEN UNDERSTAND THEIR RIGHTS.

– NARJIS, a Syrian refugee living in Lebanon

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

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

The situation in Lebanon continues to worsen, with 2.5 million people currently in need of humanitarian assistance. These include an estimated 1.5 million Syrian refugees, in addition to vulnerable Lebanese, migrants, and Palestinian refugees. The Lebanese currency has reportedly lost around 95 percent of its value since 2019 and, as of July, the minimum monthly wage was worth the equivalent of \$23 based on the black market exchange rate, meaning that nearly half of the population now lives below the poverty line.

The economic crisis is also translating to significant protection risks, particularly for women and girls from vulnerable population segments. Protests and demonstrations continue to take place throughout the country as communities grapple with worsening conditions, with several organised by government and armed forces personnel. Meanwhile, shortages in food, fuel, and other vital resources continue to incite social tensions between Lebanese and Syrian refugees, particularly in northern governorates.

President Michel Aoun had signed a decree granting temporary social assistance to all public sector employees, regardless of their job titles, and to retirees who benefit from a retirement pension. Some 584,266 households have registered for the "DAEM" programme, with more than two million individuals seeking to benefit from the cash assistance, according to the government's IMPACT Open Data website. As of July 25, a total of 61,555 households are receiving DAEM payments to date, while others are still pending review by social workers to ensure they meet the criteria. Most of those registered work in the public sector and belong to the 35-64 age group, according to the website's data.

Moreover, human rights activists in Lebanon denounced the reported crackdowns on peaceful gatherings and events organised by the LGBTIQ+ community in the country as well as the worsening hate speech levelled against its members. This came following a letter by Caretaker Interior Minister Bassam Mawlawi calling on security forces to prevent gatherings that "promote homosexuality."

As of late July, Lebanon was in Level 4 of community transmission (very high risk) of COVID-19, with more than 3.8 million confirmed cases since the pandemic began.

UNFPA continues to deliver SRH services through implementing partners throughout Lebanon in Bekaa, Beirut, Mount Lebanon, and northern Lebanon. This includes frequent and comprehensive capacity building initiatives, such as the training programme conducted

in July in partnership with the Lebanese Society for Obstetrics and Gynecology, which targeted general practitioners, obstetricians, gynaecologists, midwives and nurses. The programme focused on nutrition and advice for pregnant and lactating women in light of the deteriorating economic conditions leading to food insecurity.

Moreover, the network of midwives established in partnership with the Lebanese Order of Midwives (LOM) continues its interventions to promote COVID-19 vaccination and standard infection prevention and control (IPC) measures through awareness sessions, midwifery care (including home visits), and referrals.

UNFPA and its partners also continue to provide services to prevent and respond to gender-based violence, with programmes specifically designed for and targeting vulnerable Lebanese and Syrian communities. These include specialised services such as case management, referrals, and focused psychosocial support activities, in addition to empowerment, prevention, and risk mitigation activities, including vocational training and life skills for women, girls, and survivors of gender-based violence. In addition, awareness-raising sessions and social norms initiatives continue to be implemented to sensitise women, girls, boys, and men to issues related to gender-based violence. UNFPA also continues to partner with a local NGO to provide a range of services to new members of the LGBTIQ+ community, while a new mobile Safe Space was established in northern Lebanon to service persons with disabilities.

Meanwhile, UNFPA continues to leverage CVA interventions to further support women and girls grappling with the skyrocketing costs of living, with emergency recurrent cash assistance and cash-for-transport provided to survivors and women and girls at risk of gender-based violence. The decreased assistance value due to the depreciation of the Lebanese Lira remains one of the primary challenges impeding CVA as the assistance is still delivered in Lebanese Pounds.

'I found myself walking the streets looking for jobs'

Like many women in Lebanon, 47 year-old Souad is bearing the brunt of the economic crisis plaguing the country, which has seen families struggling to afford even the most basic staples.

Souad lives with her husband and four children in Rayak. Her husband, who drives a taxi, has been unable to work of late given the unprecedented prices of fuel. She had come to a UNFPA-supported facility seeking economic assistance.

'My relationship with my husband began to break'

"Because of the devastating economic situation in Lebanon, my relationship with my husband began to break," explains Souad. "We got into clashes almost every day over how to put food on the table. Despite nearing the end of my tether, I did not have the option to simply collapse; I had to react. I found myself walking the streets looking for jobs."

Her wandering led Souad to the UNFPA-supported Safe Space, where the team introduced her to the different services available. She immediately showed interest in attending sessions on gender-based violence and to spend time away from her home to avoid the tension.

Since that day, Souad has been visiting the space frequently and has been participating in various social activities. "I was able to spend time with women who shared my experience and had the chance to learn from them. I feel comfortable, respected, and honoured to be a woman."

'I was able to spend time with women who shared my experience and had the chance to learn from them'

Souad attends psychosocial support and life skills sessions. As she puts it, "the sessions gave me a chance to change my attitude when communicating with my family. I feel more confident now as I learned how to react to tense situations, which has somewhat improved the overall atmosphere in our house."

"I am also grateful for the life skills I've learned in the vocational training, as these will allow me to launch my own small business in the future," adds Souad. "I thank all the team, including admins and employees, for their support and wonderful work. You are a solid team, and you make people feel comfortable as if they are at their second home."

'You are a solid team, and you make people feel comfortable as if they are at their second home'



JORDAN COUNTRY OFFICE

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

61,874

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

99% FEMALE

784

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

97% FEMALE

34,309

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

87% FEMALE

5,531

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

5,618

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

62% FEMALE

314

PEOPLE TRAINED ON VARIOUS TOPICS

76% FEMALE

105

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	10,840	100%
Normal and assisted vaginal deliveries	822	100%
Ante-natal care consultations	21,054	100%
Post-natal care consultations	2,748	100%
People trained on SRH-related topics	134	99%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People provided with GBV case management	1,400	92%
People reached with GBV awareness messages	18,498	83%
People trained on GBV-related topics	55	96%

YOUTH SERVICES

	TOTAL	% FEMALE
People trained on youth-related topics	125	42%



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

FINDING RESILIENCE, EVEN IN THE HARSHTEST OF ENVIRONMENTS

Back in 2016, the Syria crisis had reached unprecedented levels of violence and instability that forced many to seek safety in neighbouring countries. At the time, Zahra was still a girl of 17 years, living with her family in rural Aleppo.

'To this day, being separated from my family brings tears to my eyes'

That was the year her life took a major turn. Like many girls in her community, Zahra was driven to marry as a child and was separated from her family in the hope of escaping the violence taking place in her city. She was able to make her way to the Azraq camp in Jordan, where she settled along with her husband.

"To this day, being separated from my family brings tears to my eyes, especially when I recall the memories I have with them," explains Zahra. Three years after her arrival in Jordan, Zahra gave birth to her first child, Anas.

"After labour, I woke up to find him next to me, and I tried to breastfeed him, but he could not be fed," she recalls. "He was barely moving, lethargic, and simply unable to eat. It felt wrong."

'He was barely moving, lethargic, and simply unable to eat. It felt wrong'

As her concerns grew, Zahra began looking for answers. Two visits to a nutritionist and a paediatrician failed to assuage her worries, despite the fact that she was repeatedly assured that there was nothing to worry about. No two babies are alike, they explained, and some may appear weaker than others.

A month later, Zahra took the five-month-old Anas to the camp's hospital for another checkup, during which she received a shocking diagnosis that confirmed her fears: her baby had asphyxia — an oxygen deficiency disorder that occurs during delivery, causing difficulties in movement, eating, and speaking. Faced with economic hardships and the uncertain future of her child, Zahra fell into depression.

"I thought this was going to be my entire life; a mother of a child with a disability," recalls Zahra. "There was no hope, no way for me to help him." The greater cruelty came from others in her community, many of whom fed her sense of despair; "don't live in hope." "I've seen children with similar cases die at age six." "Such cases rarely survive."

'I thought this was going to be my entire life; a mother of a child with a disability'

"I would sit next to him and break down, crying, and he would simply look at me and do the same," she explains. "That was my reality until I met Noha."

Noha is an energetic young woman and a counsellor at IRC, one of UNFPA's partners in Jordan. She works with the Women's Protection and Empowerment programme that delivers services in the camp, targeting women and girls in need like Zahra. During individual counselling, Zahra and Noha worked out a plan to boost her self-confidence and coping skills, which would change Zahra's perspective about life and help her become more resilient and optimistic.

'I would sit next to him and break down, crying, and he would simply look at me and do the same'

"Noha's support basically cast a spell on me. I became stronger by the day, more enthusiastic, more outgoing. The support I receive helps me be much more capable of taking care of my son," adds Zahra. With Noha's help, she was able to form a better understanding of how her son feels and to adjust her behaviour accordingly. She was also able to see a neurologist for a second opinion, who gave her the welcome news that her son would eventually walk, even if it took a bit longer than the average.

Now a mother of two, Anas and Hisham, Zahra is doing her best to help her son traverse the most critical stages of his development, all the while making sure his brother feels just as loved and cared for. "I know in my heart that Anas needs more attention, but I try to let them feel loved and cared for equally."

'The support I receive helps me be much more capable of taking care of my son'

In addition, Zahra is committed to making sure that Anas is provided with all the necessary medicines and physiotherapy he needs to lead the best possible life. "I started giving Anas the medicines on schedule and I still make sure he receives physiotherapy regularly. I became my son's body and brain, always there for him, providing everything he needs. I live for that."

By sharing her story, Zahra hopes to encourage others to fight on. "I want others like me to feel this sense of optimism and the strength it carries. To all mothers who have a child with a disability, stay strong and don't let despair take over."

“ IF WE WANT TO ENSURE A PROPER RESPONSE TO GENDER-BASED VIOLENCE, WE NEED TO INVEST AND BUILD THE CAPACITIES OF SERVICE PROVIDERS FOR THEM TO BE READY TO PROVIDE HIGH-QUALITY SERVICES.

— SUZAN MATAKHAH, GBV Counselor (IRC), northwest of 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.

9,912

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

227

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

99% FEMALE

2,142

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

93% FEMALE

680

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

332

YOUNG PEOPLE ENGAGED THROUGH VARIOUS ACTIVITIES

49% FEMALE

62

PEOPLE TRAINED ON VARIOUS TOPICS

52% FEMALE

REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	9,850	100%
Normal and assisted vaginal deliveries	233	100%
C-Sections	74	100%
Ante-natal care consultations	7,197	100%
Post-natal care consultations	1,847	100%

GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
People reached with dignity kits	343	100%
People provided with GBV case management	62	100%
People reached with GBV awareness messages	9,633	82%
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

“ I FELT HOPELESS, AND I COULD NOT EVEN IMAGINE HOW TO GET OUT OF THIS TERRIBLE SITUATION. NOW, I FEEL MUCH MORE EMPOWERED,

– FATIMA, who recently received gender-based violence support at a UNFPA-supported facility in Iraq

AS IRAQ TRANSITIONS TO FOCUS ON DEVELOPMENT PROGRAMMING, UNFPA CONTINUES TO SERVE THOSE MARGINALISED

NEARLY 1.2 MILLION IRAQIS CONTINUE TO LIVE IN PROTRACTED SITUATIONS OF INTERNAL DISPLACEMENT AS THE COUNTRY HOSTS OVER ONE-QUARTER OF A MILLION REFUGEES.

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

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

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

‘My husband proved to be an ignorant, violent individual’

Fatima's life changed completely when, during the early years of the crisis in Syria, she was forced to flee her home in Al-Hasakeh with her husband and three children. From there, she made the arduous and risky journey Duhok in the Kurdistan Region of Iraq, leaving everything she had ever known behind.

Fatima's life wasn't easy before the war. She was a survivor of child marriage who, like many girls in her community, was unable to complete her education. As is typical of child marriages, hers came with constant physical, verbal, and psychological violence that continued after the family settled in Kurdistan, where her husband made the choice of taking a second wife.

‘The worst of it all was the humiliation he inflicted upon me at every chance he got’

“My husband proved to be an ignorant, violent individual since the early days of our marriage,” recalls Fatima. “I never felt like I had a real partner, and there was no intimacy between us. The worst of it all was the humiliation he inflicted upon me at every chance he got.”

Fatima currently lives with her husband, her three children, her husband's second wife, and their two children. The situation became so dire that it eventually pushed her to the point of despair, at which point she decided to roam around

the camp in search of assistance. That was when she found herself at the UNFPA-supported Safe Space, where she was given the choice to attend psychosocial support sessions.

“I feared this step,” recalls Fatima. “I did not know how to justify why I'm visiting the centre. But it was here that I found the courage to ask for help. There was no immediate solution to my situation but there I learned some much-needed breathing and relaxation techniques that I practised constantly, and that somewhat lessened the pressure of the situation, which made me feel better about myself.”

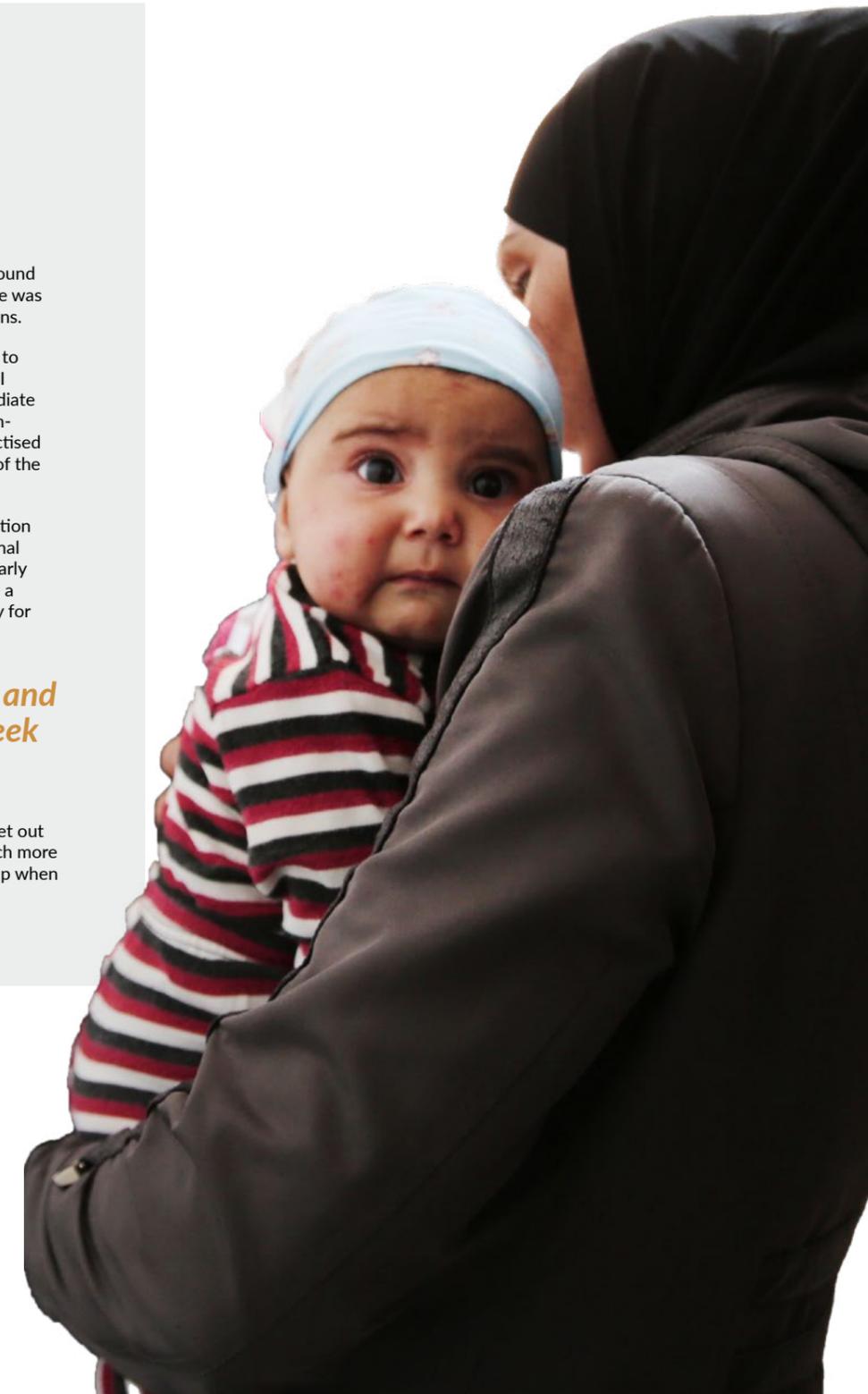
The caseworker saw an improvement in Fatima's condition and suggested that she participate in various educational courses and recreational activities. In addition to regularly visiting the gym for exercise, Fatima also chose to take a hairdressing course, which she hopes will pave the way for income generation and economic independence.

‘I feel much more empowered, and I encourage other women to seek help when they need it.’

“I felt hopeless, and I could not even imagine how to get out of this terrible situation,” adds Fatima. “Now, I feel much more empowered, and I encourage other women to seek help when they need it.”

“ I AM DETERMINED TO MAKE THE BEST OF MY OWN CIRCUMSTANCES AND TO HELP OTHER WOMEN AND GIRLS DO THE SAME.

— BAN, who recently received gender-based violence support at a UNFPA-supported facility in Iraq



EGYPT COUNTRY OFFICE

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

131,406

PEOPLE REACHED WITH REPRODUCTIVE HEALTH SERVICES

100% FEMALE

5,982

PEOPLE REACHED WITH GENDER-BASED VIOLENCE SERVICES

96% FEMALE

19

PEOPLE WITH DISABILITIES REACHED WITH SPECIALISED SERVICES

100% FEMALE

820

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

842

PEOPLE TRAINED ON VARIOUS TOPICS

91% FEMALE

10

WOMEN AND GIRLS' SAFE SPACES

REPRODUCTIVE HEALTH	TOTAL	% FEMALE
Family planning consultations	315,100	100%
Ante-natal care consultations	321	100%
People trained on SRH-related topics	842	91%

GENDER-BASED VIOLENCE	TOTAL	% FEMALE
People provided with GBV case management	771	95%
People reached with GBV awareness messages	1,795	91%

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

More than 280,000 refugees and asylum seekers from 66 countries of origin are currently living in Egypt, around half of whom are Syrians. Most refugees and asylum-seekers are located in urban areas of Greater Cairo and on the northern coast. During June, UNFPA continued to support 10 Safe Spaces in six governorates, delivering vital services to survivors or those at risk of gender-based violence. UNFPA is particularly focusing on mental health and well-being, with more than 460 women and girls attending multiple MHPSS sessions that span sound therapy, yoga, psychological balance workshop, identity crisis and psychological support, group therapy, and others. GBV awareness raising activities were also delivered with a focus on the types of GBV, sexual harassment, and prevention using sports for GBV. Reproductive health awareness sessions were delivered to women and girls with topics including puberty, menstrual health, and Hepatitis prevention.



THIS SAFE SPACE HAS ALLOWED ME TO FIND MY OWN WORTH AND COMMUNITY. I FEEL STRONGER AND READY TO START LIVING.

— YOSRA, a Syrian woman from Rural Damascus



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.

Whole of Syria

In the framework of the 2023 Humanitarian Needs Overview (HNO), the Whole of Syria GBV AoR gathered qualitative data through 114 Community Focus Group Discussions (FGD) and 1 FGD with GBV experts at the Whole of Syria level. More FGDs with GBV experts in north-western and north-eastern Syria will be conducted at the beginning of August. The Whole of Syria GBV AoR ensured timely translation of the FGD noted from Arabic to English to facilitate data analysis. This data will also contribute to the development of the *Voices from Syria 2023* report, for which two consultants have been hired, who are working on the coding and analysis of the qualitative data.

Furthermore and in preparation for the 2023 HRP, the Whole of Syria GBV AoR started to draft the GBV People in Need calculation method by reviewing existing indicators and data sources.

The Whole of Syria GBV mid-year coordination survey was designed and rolled out across the three hubs (north-western and north-eastern Syria and Damascus). The survey was completed by 64 partners in total divided as follows: 26 partners in north-western Syria, 31 partners in Damascus, and seven partners in north-eastern Syria.

Finally, the Whole of Syria GBV coordinator and the Syria hub GBV coordinator participated in the Global GBV AoR retreat in Budapest. The retreat was a unique opportunity to share challenges and lessons learnt with other GBV coordinators, in person, for the first time after the outbreak of the COVID-19 pandemic.

The 2021 UNFPA annual regional Impact Assessment highlighted that LGBTIQ+ community is exposed to marginalization, exclusion and violence primarily based on gender identity. The LGBTIQ+ population faces multiple barriers to access GBV and SRH services in a safe and dignified manner. The UNFPA Regional Humanitarian Hub for Syria and the Arab States launched the recruitment of a consultant to build on strategic approaches used by some of the UNFPA country offices in the Arab Region to increase inclusion of the LGBTIQ+ population in GBV and SRH programming. The consultant will support UNFPA in developing a Knowledge Series product to support the replication of promising practices in other humanitarian contexts across the region.

Türkiye cross-border

Through cross-border Türkiye, UNFPA, with WHO support, has completed a comprehensive baseline study in northern Aleppo, Idlib and Afrin to evaluate the level of integration of GBV services in 50 EmONC facilities in NW Syria. The findings of the baseline study revealed that on average less than 50 percent of medical staff have adequate knowledge on GBV, and only 19 percent of medical staff are trained on safe identification and referral.

Key recommendations of the baseline study included: a) increasing the knowledge and capacity of health service providers on GBV principles and safe referral; b) providing on-the-job supervision to health providers to ensure continuous protocol implementation and full adherence to GBV principles; and c) enhancing information sharing and knowledge on PSEA and ensuring that all staff signs the code of conduct. The GBV Subcluster and the SRH Thematic Working Group are currently addressing, through a phased approach, the findings emerged from the baseline assessment. In this framework, four trainings on clinical management of rape were organised in north-western Syria in July.

Türkiye

The Istanbul Protection working group (PWG) meeting discussed access to protection services and refugee protection needs following the changes in the registration process in Türkiye. The group also discussed the activities conducted by members to strengthen the social cohesion aspects. A representative from the Cohesion and Communication Working Group of Istanbul informed the group about the Social Cohesion and Life Training (SUYE) conducted in 39 districts in Istanbul for refugees and migrants between the age of 17-65 who are legally residing in Türkiye. The training covers topics such as Türkiye's culture and traditions, refugee rights and obligations, and access to health and educational institutions.

During the GBV Subworking Group meeting, UNFPA presented the findings from the Q1-Q2 Sectoral Analysis. It is worth noting that, as of 2022, 3RP partners reported GBV in accordance with the guidelines set by the GBV IMS.

Meanwhile, as the co-chair of the Istanbul and Southeast Türkiye KRG Thematic Coordination Group, UNFPA contributed to the discussion on the updated registration procedures for refugees and proposed to conduct case-based and/or institution-based

advocacy work in the temporary accommodation centers (TAC) in Kahramanmaraş, Osmaniye, and Kilis to find out if these camps currently have protection desks. The gathered information from the field regarding the key refugee groups experience in the registration process will serve as a foundation to advocate for their protection needs. In addition, UNFPA informed partners about the KRG project activities related to individual protection assistance, and about the KRG training content, aiming to identify partners interested in participating in the training and about their preferred topics.

Lastly, UNFPA was officially announced as a member of the Disability Inclusion Task Team chaired by Relief International and IOM.

Lebanon

Successful collaborations were established between GBV and SRH partners supported through the SIDA-funded programmes to ensure a comprehensive package including adequate referrals, service provision, and increased attendances to women and girls' safe spaces (WGSSs). Meanwhile, UNFPA finalised an agreement with a commercial financial service provider for cash disbursement, with transfers planned to begin in August using the over-the-counter delivery mechanism. This will facilitate the cash transfers and allow receiving referrals for complementary cash assistance.

Egypt

The GBV Subworking Group meeting in July included a brief training on UNFPA's programming for clinical management of rape and intimate partner violence (CMR-IPV). The session briefly touched on the trend analysis of GBV cases being reported in UNFPA Egypt, stressing the importance of health care and SRH services targeting GBV survivors. The session was followed with a discussion on the importance of focusing on sexual violence, as well as the successful CMR-IPV programming models in different countries. Finally, key steps on providing CMR-IPV services were provided, including an overview of the various tools for conducting assessments at health facilities and the guideline for providing CMR services. Attending members shared highly positive feedback on the session as a whole, as CMR-IPV has been one of the topics of greatest interest to the group.



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

IMPLEMENTING PARTNERS

In Syria: (MOH) Ministry of Health, (MOHE) Ministry of Higher Education, (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 Türkiye: ASAM (Association for Solidarity with Asylum Seekers and Migrants); KAMER (Women's Centre Foundation); Eskisehir Osmangazi University; Harran University; YAHA (Youth Approaches to Health Association); PLA (Positive Living Association); Red Umbrella Sexual Health and Human Rights Association. For the service units that are under direct implementation, UNFPA is collaborating with Ankara Municipality, Sanliurfa Municipality and RASAS (Refugees and Asylum Seekers Assistance and Solidarity Association).

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

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RELEVANT RESOURCES

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