AN ANALYSIS OF THE
EVOLUTION OF GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES WITHIN THE SYRIA CRISIS RESPONSE
2017 — 2020

Despite the pain that I and many like me have been through, I still believe in the possibility of a better world.
— LAYALI, an adolescent girl from Qamishli,
At first, I mainly came for the company. The more I spent time at the safe space, the more I looked forward to the awareness sessions all day because that is where I felt at home. Even after everything I have experienced, the simple idea of a place where I could be myself changed a lot for me.

— YARA, an adolescent girl from Aleppo, Syria
Since the onset of the crisis in 2011, UNFPA has been on the ground, coordinating a harmonious response that has worked to address two key components within any humanitarian context: ensuring that the sexual and reproductive health of those in need are met, and protecting women and girls from the risks and consequences of gender-based violence. Over the years, responses across both components have evolved considerably, with numerous lessons learned that could potentially benefit responses to other crises. This report captures this evolution, distilling its multifaceted details into simple, applicable recommendations to all stakeholders within the humanitarian sector.

During the development of this report, the UNFPA Regional Syria Response Hub of the Arab States Regional Office — sought the expertise of a research consultant, Alexia Nisen, whose support and insights were invaluable to its successful completion. The report was also extensively reviewed by several parties involved in the response, including UNFPA staff from all countries involved (Syria, Turkey, Lebanon, Jordan, and Iraq); Jennifer Miquel, the Head of the Regional Syria Response Hub; and Fulvia Bonardi, the Regional Gender-Based Violence Specialist at the hub. Sincere gratitude also goes to Syrian women and girls throughout the region, many of whom are grappling with enormous challenges on a daily basis and yet continue to defy numerous odds to fight for their basic human rights.

Luay Shabaneh
Regional Director / United Nations Population Fund
Ten years on, Syrian women and girls continue to face enormous challenges accessing their basic needs and rights, including sexual reproductive health services and protection from gender-based violence. Multiple displacements, a precarious socio-economic situation, negative coping mechanisms, change of gender roles within the families, and growing tensions with host communities have all contributed to the worsening situation. Evidence shows that the COVID-19 (COVID) pandemic has further heightened the risk of gender-based violence and sexual and reproductive health needs faced by women and girls, while impacting their access to life-saving services. Despite these challenges, progress related to gender-based violence and sexual and reproductive health service provision has been achieved by UNFPA and the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination groups. This paper highlights some of the key evolutions that have taken place with the hope of capturing lessons learned to inform other GBV and SRH programmes. These include:

- **Flexible multi-year funding** has allowed for rapid adjustment of programming, as an example, the strategic orientation that some of the coordination mechanisms have taken to reinforce national systems to deliver safe access to quality social services.
- **Strong co-leadership in gender-based violence coordination** has facilitated a harmonised response where strategic priorities are clear and limited resources are used effectively.
- **High level of commitment to investment in knowledge sharing and capacity development** of gender-based violence and non-gender-based violence specialized sector has been strengthened to inform programming, strengthen coordination and support advocacy.
- **Interventions have been adjusted to the context of the COVID-19 pandemic** and more than 1.29 million people received gender-based violence services.
- **Positive steps have been undertaken to strengthen the use of Cash and Voucher Assistance** as a cost-effective tool to prevent and respond to gender-based violence, and enhance access to services, especially in the COVID-19 context.
- **Targeted programming for adolescent girls** has evolved towards a more comprehensive approach to support adolescent girls’ empowerment and decision making over their lifetimes.
- **Prevention and intervention strategies** have evolved to challenge and ultimately change social norms and harmful behaviours through structured community-based work.
- **Innovative partnerships and initiatives** have been formed to capitalise on the use of the evolution of technologies for humanitarian and development response.
- **Management of reliable and safe gender-based violence inter-agency data** has been strengthened to inform programming, strengthen coordination and support advocacy.
- **Interventions have been adjusted to the context of the COVID-19 pandemic** in a rapid, efficient and safe manner to maintain critical access to quality services, including through remote, mobile and online modalities.

### LESSONS LEARNED

A number of factors have contributed to the above positive developments:

- **Strong co-leadership in gender-based violence coordination** facilitates a harmonised response where strategic priorities are clear and limited resources are used effectively.
- **High level of commitment to investment in knowledge sharing and capacity development** of gender-based violence and non-gender-based violence specialized sector has been strengthened to better serve women and girls survivors.
- **Efforts to monitor the impact of gender-based violence and sexual and reproductive health interventions** are enhanced through outcome-related indicators and tools. This impact-related information has helped to inform programming and maximise return on investment.
- **Increased focus on the humanitarian-development nexus** has led to stronger connections between the emergency response and long-term development. For example, the strategic orientation that some of the coordination mechanisms have taken to reinforce national systems to deliver safe access to quality social services.
- **Flexible multi-year funding** has allowed for rapid adjustment of programming, as well as continuity of services, long-term prevention interventions and predictable investment in national systems.

### GENERAL RECOMMENDATIONS

- **Continue investing in women and girls safe spaces** to provide protection and increase well-being.
- **Invest in guidelines** that standardise and institutionalise integrated approaches to sexual and reproductive health and gender-based violence.
- **Consider expanding the use of cash and voucher assistance** to increase access to sexual and reproductive health services.
- **Further enhanced targeted programming** for adolescent girls.
- **Build on, structure and harmonise disability inclusion initiatives** taken at country level.
- **Reinforce and systematise interventions** aimed at challenging harmful social norms and attitudes.
- **Continue investing in innovative partnerships** and approaches.
- **Maintain investment in qualitative data collection**, sharing and analysing as a way to inform programming, reinforce coordination and support advocacy.

### WAY FORWARD

- **Support UNFPA and gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination groups** to capitalise on progress and enhance the gender-based violence/sexual and reproductive health response through scaling-up, systematising and institutionalising impactful practices.

### FOR DONORS, DECISION MAKERS AND HUMANITARIAN LEADERSHIP

- **Comprehensive and specialised gender-based violence programmes** and sexual and reproductive health services are essential and life-saving, and all the more so in times of public health crisis such as the COVID-19 pandemic. All gender-based violence programmes, including Safe Spaces and mobile services, along with sexual and reproductive health services must be considered as basic essential services that need to be maintained.
- **Funding dedicated to gender-based violence programmes** and sexual and reproductive health services delivery must meet the increased needs that have been brought on by the COVID-19 pandemic.
- **Addressing gender-based violence remains a collective responsibility**. Donors, UN agencies, INGOs and local organisations, all have a role to play in mitigating this violence.
- **Increased investment in prevention interventions** that address the root causes of gender-based violence is needed.
- **Multi-year flexible funding needs to be increased** for gender-based violence and sexual and reproductive health sub-sectors/clusters, including to local partners. Predictability and sustainability of funding has proven to be critical to enhance quality of the response and strengthen the humanitarian-development nexus.
INTRODUCTION

The conflict in Syria has generated one of the most severe and protracted humanitarian crises ever faced. Now into its 10th year, over 5.5 million refugees are still registered in five neighbouring countries and over six million people are currently displaced within Syria. This represents the largest displacement of population in the world.

Of the people in need of humanitarian assistance in the region, 70% are women and children, and 25% are men of reproductive age. In the context of the Syria crisis, women and girls are disproportionately affected by gender-based violence, as confirmed by Humanitarian Needs Overviews (HNOs), gender-based violence rapid assessments, data collected through the gender-based violence Information Management System (gender-based violence IMS). Their precarious socio-economic situation, the negative coping mechanisms and change of gender roles within the families, and growing tensions with local communities have all placed women and girls at heightened risks of gender-based violence. Recently, global, regional and national research and assessments have extensively demonstrated the disastrous effects of the COVID-19 pandemic on women and girls’ safety and security. In this specific context, ensuring safe access to quality gender-based violence and sexual and reproductive health services is critical and often life-saving for vulnerable women and girls.

UNFPA’s mandate focuses on preventing and responding to gender-based violence, on meeting sexual and reproductive health needs, and on empowering young people, including in emergency situations.

UNFPA is also the global lead agency for gender-based violence and sexual and reproductive health in humanitarian settings and, therefore, the Chair or Co-Chair of the gender-based violence and sexual and reproductive health coordination structures in displacement and refugee contexts. UNFPA has been leading the gender-based violence and sexual and reproductive health coordination efforts.

UNFPA is ensuring the overall coordination and harmonisation of the Syria Crisis Response through the UNFPA Regional Syria Crisis Response Hub (the Hub) of the Arab States Regional Office (ASRO) based in Amman, Jordan. In the context of the crisis response, the UNFPA Regional Priorities are aligned with the Strategic Plan and reflected in the Protection and Health Chapters of the Regional Refugee and Resilience Plan (3RP), the inter-agency plan designed to coordinate and support the efforts of the five refugee hosting countries, as well as in the Syria Humanitarian Response Plan (HRP) that covers Syria and cross-border operations into Syria. The relevant overall objectives are the following:

- To prevent and respond to gender-based violence;
- Strengthening Reproductive Health services in impacted areas.

To meet those objectives and results, UNFPA and the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination groups have been providing a wide range of essential and life-saving services to vulnerable women and girls, from host and displaced communities across the region. These include:

- Comprehensive gender-based violence programmes that include specialised services delivered through static and mobile teams, as well as women and girls spaces. In addition, UNFPA and the gender-based violence sub-sector/sub-cluster are collaborating with the other sectors/sub-clusters based on the “gender-based violence Minimum Standards”, the “Essential Services Package” and the “Guidelines for Integrating Gender-Based Violence Interventions” to promote standards of services and reduce gender-based violence risks in all sectors.
- Comprehensive sexual and reproductive health services that include awareness and information sharing, family planning, newborn and maternal health, clinical management of rape, provision of sexual and reproductive health commodities, but also strengthening national capacities to safely deliver sexual and reproductive health quality services (through capacity development, technical advice, knowledge management, advocacy etc).

In order to gain a better understand and capture what has worked in the gender-based violence and sexual and reproductive health responses in the region, the UNFPA Regional Syria Response Hub has commissioned an analysis of the evolution of the gender-based violence and sexual and reproductive health services over the past three years (2017-2020), whose methodology, main findings, recommendations and points of advocacy are the object of this report. This report captures the main finding of this analysis and highlights interesting responses and initiatives. Based on these a set of programme and policy recommendations are made to inform future gender-based violence and sexual and reproductive health programmes.
The world is not kind to girls. We always feel like we’re doing something wrong, even when we are trying our best to be good and pursue our dreams.

— MAYA, a survivor of domestic violence living in Domiz 1 camp, Iraq

The study focused on four operations, namely Syria, Cross border operations into Syria from Turkey, Jordan, Lebanon and Iraq to illustrate the evolution of services in the Regional Syria Response.

The overall objective of this study is to analyse and understand the evolution of gender-based violence and sexual and reproductive health services (both implemented by UNFPA and carried out by the sub-sectors/sub-clusters) in the Regional Syria Response over the past three years (2017-mid-2020), including the impact of the COVID-19 pandemic. The study takes into account recent quantitative and qualitative assessments and studies, funding levels related to programming outcomes, and captures lessons learned and good practices that have contributed to improvements that have been identified.

The analysis also aims at informing UNFPA’s response by:

• Identifying key practices to continue and expand to further enhance the gender-based violence and sexual and reproductive health response;
• Identifying key advocacy points on gender-based violence and sexual and reproductive health that should be addressed with decision makers.

In order to analyse the evolution of the response from 2017 and 2020, the methodology focused on the following data sources.

• Desk Review of relevant quantitative and qualitative resources was thoroughly carried out to identify positive evolution and facilitating factors, as well as remaining areas of development;
• Virtual Key Informant Interviews were held in the focus countries to clarify/detail/complete the findings generated by the desk review, where needed.

In total, 13 key informant interviews took place with seven Gender-Based Violence Coordinators/Specialists, four sexual and reproductive health Coordinators/Specialists and two monitoring and evaluation (M&E) Specialists.

Given the numerous evaluations and assessments already available – and taking into account assessments already planned for 2020 – no interviews took place with implementing partners, operational partners or beneficiaries of services. This also avoided ‘over assessing’ those served by UNFPA.

The study focused on four operations, namely Syria, Cross border operations into Syria from Turkey, Jordan, Lebanon and Iraq, to illustrate the evolution of the gender-based violence and sexual and reproductive health services in the Regional Syria Response. The focus countries were selected by the Hub in consultation with the country operations, based on criteria of complementarity of operational contexts and interventions implemented.
Research has demonstrated that UNFPA and the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination mechanisms have been working towards meeting the needs identified in the region. The past three years have seen positive developments and good practices related to service provision. This section analyses the evolution of these services, underlining the rational, modalities and facilitating factors and providing useful examples.

REGIONAL OVERVIEW

The gender-based violence / sexual and reproductive health coordination groups have generally been under-funded since the beginning of the response. However, funding received at inter-agency level (through the 3RPs and the HRP)s has remained relatively stable in the focus countries over the past three years, with some countries seeing an increase in funding with others a decrease. UNFPA’s fundraising efforts have allowed the response to secure slightly increased funding between 2017 and 2019. However, the remaining funding gap has required UNFPA and sub-sectors/clusters to define clear programmatic priorities.

Although the funds received for the gender-based violence sub-sectors/sub-clusters and sexual and reproductive health coordination mechanisms have not increased meaningfully these past years, it was found that the response has been able to scale to meet the growing needs. From 2017, UNFPA itself has been following this trend, serving more beneficiaries each year through a greater portfolio of implementing partners while operating under steady funding.

At the regional Syria Crisis level, the number of Safe spaces, one of the key interventions across the region that ensure protection and empowerment of women and girls, has increased from 106 in 2017 to 113 in 2019. In 2019 alone, UNFPA reached approximately 2.39 million people with sexual and reproductive health services, while more than 1.29 million people received gender-based violence services through the regional networks. The latter represents an increase of 25% compared to 2018. A smart rationalisation of cost, a strategy to operate through the national system, an extended geographical coverage and an increased trust within this achievement.

Recent access to multi-year funding has positively impacted the response. Recognised as a “key player” in delivering quality services to the most vulnerable women, girls and youth across the region,11 UNFPA has benefited from multi-year funding from a number of donors these past years. According to the majority of key informants, this “break-through” allowed UNFPA to ensure continuity of implementation that improves over time. The mobile component has proven essential to overcome barriers in accessing static safe spaces, as well as to provide direct services to hard-to-reach areas.22

The core services offered in Safe Spaces are related to gender-based violence prevention and response. Over the past years, the package of services has progressively become more comprehensive, covering medical, psychosocial and safety services (such as livelihood, food security and shelter) and legal (advice and/or representation) services, vocational training and recreational activities. Additionally, effective referral pathways have been developed to ensure safe access to complementary quality services through Safe Spaces.

The past three years have seen positive developments and programmatic priorities and approaches had evolved and progressed these past three years, resulting in ongoing scale-up of the response and further enhancing the quality of services offered to the most vulnerable, despite increasingly challenging operational contexts. The main progress identified are related to modalities of service delivery, social inclusion, gender-based violence prevention, innovation and data management.

SERVICE DELIVERY

WOMEN AND GIRLS SAFE SPACES

Lessons Learned:

• Developing and issuing guidance on Safe Spaces ensured common minimum standards across the region.

• Having a standardised model of implementation and improving it over time has positively impacted on the quality and type of services delivered.

• Multi-year funding was essential for guiding disruption of life-saving interventions in Safe Spaces.

• Sustainability of the model and progressive integration in the national system remain a challenge to date.

The Safe Spaces model constitutes one of the key strategic interventions across the region for the protection and empowerment of women and girls affected by the Syria Crisis. Guidance has been issued at national and regional levels to ensure common minimum standards across the region12 which has supported UNFPA and all gender-based violence actors to use a standardised model of services, longer-term capacity development plan, more structured prevention interventions and predictable investment in health systems.23 However, the majority of local NGOs are facing challenges in directly receiving funds from donors. They remain mostly funded yearly by UNFPA, other UN agencies and/or INGOs and pooled funds.

In each of the four focus countries, recent evidence from multiple sources confirms the risks of gender-based violence faced by women and girls and, therefore, the critical importance of ensuring safe access to quality multi-sectoral prevention and response services. UNFPA and the sectors/clusters across the region, with the overall goal of increasing beneficiaries’ health and well-being. Gaps and shortages do remain in the area of gender-based violence services and referrals offered to women and girls at risk and survivors.24 However, it was found that programmatic priorities and approaches had evolved and progressed these past three years, resulting in ongoing scale-up of the response and further enhancing the quality of services offered to the most vulnerable, despite increasingly challenging operational contexts.25 The main progress identified are related to modalities of service delivery, social inclusion, gender-based violence prevention, innovation and data management.

Assessments have demonstrated the positive impact of Safe Spaces on beneficiaries’ well-being, as well as confirmed the fact that the Safe Spaces are often the only place women and girls can go to receive gender-based violence services.

“I lost my sense of isolation and improved my psychological state. My life has changed for the better, because the services supported my talents (...) and listened with complete confidentiality. This was a relief for me.”

(Woman from Deir ez Zor, Syria)26

Considering the life-saving character of the interventions delivered from the static and mobile Safe Spaces, accessing multi-year (or at least predictable) funding has been a key priority point of the gender-based violence coordination for many years.

In parallel to this evolution, a growing concern was to ensure sustainability of the model. During the first years of the response, Safe Spaces were either established outside of the pre-existing system to provide life-saving quality services in the context of acute emergencies (i.e. “from scratch”) or established from pre-existing facilities in a non-sustainable fashion (i.e. run by an INGO). With the crisis having become protracted, efforts have been made to reconnect with the national system (including relevant ministries and local service providers), create ownership towards the model, develop capacity and integrate where possible the Safe Spaces into the national response.

While the coordination mechanisms have advocated for this with various key national stakeholders, the challenge also lies in having the national capacity of the national systems to fully take over these social services - both financially and technically. Several guidance notes have been issued at global level, including a common minimum requirements framework developed by the DoH of Duhok Governorate, as well as the UNFPA Guidance Note on Reintegration services to women and girls at risk or survivors.27

An integrated approach to services

Lessons Learned:

• The roll-out of the “Guidelines for Integrating Gender-based Violence Interventions”, of the “Minimal Initial Service Package” supported the development of integrated approaches to gender-based violence / sexual and reproductive health.

• Strong collaboration and coordination between the GBV subclusters/working groups and health clusters and sexual and reproductive health coordination mechanisms supported the development of common strategies.

• UNFPA tested a number of different approaches over time which contributed to a stronger integration of services (i.e providing family planning though Safe Spaces or integrated mobile teams). However, a standardised approach and guidance would enhance integrated service delivery.

13 It has to be noted that the appeal for funds has been slightly decreasing in each sector. However, this trend does not represent a decrease of needs.
14 Focus Group Discussions, Assessments, GBV IMS, Protection Monitoring among others.
15 The need for and benefits of multi-year funding in humanitarian crisis have been raised during the 2016 World Humanitarian Summit. The need for multi-year funding has been highlighted in the OECD Report, “Multi-Year Humanitarian Funding”, 2017. Findings are still relevant today and were demonstrated in the Syrian context.
22 See UNFPA, “Women and Girls Safe Spaces: Documenting Lessons learned”, 2015. On this basis, some countries have also issued their own inter-agency Checklist for Static and Mobile Safe Spaces.
23 It has to be noted that the appeal for funds has been slightly decreasing in each sector. However, this trend does not represent a decrease of needs.
25 The crisis has brought unprecedented challenges to the humanitarian sector in terms of funding, access and protection. The crisis has brought unprecedented challenges to the humanitarian sector in terms of funding, access and protection. However, the majority of the appeal for funds has been slightly decreasing in each sector. However, this trend does not represent a decrease of needs.
26 Focus Group Discussions, Assessments, GBV IMS, Protection Monitoring among others.
Among the main developments documented and unanimously underlined by key informants is the strengthening of integrated services through a number of innovative modalities and models. UNFPA’s mandate represents an opportunity to integrate health and gender-based violence services, limiting barriers to access. Yet, during the first phase of the response, services were often siloed or limited to mutual referrals of survivors to clinical management of rape services or of women/girls at risk to service providers, as identified in the regional evaluation of gender-based violence mainstreaming in the Syria Crisis. As mentioned by the majority of the key informants, the first meaningful step towards an enhanced integrated package was undertaken in 2015-2017 through the inter-agency roll-out of the “Guidelines for Integrating Gender-Based Violence Interventions.” During the roll-out, the shared responsibility of gender-based violence risk mitigation was underlined and the sexual and reproductive health service providers were sensitised and trained on gender-based violence mainstreaming. The health sector/cluster (including sexual and reproductive health service providers) was technically supported28 to develop an action plan including indicators, targets and/or checklist to monitor the level of mainstreaming. In addition, the roll-out of the 2015 Minimal Initial Service Package (MISP), which provides a series of actions to respond to sexual and reproductive health needs in humanitarian crisis, including in relation to gender-based violence, has also greatly contributed to the progressive enhancement of services.

Among the main developments documented and unanimously underlined by key informants is the strengthening of gender-based violence and sexual and reproductive health integrated services through a number of innovative modalities and models.

Building on these initial steps, UNFPA and partners started prioritising different models of integration across the region according to the operational specificities, and monitoring the positive impact for beneficiaries in terms of enhanced access to services. Those models include:

- Integration of gender-based violence services in Primary Health Care Centres and mobile teams delivering sexual and reproductive health services;
- Integration of sexual and reproductive health services (such as family planning information and services) in Safe Spaces;
- Partnership between gender-based violence organisations providing specialised services in mobile and static safe spaces and sexual and reproductive health service providers for joint interventions;
- Development of solid integrated referral pathways by gender-based violence partners focusing on awareness and information sharing (i.e. raising demand) and referrals;
- Implementation of comprehensive community-based integrated programmes.

Ensuring the integration of gender-based violence and sexual and reproductive health services can be challenging and requires solid investment in sensitisation and capacity development from both sides, including trainings, mentoring and on-the-job coaching. The main factors allowing the integrated models to be successfully developed entail a strong collaboration and coordination between partners who share a common understanding of the benefits of integration; a commitment to continuous learning and to investing in the national system; and a realistic sustainability plan implemented since the beginning of the project. Furthermore, research found that efforts towards an enhanced level of integration also covered areas of capacity development (such as joint trainings on Clinical Management of Rape (CMR)), knowledge management (such as development of a joint technical Guidance Note on “Vigilance Testing”) and a joint strategy to ensure enhanced access to CMR and sexual and reproductive health services in Whole of Syria / Turkey cross border) and policy level (such as the CMR Protocols and Internal Guidelines for MoPH to deal with gender-based violence cases in Jordan) to enhance quality service provision. As mentioned during the interview by a key informant:

"Both sub-clusters see the benefit of integrating gender-based violence and sexual and reproductive health. We integrate now systematically in everything we do, service provision, information sharing, awareness, capacity development and guidance."

Highlight from UNFPA Whole of Syria / Turkey Cross-Border - Documenting the Impact of Integrated Service Provision

In North-West Syria, over a long period, there were almost no sexual violence incidents being reported to the specialised service providers, although the high prevalence of rape and sexual assault was confirmed. While health facilities are a good entry point to identify incidents of gender-based violence, very few referrals of sexual violence were made by health service providers to specialised gender-based violence service providers. In 2018-2019, efforts were undertaken to build the awareness and capacity of health front-liners on basic principles, safe identification and referrals, as well as the clinical management of rape (CMR); to provide relevant commodities, including rape kits; and to ensure increased coordination between health and gender-based violence teams in the field. Specialised service providers started operating directly from health care facilities, in collaboration with midwives and gynaecologists. In addition to the awareness and dissemination of information at community level, these measures led to significant increase of incidents being identified by medical staff and referred to gender-based violence service providers and vice versa, with an average of almost 50%29 of cases disclosed and reported in immediate need of clinical management of rape within the 72-120 hours time-frame.

This experience illustrated the critical importance of integrated services in humanitarian contexts to enhance access to comprehensive services for survivors.

For me, the thing I valued most in the safe space were the friendships I’ve formed. The people I’ve met here became more than my family.

MARAM, a Syrian refugee from Aleppo

Ensuring the integration of gender-based violence and sexual and reproductive health services can be challenging and requires solid investment in sensitisation and capacity development from both GBV and SRH sides.
ANALYSIS OF THE EVOLUTION OF GBV-SRH SERVICES IN THE SYRIA CRISIS RESPONSE (2017-2020)

CASH AND VOUCHER ASSISTANCE

Lessons Learned:

• Available guiding resources on cash and voucher assistance and experts dedicated to technical assistance supported the strengthening of this modalities and has led to initial research and analysis on the types of cash and voucher assistance being used/plotted in the regions, the criteria/modalities applied, the lessons learned, as well as the impact.

• Further investments are needed to ensure a clear focus on the outcomes and impact of cash and voucher assistance programming.

Cash and Voucher Assistance “can support access to gender-based violence and sexual and reproductive health, and contribute to the safety, dignity and resilience of women and girls in humanitarian contexts.” It properly used, cash and voucher assistance can be an efficient, cost-effective protection tools, mitigating mechanisms, such as forced marriage or survival sex. Cash and voucher assistance can also help survivors to access basic needs, such as shelter or non-food items (NFIs), in a context where they are not systematically prioritised by the other sectors. However, in the context of the Syria Crisis Response, the use of cash and voucher assistance by UNFPA and other gender-based violence programmes has remained limited, mostly through GBV specialised service providers providing cash and voucher assistance as part of their case management. Cash assistance needs in the context of the Syria Crisis has, in some cases (exacerbated by the COVID-19 crisis), some key informants confirm that they are now “in the process of strengthening the integration of cash and voucher assistance in gender-based violence prevention and response” and assessing the conditions under which the do-no-harm principle would be maintained. Based on the work initiated by the cash and voucher assistance Community of Practice, UNFPA should research the types of cash and voucher assistance being used/plotted in the region, the criteria/modalities applied, the lessons learned, as well as the impact that the interventions have demonstrated so far in order to inform any future approach. To facilitate this transition, UNFPA and partners will also benefit from guidance notes on cash and voucher assistance issued at global, regional and national levels, as well as from specialised human resources dedicated to technical support.

Social Inclusion: AdoLeSCENT giRLS

Another development highlighted by each of the focus countries is the increasing targeted programming focusing on adolescent girls by UNFPA and partners. The various operations have demonstrated extensively the unique risks, challenges and needs faced by adolescent girls in the context of the Syria Crisis, as well as the critical importance of targeting programming to respond to those. As mentioned in the most recent “Voices from Syria”, “(…) adolescent girls were identified as a sub-population affected by various forms of violence”, including early marriage, physical and emotional domestic violence, sexual violence, sexual exploitation, sexual harassment, denial of resources. Very often, they experience more than one type of violence in this critical period of their life. Among all risks faced by adolescent girls, early or very early marriage and pregnancy (as well as the risk of being early divorced or widowed) is disproportionally high. The practice is deeply rooted and was already occurring in Syria before the crisis, as well as in some host countries. However, the context of war and displacement has exponentially exacerbated not only the level of risk, but also the modalities of marriage and the intensity of the consequences. Many of the newly displaced adolescent girls have limited access to critical information and services, particularly on sexual and reproductive health. They are also facing extended restrictions on movements, participation and decision-making power. Yet, adolescent girls are too often forgotten by the humanitarian response, focusing primarily on women and children.

For the first years of the Syria humanitarian crisis, the gender-based violence response and sexual and reproductive health services focused on life-saving service provision. Efforts were made at that stage to ensure adolescent-girl-friendly services were provided. With the crisis becoming protracted, initiatives in the region have focused more on adolescent girls. Research also found that all focus countries had developed innovative approaches that have shown to help them overcome the challenges of early motherhood. “It literally saved her life by helping her form a wider network of support (...) The club helped her change her mind; to embrace life and lift up her inner strength.”

• Development of an Whole of Syria Adolescent Girl Strategy:
• Support to the development of a Lebanon National Strategy against Early Marriage:
• Creation of dedicated coordination mechanisms under the protection of gender-based violence or country programme structures:
• Production of guidance/capacity development tools:
• Evidence gathering efforts (through gender-based violence information management systems (IMS), focus group discussions (FGDs), assessments) to collect data and the voices of adolescent girls and reflect them in the annual regional impact assessment;
• Adapting M&E tools, where UNFPA adapted its implementing partner reporting tool to include more detailed aged breakdown - such as 10-19 years old or to capture pregnancies of under 18 and under 15 yrs old.

All the above have helped to facilitate targeted programming and projects tailored to the specificities of each area of implementation and to the beneficiaries’ priorities.  As

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All focus countries have confirmed that efforts have been made towards an enhanced accessibility and proactive inclusion of people with disabilities and other specific needs is a well-recognised priority for UNFPA and both sectors. In 2018, UNFPA has issued the Guidelines for Providing Accessible and Gender-Responsive Services (…) for Women and Young Persons with Disabilities. This resource provides concrete guidance to UNFPA and partners to enhance the provision of inclusive and accessible services. The key informant interviews confirmed a high level of commitment to better serve people with disabilities - in particular in terms of access, quality of services and monitoring. Yet key informants recognise that “systematic inclusion is a work in progress, requiring increased commitment (…) is also vital when it comes to addressing prevalent social norms and practices that discriminate against women and girls and prevent their substantive participation (…)”. Highlight from the UNFPA Jordan — Disability Inclusion Strategic Plan

UNFPA has developed a “Disability Inclusion Strategic Plan” based on the UNFPA Guidelines for Providing Rights-based and Gender-Responsive Services (…) for Women and Young Persons with Disabilities. The plan “provides a foundation for sustainable and transformative change towards disability inclusion throughout all pillars of UNFPA work”, including through committing the office and implementing partners to a series of measures such as access to offices, indicators, and accessibility of material issued among others. The capacity of all implementing partners will be built for the adoption of a “twin-track approach”, which aims to (1) provide gender-based violence/sexual or reproductive health activities that are targeted for persons with disabilities and (2) mainstream persons with disabilities across all aspects of their work. Finally, the GBV/IMS data includes “persons with disabilities” among the profile of survivors accessing services and provides more meaningful data in the three focus countries where the system is implemented. Highlight from UNFPA Jordan — Disability Inclusion Strategic Plan

In Lebanon, the Sexual and Gender-Based Violence Task Force co-lead by UNFPA received support from the Women Refugee Commission (WRC) to assess the role of inclusion of people with disabilities, train service providers and network resources. In the Whole of Syria /Turkey Cross-Border Operation, an Inclusion Inter-Sector Working Group dedicated to disability engagement was established, to support and mainstream efforts.

In order to initiate a structured and harmonised effort, UNFPA should encourage the development of a “Disability Inclusion Strategic Plan” at country level based on the 2018 UNFPA Guidelines, as well as an exchange of good practices at regional level.

Unmentioned by one of the key informants, the UNFPA-UNICEF “Global Programme to End Child Marriage” was also used as a reference frame document to develop interventions related to preventing and responding. Research showed that the majority of the interventions are engaging with girls at risk of gender-based violence, including early marriage. But it is worth noting that a more limited number of programmes or projects are targeting girl survivors with the aim of enhancing their protection and health, as well as recreating their social network and empowering them to lead community-based interventions (see highlight from UNFPA Whole of Syria /Turkey Cross-Border below).

Engaging with adolescent girls can be incredibly challenging due to the number of restrictions imposed by their family and community. Their lack of empowerment, limited access to information and individual isolation, can further prevent them from taking part in targeted initiatives. Beyond ensuring active participation from girls themselves, it was found that the main facilitating factor to engage adolescent girls in targeted interventions is the parallel engagement with their family and community to create buy-in and foster an enabling environment. As mentioned in “Unbroken”, the recent UNFPA publication of Stories of Adolescent Girls: “(...) humanitarians need to understand that the life cycles of adolescent girls are fundamentally connected to extremely complex and varied external factors, including larger familial and societal factors that can impact on their development. As such, programmes should actively work to involve parents and guardians whose support and buy-in is essential to the success of any girl-centric programme. Working with members of the wider community (…) is also vital when it comes to addressing prevalent social norms and practices that discriminate against women and girls and prevent their substantive participation (…)”. Highlight from the UNFPA Syria Response Hub and Whole of Syria — Giving a Voice to Adolescent Girls

UNFPA’s Regional Syria Hub has been supporting the implementation of the Whole of Syria Adolescent Girl Strategy, through several initiatives focused at increasing adolescent girls' participation and amplifying their voices. This has resulted, among others, in the development of specific publications dedicated to stories of adolescent girls (When Caged Birds Sing, Unbroken) and regular FGDs with adolescent girls to inform the regional annual impact assessments, and also informed the Whole of Syria Humanitarian Needs Overview and its annual analysis report. Voices from Syria (2017, 2018, 2019). The Whole of Syria’s Regional Hub Partnership for Adolescent Girls

For the first years of the Syria humanitarian crisis, the gender-based violence response and sexual and reproductive health services prioritised service provision, as well as awareness and information sharing. As support for GBV prevention became protected, the Syria Response initiated a progressive shift from service delivery to risk mitigation to planning and implementing longer-term prevention initiatives, aimed at challenging harmful social norms through structured community-based work. It was underlined during interviews that multi-year or at least predictable funding was a requirement to allow continued interventions that aim to influence harmful norms and practices. Moreover, some key informants also shared that, if the resilience pillar was better funded, they would be able to develop more comprehensive programmes focusing on behavioural change. However, this analysis found that the synergism was made in this regard through an enhanced engagement with community leaders and leveraging communication channels to deliver structured messages.

In Lebanon, the Sexual and Gender-Based Violence Task Force co-lead by UNFPA received support from the Women Refugee Commission (WRC) to assess the role of inclusion of people with disabilities, train service providers and network resources. In the Whole of Syria /Turkey Cross-Border Operation, an Inclusion Inter-Sector Working Group dedicated to disability engagement was established, to support and mainstream efforts.

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Key informants have shared that, if the resilience pillar was better funded, they would be able to develop more comprehensive programmes focusing on behavioural change.

An important component of the prevention of gender-based violence is engaging with men, male youths and boys, in addition to women and girls. Their position as gatekeepers makes their commitment to gender-based violence and sexual and reproductive health programmes important. However, the majority of male engagement interventions tended to be small in scale. For the first year of the response, local community prioritised infrastructure projects or livelihood projects over working on gender-based violence or increased access to social services. Gender-based violence and sexual and reproductive health actors faced resistance from community leaders due to traditional roles in patriarchal societies and sensitivity of the issues. Prevention programmes gradually started to include a component of engaging with community leaders through various initiatives, such as awareness events, information-sharing sessions, roundtables, and quick impact projects among others. Progressively, mutual trust and leaders’ increased knowledge allowed UNFPA and partners to engage them as proactive agents of change, as part of a more comprehensive programming aimed at challenging social norms and negative attitudes/behaviours. This study identified two main evolutions in the efforts aimed at engaging males on gender-based violence and sexual and reproductive health issues (i) increasing access to community leaders to address gender-based violence and sexual and reproductive health and (ii) increasing active engagement of community leaders to become actors of change.

To reach a level of ownership and commitment from the leaders, UNFPA and partners had to overcome challenges linked to preconceptions and lack of prioritisation of the issues. Long-term programming and continuous investment at field level were key to building mutual trust. While changing social norms is a long-term process, the UNFPA and partners could build on these impactful initiatives noted below:

**ENGAGING WITH COMMUNITY LEADERS**

**Lessons Learned:**

- Importance of engaging leaders as positive agents of change in addition to women, girls, men and boys.
- Multi-year funding allows comprehensive programming with the aim of changing social norms and negative attitudes/behaviours, including in humanitarian settings.
- The main challenges remain the resistance from the community leaders due to traditional roles in patriarchal societies and sensitivity around the issues.

**HIGHLIGHT FROM UNFPA IRAQ - ENGAGING RELIGIOUS LEADERS TO PREACH AGAINST CHILD MARRIAGE**

UNFPA Iraq has implemented a Communication for Behavioural Impact (COBI) strategy to mitigate child marriage using structured long-term communication initiatives. As part of the plan, a component is focusing on engaging leaders, including religious leaders, as key influential gatekeepers in Iraq on the issue of child marriage. Series of interventions aimed at building trust, challenging preconceptions, and developing capacities have been implemented through the Ministry of Religious Affairs to turn the leaders into positive allies. While the impact of the initiatives on early marriage practices is not yet visible, the improvements in the legal framework have demonstrated a successful model of intervention.

**LEVERAGING COMMUNICATION CHANNELS TO DELIVER MESSAGES**

**Lessons Learned:**

- New/innovative communication channels increased the reach and supported access to new groups of beneficiaries.
- Inviting broad participation of different community groups into the process of delivering messages is shown to guarantee buy-in and good reception of the intervention.
- One-off mass awareness sessions coupled with long term and more structured prevention interventions have demonstrated a successful model of intervention.

Mass awareness and social advocacy are important components of a gender-based violence response. UNFPA and partners have regularly participated in International Days relevant to gender-based violence and sexual and reproductive health activities. In the Syria Response, focus countries have been engaged in mass awareness and advocacy efforts as a way to break taboos, sensitise, and request changes in the legal framework. This engagement contributed to significant successes over time. Over the years, the initiatives became more coordinated among partners and were able to reach an increasing number of persons thanks to the use of new dissemination channels, such as Social Media, YouTube, television, as well as universities. One important facilitating factor is the broad participative approach when it comes to defining the key messages to disseminate. Engaging with various stakeholders may be a time-consuming process, but it guarantees buy-in and good reception of the intervention.
INNOVATIVE PARTNERSHIPS

Innovation can greatly contribute to improving programmes and overcome traditional challenges, including those related to service provision. UNFPA and partners were recently able to engage on gender-based violence and sexual and reproductive health in a safe and enabling environment. Professors from different faculties of the university (colleges, institutes and hospital), students from the Student Union and University Board members participated to deliver awareness sessions. Over 55,000 students benefited from the sessions and gained knowledge on core concepts. The “16 Days of Activism” campaign was also celebrated by the university for the first time. The FGDs carried out with beneficiaries showed the willingness of students to increase their knowledge and be able to share information with their families and communities. The initiative required strong investment and coordination by UNFPA, including ensuring correct messaging at all times. The next step is to institutionalise the initiative at the level of university under the Ministry of Higher Education to ensure continued collaboration.

Highlight from UNFPA Jordan - Breaking Taboos around sexual and reproductive health issues through TV Shows and Podcast

UNFPA Jordan initiated in 2019 a strategic partnership with NOVA TV, a popular television channel in Jordan, in order to exploit a new platform to disseminate sexual and reproductive health and rights messages and step up the awareness efforts. The objective was to reach a large public of women and youth to provide knowledge on sexual and reproductive health and rights and enhance their decision-making capacity. UNFPA developed 12 weekly television episodes under the name “Mesh Taboos” (“Not a Taboo”) where experts treated issues such as youth and adolescent changes, STIs, sexuality education in schools, body image and its impact on sexual life etc. Experts, Youth, Ministries of Health and Youth, Universities, etc. were consulted and engaged in the development of the sessions. Considering the success of this initiative in a very conservative environment, the partnership will continue with a youth focused television segment and a podcast on sexual and reproductive health and rights.

Highlight from UNFPA Jordan - Partnering with a Telecom Company to make Technology Accessible and Safe for Vulnerable Women

In the framework of a broader effort to develop innovative partnerships with the private sector, UNFPA Jordan initiated a pilot with Zain, the mobile telecom company in Jordan, in collaboration with the Institute for Family Health. The initiative aimed at training selected Syrian women in an Innovation Lab, the “ZINC Club for Innovation” How to Use Mobile Application and Internet Safely”, including for accessing key information, referring gender-based violence services and protection issues and installing a period tracker. The participants were selected among the most vulnerable with minimal to no exposure to technology. Accessing basic knowledge on mobile Internet has contributed to empowering women and girls and breaking their isolation through giving them easy access to information, as well opportunities (such as selling home-made food online). The partnership with the Social Responsibility Branch of Zain will be expanded based on the participants’ feedback and lessons learned from the projects, with a focus on access to information and freedom of expression.

While those efforts remain specific, this study identified promising initiatives undertaken in the region.

DATA MANAGEMENT

Lessons Learned:

- Investment in capacity development and dedicated human resources required in data management, data visualisation, information management (both for UNFPA and for the beneficiary mechanisms) has shown a return on investment.
- Guidance and technical support available at global level through the GBV IMS (for instance) was helpful for in-country roll outs.
- Having good data improved advocacy efforts and programmatic decision making, and UNFPA’s experience in data management demonstrates that it is possible to collect gender-based violence data safely and in a consistent setting.
- The varied capacity of organizations providing services when it comes to reporting can represent a challenge.

This study found that great efforts have been made these past years to ensure safe and ethical data management, including collection, storage, sharing and analysis of gender-based violence data:

- In Lebanon, Jordan and Iraq, the gender-based violence IMS has been successfully rolled out and implemented. As of today, the system constitutes the main reference when it comes to gender-based violence-related data management. An inter-agency gender-based violence IMS was deployed by UNFPA (in Lebanon and Iraq) or by UNHCR (Jordan) is managing the system on behalf of the inter-agency coordination and the data-gathering organisations, with the support of the Global Team. Analysis of trends is produced regularly, helping to enhance coordination, inform programming and support joint advocacy efforts. It’s worth adding that beyond the use of the data, the system itself has helped to greatly enhance the quality of the case management and service provision delivered and featured participation requirements and capacity development tools.
- For the Whole of Syria Turkey Cross-Border Operation, efforts have been made recently to collect a minimum set of data based on the Information Sharing Protocol and then analyse them at inter-agency level. The “Gender-Based Violence Trends Analysis” is produced quarterly and provides information on main gender-based violence trends related to the type of reported incidents per age group etc. In the Whole of Syria, a 4Ws tool was developed where gender-based violence actors are reporting quantitatively the nature of GBV they have reached through their interventions based on an agreed set of indicators. The gender-based violence 4Ws methodology established avoids double counting and ensures that number of beneficiaries is captured. The results are displayed in a detailed gender-based violence dashboard summarising achievements from the sector by hub, location, activity and severity scale. The dashboard provides a useful basis to analyse gaps.

The main challenge linked to data management has been the varied capacity of organisations providing services when it comes to reporting. UNFPA has invested to ensure that all service providers are able to report timely and properly. However, over the past three years, the quality of reporting has improved dramatically and now allows proper analysis and recommendations.61 Data management has become a key priority these past years, due to the critical importance of reliable and safe gender-based violence qualitative and quantitative data in order to improve programming and support advocacy. Relevant human resources, such as dedicated Information Management Officers for UNFPA, for the gender-based violence coordination mechanisms, and Gender-Based Violence IMS Coordinators, are central to this success.

Beyond quantitative data, meaningful efforts (such as “Voices from Syria” below) were made to gather qualitative data to provide in-depth analysis.

Highlight from the regional M&E framework for the Syria Crisis

To enhance the ability of M&E and IM activities to inform programming and facilitate an evidence-based approach to UNFPA’s work in the Syria response, UNFPA streamlined the top level-indicators, ensuring alignment to global UNFPA indicators (to the closest extent possible) to enable standardised sub-regional reporting tracking, as well as reduced reporting efforts at country-level. For the Syria crisis region, UNFPA also streamlined a data reporting tool for partners that capture beneficiary and service data (monthly & cumulative; RH and gender-based violence) as well as other indicators (such as IDPs, host communities status, gender-based violence sign- 61 See annexure, page 23 of this document or visit UNFPA’s website for data management and analysis tools and resources.

other sectors that need to be mitigated throughout the response.

CROSS-CUTTING FINDINGS

In addition to the above-mentioned thematic progress raised by the focus countries, the following cross-cutting developments have contributed to the evolution of an improved quality of gender-based violence and sexual and reproductive health service provision:

- High Commitment to Enhance Quality of Service Provision: desk review and interviews with key informants confirmed that UNFPA and partners in both gender-based violence and sexual and reproductive health sectors have prioritised the quality of interventions

Highlight from UNFPA Whole of Syria - Issuing an annual “Voices from Syria”, a Gender-Based Violence Analysis Report to Inform Programming

“Voices from Syria” is a comprehensive report on gender-based violence trends in the Whole of Syria, produced annually since 2016. Mixed sources of data with a strong focus on qualitative data are used to generate findings that inform programming and support development of the Humanitarian Integrated Response Plan for the Whole of Syria. The report also captures risks of gender-based violence in other sectors that need to be mitigated throughout the response.
these past three years. In a context where a broader scope of partners are engaged in gender-based violence and while the risks and needs are increasing, inter-agency and sub-sector/cluster leaders have invested in developing knowledge and capacities (including training, mentoring, coaching) of gender-based violence and reproductive health service providers, producing guidance tools, and improving impact-related monitoring and evaluation. The Whole of Syria Coordination Task Force, in its capacity to deliver quality services. A thorough review of inter-agency strategies, achievements and products confirms that UNFPA has positioned itself as a leader within the region. Dedication and accountability of coordinators, trust among stakeholders, in-depth knowledge of the context, and capacity to acknowledge the successes and challenges have led to significant achievements and good practices in terms of service provision.

**Strong Leadership in the Gender-Based Violence Coordination:** In April 2016, UNFPA became the sole lead Agency of the gender-based violence AoR globally. Therefore, it was critical that UNFPA delivered strong leadership in the Syria Crisis Response. In the course of the past three years, UNFPA demonstrated increased capacity to coordinate the gender-based violence sub-sector/cluster, including through establishing close and trust-based relationships with co-leading agencies and sub-sector/cluster members, which has had a direct impact on the capacity to deliver quality services. A thorough review of inter-agency strategies, achievements and products confirms that UNFPA has positioned itself as a leader within the region. Dedication and accountability of coordinators, trust among stakeholders, in-depth knowledge of the context, and capacity to acknowledge the successes and challenges have led to significant achievements and good practices in terms of service provision.

**Increased Efforts to Monitor Impact of Intervention at the Sectorial Level**

To match the increased emphasis on accountability, gender-based violence / sexual and reproductive health result frameworks were initially mainly intervention-based and focused on measuring the impact of activities carried out and the number of beneficiaries reached by the service provider sector. At organisation level, as well as the focus of the reporting and evaluation, was more on quantitative information rather than qualitative.

Progressively, taking advantage of the multi-year humanitarian planning cycle and increasing M&E capacity across the region, efforts have been made to better capture impact of prevention and response interventions in both sectors:

- **Baselines were established and impact-related indicators were included in inter-agency framework**
- **In some focus countries, the gender-based violence sub-sector/cluster designed an inter-agency M&E toolkit and training materials to ensure that programmes are planned and implemented in a safe and ethical manner, for example the gender-based violence Monitoring and Evaluation Toolkit (English/Arabic)**
- **Innovative M&E tools (such as the Sense Maker in Lebanon)**

The inter-agency initiatives have been mirrored within organisations so that they developed result frameworks aligned with the inter-agency ones, including impact-related indicators early on using the inter-agency tools. UNFPA conducts annual impact assessments to measure the outcomes of multiyear, multicountry projects, including determining the impact and the positive outcome for beneficiaries of services.

The impact-related information and data have helped to improve the quality of services provided to maximise return on investment and the positive outcome for beneficiaries of services. UNFPA should capitalise on the efforts made and adapt/improve the impact assessment tools to better capture the full impact of the interventions in terms of decrease of risks and improvement of women and girls’ well-being.

**Increased Focus on the Nexus:**

The gender-based violence sub-sector/cluster, and to a certain extent the sexual and reproductive health sub-sector/cluster, have been disproportionately oriented towards emergency response interventions for some time. While the needs are indisputable, there was a lack of strategising around investment in national systems and local/government organisations, sustainability of interventions, and long-term behaviour change programming. Research results show that a shift in focus towards long-term, more connectedness between emergency response and long-term development has been initiated and implemented pools of human resources and knowledge across the region.

The national, regional, and local governments that have invested in developing knowledge and capacities (including training, mentoring, coaching) of gender-based violence service providers, producing guidance tools, and improving impact-related monitoring and evaluation. The Whole of Syria Coordination Task Force, in its capacity to deliver quality services. A thorough review of inter-agency strategies, achievements and products confirms that UNFPA has positioned itself as a leader within the region. Dedication and accountability of coordinators, trust among stakeholders, in-depth knowledge of the context, and capacity to acknowledge the successes and challenges have led to significant achievements and good practices in terms of service provision.

**THE IMPACT OF COVID-19**

While UNFPA and the gender-based violence / sexual and reproductive health sub-sectors/cluster in the region have been continuously adjusting, developing and improving their service provision interventions to better meet the identified needs demonstrated by COVID-19, the COVID-19 pandemic has constituted an unexpected crisis within the crisis. UNFPA and gender-based violence and sexual and reproductive health sub-sectors/cluster have been completely engaged in one case, where access to gender-based violence and sexual and reproductive health services is more hampered than ever. The measures taken to respond to the COVID-19 pandemic have included the restriction of movement, which has severely impacted service delivery: some sexual and reproductive health services and Safe Spaces were closed due to difficulties in obtaining funding (even for some service providers) and women and girls limited their access to services out of fear of transmission/infection. As a result, a drop of almost 20% access to sexual and reproductive health services and over 56% access to psycho-social services were reported. In Jordan, telephone surveys related to SRH services have identified a lower access to family planning services in particular.

In conclusion, the analysis of the evolution of gender-based violence / sexual and reproductive health services in the Syria Crisis region during the past three years clearly demonstrates rich development and progress. It was found that UNFPA, as an agency and as sub-sector/cluster lead, is using the comparative advantage of its mandate to innovate and develop integrated gender-based violence / sexual and reproductive health services for women and girls.

**Highlight from UNFPA Jordan - Adjusting the Amali App for Improved Remote Services**

In Jordan, the Amali App is a user-friendly tool by the SC/GH/WG to support beneficiaries, especially those in remote locations, to access remote sexual and reproductive health services related IEC materials, including key messages, using various channels (such as videos on social media, phone calls and messages); supported other sectoral analysis to integrate gender-based violence risk mitigation in all aspects of their epidemic response.

Among the innovative initiatives taken by the focus countries to adjust services to the pandemic, two were found particularly interesting as they would benefit the response beyond COVID-19.

- **Developed contextualised guidance for service providers (including on safe remote/virtual case management)**

Offered online training sessions for gender-based violence service providers on gender-based violence risk associated with COVID-19, measures to adapt their services during the crisis, as well as messages to deliver to different groups within the communities;

- **Revised the referral pathways and supported the non-gender-based violence frontline workers to refer safely and swiftly (via gender-based violence referral help desks and phone application), using dedicated 24/7 helplines provided.**

Provided remote services to enhance psychosocial support and counselling; and legal advice;

- **Led the development and sharing of COVID-19 and gender-based violence and sexual and reproductive health services related IEC materials, including key messages, using various channels (such as videos on social media, phone calls and messages);**

- **Supported other sectoral analysis to integrate gender-based violence risk mitigation in all aspects of their epidemic response;**

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In North-West Syria, the COVID-19 outbreak has systematised the use of "Tele-Medicine" as a way to decrease health facilities attendance and ensure continued access to sexual and reproductive health (SRH) services for beneficiaries who are unable to reach services. Midwives and gynaecologists trained in delivering virtual consultations in times of COVID-19 are on call to ensure services, including antenatal care, postnatal care, family planning among others. The Tele-Medicine is combined with pre-existing mobile team delivery of medicines/drugs to patients, if and as required. UNFPA is contributing to promoting and structuring these sexual and reproductive health tele-services designed to help overcome the barriers linked to transportation and movements, which are a concern in the region.

In addition, UNFPA and partners are also expanding their work with cash and voucher assistance to address the growing economic vulnerability of women and girls.

UNFPA has also supported national COVID-19 plans with relevant equipment and supplies, as well as developing advocacy points directed at decision-makers in favour of maintaining or increasing support to gender-based violence and sexual and reproductive health service delivery for as long as the pandemic lasts.75 UNFPA developed country and regional level advocacy notes targeting donors on the need to maintain and increase gender-based violence funding in this specific context.

Given the challenges arising from COVID-19, the delivery of sexual and reproductive health services and gender-based violence programming may be affected as the humanitarian community, decision makers and donors focus on curbing the spread of the virus.

Evidence from past epidemics indicates, for instance, that healthcare resources dedicated to women and girls are at risk of being re-oriented towards addressing the pandemic.74 Access to menstrual hygiene products, basic sexual and reproductive health services and even clinical management of rape for survivors might then be compromised. Although urgent needs are competing in this acute crisis, gender-based violence and sexual and reproductive health issues must not be deprioritised. On the contrary, these services remain part of the minimum service package in times of health emergencies, considered as lifesaving, with gender-based violence risk mitigation mainstreamed in all sectors of intervention to uphold the "do-no-harm principle", as recalled by numerous global77 and regional76 guidelines. Governments in host countries, who have been close partners of UNFPA for years to advance gender-based violence and sexual and reproductive health agenda, must still consider women and girls’ rights an urgent priority during the COVID-19 pandemic. Lastly, not only should the funding to the sub-sectors/clusters be maintained, but it needs to match the increased needs that the COVID-19 pandemic has generated.73

The consequences of disregarding gender-based violence and sexual and reproductive health issues in these critical times are four-fold:

- Organisations would not have enough funds to ensure essential services adjusted to the crisis, meaning a number of women and girls in need will be unable to access support;
- Progress in the use of family planning could be lost and the maternal mortality rate increased;
- Gender-based violence risks would further increase for women and girls due to a gender blind epidemic response;
- Reduction or disruption of basic essential and life-saving services would breach trust and have dramatic impact on help-seeking behaviours.

As mentioned by a key informant, "if we miss this opportunity to demonstrate to women and girls in need that the service providers are there for them at all times, including during the COVID-19 crisis, we might breach the trust that we have built over time. This would have long-lasting repercussions on UNFPA work and the life of the most vulnerable women and girls.

Highlight from UNFPA WOS/Turkey Cross-Border - Using Tele-Medicine to overcome Access Challenges

In addition, it is important to note that providing SRH services and gender-based violence risk mitigation requires long-term thinking and planning. UNFPA and partners have immediately identified and alerted on the heightened risks triggered by the COVID-19 pandemic.
THEMATIC RECOMMENDATIONS

UNFPA and the gender-based violence sub-sector/cluster should continue investing in Safe Spaces, as the only viable modality to provide protection and increase well-being:

- Maintain the combination of static and mobile interventions to overcome the main barriers to access.
- Increase, where possible, the number of multi-sectorial services (such as family planning, legal, mental health, livelihood), available for women and girls at the safe spaces. Alternatively, ensure that referral pathways are strengthened towards those services.
- Continue providing dignity/sanitary kits during awareness and information-sharing sessions in emergency contexts, as a life-saving intervention, as well as to support help-seeking behaviour and disclosure.
- Assess the level of sustainability of the Safe Spaces and develop some “minimum sustainability standards” based on global and regional guidance to reinforce and systematise the practice. The standards should include women and girls’ participation, mandatory areas of operational development and exit pathways.
- Explore the opportunities provided by COVID-19 to develop activities that can be implemented through a virtual safe space to facilitate access to information and services for vulnerable women and girls.78

UNFPA and the gender-based violence sub-sectors/clusters and sexual and reproductive health coordination mechanisms should invest in standardising and implementing the integrated approach:

- Study the integration models piloted across the region, highlighting lessons learned and good practices (with a special attention on the sustainability of the intervention).
- Provide recommendations at operational and policy levels, and set some minimum standards.
- Continue investing in joint sensitisation, capacity development, technical support, and policy to reinforce coordination and collaboration between the two sectors of intervention.
- Document the positive impact of the integrated approach and use findings for advocacy purposes to relevant Ministries, Protection and Health humanitarians, and donors.

UNFPA and the gender-based violence sub-sector/cluster should consider expanding the use of cash and voucher assistance to increase access to services:

- Research and analyse the types of cash and voucher assistance being used/piloted in the region, the criteria/modalities applied, the lessons learned, as well as the impact that the interventions has demonstrated so far in order to inform any future initiative.
- Take advantage of the existing global and regional guidance and tools, with a special attention on those adjusted to the COVID-19 context.
- Sensitise and inform partners on the benefits of the cash and voucher assistance and the risk mitigation measures.
- Consider including a financial education component.

UNFPA and the gender-based violence sub-sector/cluster should further enhance targeted programming for adolescent girls:

- Target adolescent girls married and/or pregnant with specialised programming that responds to their specific and differential needs.
- Adopt a comprehensive approach to ensure adolescent girls’ active participation, as well as systematic engagement of influential members of their family and community.
- For example, consider testing in other contexts the use of the “AMAL” approach targeting adolescent girls, families and communities, as well as sexual and reproductive health service providers to establish an adolescent responsible health system and supportive environment for adolescent girls to access their sexual and reproductive health and rights.

UNFPA and the gender-based violence sub-sector/cluster and sexual and reproductive health coordination mechanisms should build on, structure and harmonise disability inclusion initiatives taken at country level:

- Encourage the development of country-based disability inclusion strategic plans, in line with the UNFPA Guidelines for Providing Rights-based and Gender-Responsive Services for Women and Young Persons with Disabilities and on the learning from the Whole of Syria Social Inclusion Strategy, to enhance accountability of UNFPA and implementing partners (UNFPA).
- Continue to monitor and document the impact of initiatives on the current access to services of persons with disabilities and their increased well-being.

UNFPA and the relevant coordination mechanisms should reinforce and systematise interventions that aim to challenge harmful social norms and attitudes:

- Compile and share lessons learned from the Whole of Syria pilot on social norm theory of change, the Iraq and Jordan COMBi for early marriage and other ongoing pilots in humanitarian settings on social norms.
- Develop/adjust, on that basis, monitoring tools aimed at assessing the impact on attitudes and the level of change.

UNFPA and the gender-based violence sub-sector/cluster and sexual and reproductive health coordination mechanisms should continue investing in innovative partnerships and approaches:

- Capitalise on the successful innovative pilots in documenting the good practices, lessons learned, comparative advantage and impact in order to advocate to donors for expansion or duplication.
- Develop a strategy to support and increase proactive identification and concretisation of opportunities for innovative partnerships in the region, based on global guidance and regional lessons learned.

UNFPA and the gender-based violence sub-sector/cluster and sexual and reproductive health coordination mechanisms should make investment in qualitative data collection, sharing and analysing as a way to inform programming, reinforce coordination and support advocacy:

- Continue building the capacity of partners on safe and ethical data management (including data security and protection), use of tools and analysis.
- Prioritise securing dedicated human resources specialised in data management, data visualisation, information management (both for UNFPA and for coordination mechanisms).

CROSS-CUTTING RECOMMENDATIONS

- UNFPA and the UNFPA and the gender-based violence sub-sectors/clusters and sexual and reproductive health coordination mechanisms should systematically document and share the positive impact of flexible, multi-year funding (in terms of supporting rapid adjustment of programming, continuity of service, long-term prevention interventions and predictable investment in national systems) to maintain buy-in from donors.
- UNFPA and the gender-based violence sub-sector/cluster should continue prioritising capacity development and technical support of stakeholders as a way to raise and harmonise quality service delivery.
- UNFPA should maintain investment in inter-agency gender-based violence and sexual and reproductive health coordination through dedicated experienced coordinators on long-term contracts and, where possible, specific funding for inter-agency initiatives aimed at enhancing quality service provision.
- UNFPA should capitalise on the efforts made to reinforce the outcome level monitoring and adapt/improve the assessment tools to better capture the overall impact of the interventions in terms of decrease of risks and improvement of women and girls well-being to inform programming and support advocacy.
- UNFPA should build on its comparative advantage to enhance the nexus approach to gender-based violence and sexual and reproductive health and integrate the good humanitarian practices into national systems.
- UNFPA should maintain and enhance where possible an active regional community of practice via the Regional Syria Response Hub, allowing regular exchange of information, good practices, lessons learned, resources, as well as technical support and mentoring.

79 See UNFPA, “Gender-Responsive Inclusion of Persons with Disabilities in Humanitarian Settings”, 2010 which provides field tested good practices related to inclusion of persons with disabilities.
KEY ADVOCACY MESSAGES

TO DONORS

• Maintain flexible multi-year funding for gender-based violence and sexual and reproductive health sub-sectors/clusters, including to local partners, to allow rapid adjustment of programming, as well as to ensure continuity of quality service, long-term prevention interventions and predictable investment in national systems.

• Increase support so that a comprehensive multi-sectoral set of services be provided from static and mobile Safe Spaces, with a special focus on systematic integration of sexual and reproductive health and gender-based violence services.

• Continue to support the delivery of tailored dignity/hygiene kits to women and girls as a life-saving intervention in emergency contexts.

• Support the use of cash and voucher assistance, especially in the COVID-19 context.

• Prioritise targeted programming for adolescent girls, offering a comprehensive approach to include families, communities and local sexual and reproductive health service providers to meet the differential needs of adolescent girls.

• Continue to encourage accountability towards inclusion of persons with disabilities through required mainstreaming in proposals, implementation, M&E and reporting.

• Increase investment in long-term gender-based violence prevention interventions addressing the root causes of the issue and with the goal of changing social norms in order to decrease the risks and alleviate pressure on the response.

• Encourage innovative partnerships and approaches as a way to overcome traditional challenges and capitalise on evolution of technologies for humanitarian and development purposes, especially in the COVID-19 context.

• Continue supporting gender-based violence and sexual and reproductive health activities coordination mechanisms through funding long-term dedicated positions and inter-agency initiatives as a way to enhance quality and efficiency of interventions.

• Continue to invest in safe and ethical data management by supporting dedicated specialised senior positions and capacity development, to enhance qualitative analysis that informs programming.

• Avail both humanitarian funding to respond to ongoing emergencies and resilience funding to allow implementation of longer-term development interventions.

COVID-19 RELATED ADVOCACY

• Gender-based violence/sexual and reproductive health activities interventions must be considered as essential and life-saving, and all the more so in times of public health crisis such as COVID.

• Funding should be maintained or increased to meet the increased life-saving needs, the generation of evidence related to the impact of COVID, as well as the additional costs related to safe delivery of services in times of health emergency.

• Utmost flexibility should be maintained throughout the COVID-19 crisis to allow re-allocation of funds, no-cost extension, delays in implementation or reporting, as well as modifications in project activities to better meet emerging needs.

• Donors should advocate along with the gender-based violence/sexual and reproductive health activities actors to ensure that both interventions are considered by all stakeholders as critical and essential, that gender-based violence risk mitigation is mainstreamed in all sectors of intervention and that women’s rights are upheld in all times.

During the curfew period, I met many women who face violence at the hands of their husbands. It has clearly increased.
— Ghadeer, a woman from Homs, Syria

The COVID-19 pandemic has constituted an unexpected crisis within the crisis. UNFPA and partners have immediately identified and alerted on the heightened risks triggered by the pandemic on women and girls.
After the lockdown was announced, I honestly did not know if I would survive till the end. I was not afraid of the virus; I was afraid of being locked in with the men of my family and to endure the same abuse without the chance of escape.

— JANA, an adolescent girl living in Jordan

Complex and protracted crisis present viable opportunities for real, transformative change. Organisations can effectively capitalise on that opportunity by scaling-up, systematising and institutionalising impactful practices.

CONCLUSION

A clear progression of sexual and reproductive health service delivery and gender-based violence programming can be noted over the past three years. Meaningful progress was made by UNFPA and partners in areas such as the integration of gender-based violence and sexual and reproductive health activities service delivery, social inclusion (in particular for adolescent girls and persons with disabilities), prevention, innovation and data management. A series of impact assessments demonstrate a high level of satisfaction, as well as an increased sense of well-being from beneficiaries accessing gender-based violence and sexual and reproductive health services. Data related to gender-based violence and sexual and reproductive health activities also shows significant improvement in help-seeking behaviour with increasing numbers of women and girls accessing safe spaces and related services. The COVID-19 pandemic has required rapid and efficient adjustments of sexual and reproductive health service delivery and gender-based violence programming to respond to the growing needs and to continue to serve women and girls in need.

This analysis provides suggestions on how to capitalise on the recent developments and gives overall directions to further enhance the response through scaling-up, systematising and institutionalising impactful practices. The Syria Crisis presents unique opportunities to reinforce national systems, to initiate transformative change on gender norms and to leverage the unparalleled resilience demonstrated by women and girls.
AN ANALYSIS OF

EVOLUTION OF GENDER-BASED VIOLENCE
AND SEXUAL AND REPRODUCTIVE HEALTH
SERVICES WITHIN THE SYRIA CRISIS RESPONSE

2017 — 2020

UNFPA IS GRATEFUL TO ALL DONORS CURRENTLY
FUNDING ITS SYRIA CRISIS RESPONSE

Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, and the United Kingdom.

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