

# REGIONAL SITUATION REPORT

FOR THE SYRIA CRISIS

February 2023

“ WE AS WOMEN SIMPLY DO NOT FEEL SAFE ANYMORE. MANY OF US DO NOT EVEN FEEL SAFE IN OUR OWN HOMES, WITH OUR OWN FAMILIES, WHILE OTHERS FEAR BEING KIDNAPPED, RAPED, OR KILLED.

– MARIAM, a woman from Aleppo

## SNAPSHOT

**As of early 2023, Syrians and host communities throughout the region are living through one of the worst years of the crisis. People in need continue to face the escalating impact of a protracted conflict, further complicated by a collapsing economy, climate-related challenges, and chronic and new emergencies, including the massive earthquake that struck Türkiye and north-west Syria in February 2023.**

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 widespread and ongoing humanitarian challenges in multiple countries, far-reaching inflation and economic recession, as well as the wider impacts of the war in Ukraine. More than twelve years into this protracted crisis, people continue to endure the cumulative effects of years of instability, the risks of which are even higher now due to extended disruption in community networks and the rule of law.

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 (The Hub) in Amman, and spans operations led by UNFPA offices in Türkiye, Lebanon, Jordan, Iraq, and Egypt, in addition to operations led inside Syria, both from Damascus and cross-border via Türkiye.

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.





# ISSUE # 126

## FEBRUARY 2023



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

– YUSRA, a woman from Qamishli

### IN THIS REPORT

SITUATION OVERVIEW	3
RESPONSE FROM ALL OPERATIONS	6
WHOLE OF SYRIA	7
SYRIA COUNTRY OFFICE	9
TÜRKIYE CROSS-BORDER	10
TÜRKIYE	11
LEBANON	13
JORDAN	14
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.

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

[www.unfpa.org](http://www.unfpa.org)  
[www.ocha.org](http://www.ocha.org)  
[www.unhcr.org](http://www.unhcr.org)  
<http://syria.humanitarianresponse.info>



# CRISES WITHIN CRISES UNFOLD AS SYRIAN COMMUNITIES ARE PUSHED TO THE BRINK.

In 2023, the needs of Syrians and host communities are higher than ever, particularly in light of widespread economic collapse, the cumulative impact of 12 years of conflict, climate-related challenges, and various other socio-political factors that have exacerbated pre-existing vulnerabilities.

Despite the continuing efforts of humanitarian actors, the Syria crisis remains one of the world's most complex humanitarian and protection emergencies. As of early 2023, 15.3 million people are in need of humanitarian assistance – the highest number since the onset of the crisis in 2011. This includes 7.7 million women and girls, 4.2 million of whom are of reproductive age. Meanwhile, more than 6.8 million Syrian refugees remain as refugees in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt, nearly half of whom are women and girls.

## A disaster unfolds in the north-west

On February 6, communities surviving extreme conditions in north-west Syria were pushed to the brink after multiple earthquakes, the strongest being of 7.7 magnitude, struck southern Türkiye and northern Syria, creating a disaster of colossal proportions. Following the initial quake, around 17,000 aftershocks occurred until March 13, highlighting the vulnerability of the region to future earthquakes and the severe risks facing communities.

In addition to leaving hundreds of thousands of people – mostly women and children – without access to shelter, food, water, heat, and healthcare, the emergency has further amplified the challenges of an already weak and fragile health system. Maintaining access to lifesaving sexual and reproductive health assistance, integrated SRH-GBV services, and other essential health services remains a critical response priority for UNFPA and its partners operating on the ground. Moreover, the situation is further compounding the risks of gender-based violence, particularly as women and girls are forced to stay in overcrowded shelters that lack adequate privacy, lighting, and security.

Prior to the earthquakes, conditions in displacement camps in the north-west of the country were already dire as people were left with little choice but to return to their homes in front-line areas, where active hostilities and indiscriminate attacks against civilians have claimed countless lives and targeted food and water resources.

Throughout 2022, civilian life and humanitarian assistance were severely impacted by artillery shelling, air strikes, land mines, and unexploded ordnance, creating fear for millions of Syrians who have known nothing but conflict and displacement. Compounding the impact of these challenges is the growing threat of climate-related shocks, with serious drought and flooding creating additional needs and threats. More than a decade of conflict has also resulted in large-scale destruction of the water and sanitation infrastructure, leaving significant numbers of Syrian families in overcrowded displacement sites and poor WASH conditions. Up to 47 percent of the population rely on often unsafe alternatives to piped water, which constitutes a major risk factor for disease outbreaks, including cholera.

## Women & girls pay the steepest price

Assessments and focus group discussions conducted by UNFPA show that gender-based violence continues to pervade the daily lives of Syrian women and girls impacted by the crisis. Their lives are marked by mutually reinforcing forms of violence and gender inequality, often exacerbated by discriminatory attitudes based on age, displacement status, disability, and/or marital status. This has created an environment in which women and girls are consistently devalued, controlled, exploited, and then blamed for the violence they face.

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



**15.3 MILLION**  
Estimated people in need inside Syria



**2.3 MILLION**  
Women and girls of reproductive age in need in Syria



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



**5.6 MILLION**  
Refugees, asylum seekers, or stateless people in the region



## “ FOR MOST PEOPLE IN SYRIA, LIFE TODAY CARRIES VERY FEW PROSPECTS FOR A BETTER FUTURE.

— RIMA, a young woman from Aleppo

Unsurprisingly, women and girls throughout Syria and the crisis region are telling UNFPA that the violence against them has become normalized. Harassment, intimate partner and family violence, child and forced marriage and subsequent pregnancies, and sexual violence and exploitation are consistently reported, while new trends, such as various forms of technology-facilitated violence, have also been observed in recent years. Adolescent girls in particular face a wide range of challenges that usually accompany them throughout their lives. It begins with restrictions on movement and domestic violence, and progresses as the girl grows to include child and serial marriage, domestic violence, early pregnancy, sexual violence, and sexual exploitation, among others. Girls are also being denied their education, which further limits their life prospects and can entrap them in an unending cycle of violence and exploitation.

### Throughout the region, Syrians & host communities face an uphill battle

More than 6.8 million Syrians remain as refugees in five neighbouring countries – Türkiye, Lebanon, Jordan, Iraq and Egypt. For the women and girls among them, the protracted nature of the crisis has only multiplied the risks, including the growing threat of gender-based violence in its various forms. Many Syrian refugees live in overcrowded and unsafe conditions, where women and girls are at risk of harassment, assault, and exploitation. The worsening macroeconomic context, now worse than ever after the war in Ukraine, is also forcing countless families to resort to negative coping mechanisms to survive, including child and forced marriage.

Moreover, Syrian refugees in host countries continue to face discrimination, even as they struggle to overcome their traumas and rebuild their lives. This can manifest in a multitude of ways, including limited access to employment opportunities, education, healthcare, and basic services. For women and girls, it can also mean further risk of violence and fewer opportunities to access legal assistance. Discrimination continues to be a significant barrier to their integration and can contribute to their marginalisation and exclusion from society, further underscoring the essentiality of programmes tailored to their unique needs and challenges.

### UNFPA continues to show up

Among the millions of Syrians who have spent the last 12 years surviving conflict, displacement, economic collapse, and mounting risks to their safety, many feel their calls for help have been increasingly drowned out. 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 and humanitarian actors will continue to advocate for the rights and well-being of all Syrians, particularly women and girls. As of February 2023, as part of its regional response to the crisis since the beginning of the year, UNFPA has delivered sexual and reproductive health services to more than 214,000 people, while around 141,000 were reached with services designed to prevent and respond to gender-based violence, including around 55,000 adolescent girls. More than 9,000 women were provided with cash and voucher assistance, and more than 1,500 LGBTQIA+ individuals were served.

**In 2023, UNFPA is appealing for a total of USD 141.9 million to fund its regional Syria crisis response, which spans the Whole of Syria, Türkiye, Lebanon, Jordan, Iraq, and Egypt. In addition, UNFPA has also launched a [Whole of Syria appeal](#) to fund its response to the recent earthquakes.**





# #ThisIsNotNormal

## Disrupting the normalization of violence against women and girls

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

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 has been normalized in many communities.

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 normalization 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.

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



# FROM ALL OPERATIONS

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

**214,327**

PEOPLE REACHED WITH SRH SERVICES

98% FEMALE

**2,268**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

84% FEMALE

**140,902**

PEOPLE REACHED WITH GBV PROGRAMMING

96% FEMALE

**1,513**

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

**3,721**

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

90% FEMALE

**9,160**

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

99% FEMALE

**54,815**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

**698**

PEOPLE TRAINED ON VARIOUS TOPICS

79% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	21,345	100%
Family planning consultations	56,447	99%
Normal / assisted vaginal deliveries	4,117	100%
C-sections	1,760	100%
Ante-natal care consultations	37,883	100%
Post-natal care consultations	9,558	100%
People trained on SRH-related topics	181	71%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	32,185	100%
People reached with dignity kits	39,096	100%
GBV case management consultations	5,639	95%
People reached with GBV awareness sessions	93,340	96%
People trained on GBV-related topics	392	76%

## YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	1,285	100%
People trained on youth-related topics	125	98%



**90**  
PRIMARY HEALTHCARE FACILITIES \*



**88**  
WOMEN AND GIRLS SAFE SPACES



**29**  
EMERGENCY OBSTETRIC CARE FACILITIES



**5**  
YOUTH CENTRES



**83**  
MOBILE CLINICS



**22**  
OTHER SERVICE DELIVERY POINTS

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

### AS THE CHALLENGES DEEPEN, WOMEN AND GIRLS CONTINUE TO PAY THE PRICE.

The conflict in Syria has created one of the most severe and protracted humanitarian crises in the world today. Millions have been displaced both inside the country and outside as refugees, especially in Türkiye, Lebanon, Jordan, Iraq, and Egypt. The crisis has permanently altered the fabric of society in Syria itself, with far-reaching ramifications for its future resilience.

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

Despite testing their limits, however, the crisis has also revealed the remarkable resilience of women and girls, many of whom defy enormous odds to build brighter futures for themselves and their families.



# THE WHOLE OF SYRIA

UNFPA REMAINS COMMITTED TO ENSURING THAT ALL COMMUNITIES THROUGHOUT SYRIA HAVE ACCESS TO QUALITY SERVICES AND SUPPORT

**175,663**

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

**117,663**

PEOPLE REACHED WITH GBV PROGRAMMING

98% FEMALE

**46,183**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

**1,587**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

83% FEMALE

**8,462**

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

**45**

PEOPLE TRAINED ON VARIOUS TOPICS

89% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	18,215	100%
Family planning consultations	47,626	100%
Normal / assisted vaginal deliveries	3,812	100%
C-sections	1,760	100%
Ante-natal care consultations	30,614	100%
Post-natal care consultations	8,044	100%
People trained on SRH-related topics	90	89%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	27,968	100%
People reached with dignity kits	33,555	100%
GBV case management consultations	3,175	95%
People reached with GBV awareness sessions	75,280	98%



70

PRIMARY HEALTHCARE FACILITIES \*



52

WOMEN AND GIRLS SAFE SPACES



27

EMERGENCY OBSTETRIC CARE FACILITIES



83

MOBILE CLINICS



8

OTHER SERVICE DELIVERY POINTS

On 9 January 2023, the United Nations Security Council reauthorized cross-border humanitarian access from Türkiye until July 2023, which allows UNFPA Türkiye Cross-Border to continue providing essential services to women and girls living in north-west Syria. This decision was welcomed by UN leaders, including UNFPA's Executive Director, as a fundamental way to preserve this essential lifeline for the 4.1 million people in need in the north-west.

Cross-border operations in Syria remain essential to ensuring that women have access to essential sexual and reproductive health services and are protected from gender-based violence. With the ongoing crisis, women in Syria face numerous challenges, including limited access to healthcare, displacement, and increased risk of violence. UNFPA's cross-border operations enable the organization to provide vital assistance to women in areas where access to essential services is limited or non-existent.

Through its cross-border programming, UNFPA provides essential support to those in need, including emergency reproductive healthcare and gender-based violence response and prevention. These services play a crucial role in saving lives and protecting women from GBV, which has increased significantly during the conflict.

UNFPA's efforts in the Whole of Syria are part of a broader global initiative aimed at ensuring that women and girls have access to essential SRH services and are protected from GBV in crisis settings. As a member of the Inter-Agency Working Group on Reproductive Health in Crises (IAWG), UNFPA works with other organizations to coordinate their efforts to ensure that women and girls receive the support they need during crises. Their cross-border operations are a critical part of these efforts, providing much-needed assistance to women in need, even in the most challenging circumstances.

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



# “I WILL NEVER FORGET THAT DAY. EVER.”

## COMMUNITIES IMPACTED BY THE RECENT EARTHQUAKES STRUGGLE TO FIND THEIR WAY OUT OF DESPAIR.

“For most people in Syria, life today carries very few prospects for a better future,” says Rima, a young woman from Aleppo, who recently accessed services at a UNFPA-supported Safe Space. “People are giving up.”

Rima’s words have been echoed by countless people served by UNFPA over the past years. Many who spoke to UNFPA had also survived the devastating earthquake that struck Türkiye and Syria in February 2023 – mere weeks before the country entered the 13th year of a humanitarian crisis that has pushed entire communities to the brink.

“After the earthquake, every sound terrifies me,” said Mariam, a woman from north-west Syria, who is among the millions currently displaced. “I will never forget that day. Ever.”

Even prior to the earthquakes, Syria was facing an urgent need for assistance, with over 15 million people requiring immediate aid, and 90 percent of the population living in poverty, the highest number since the crisis began in 2011. Syria has the highest number of internally displaced people in the world at 6.8 million, while an additional 6.8 million have fled to neighboring countries. Almost half of them are women and girls, who are grappling with the dire consequences of homelessness, discrimination, financial destitution, and escalating risks of exploitation and abuse.

“The situation for Syrians throughout the region is worse than it has been in years,” explained UNFPA Arab States Regional Director, Laila Baker. “Ongoing and new hostilities and rampant violations of human rights have converged to put lives at risk. As in all humanitarian crises, women and girls are the worst off.”

The earthquakes have thrown almost 9 million people into even greater turmoil, with the survival of their lives now at risk. Baby Nour was born in traumatic circumstances as her mother, Reham, and her relatives fled their home and took shelter alongside dozens of other families in a mosque in Aleppo when the earthquakes struck. Although she received post-natal care

from a UNFPA-supported mobile team that visits the shelter regularly, Reham said that “the living conditions are not healthy for me or my baby. It gets really cold at night and the air is not clean because of the overcrowding. There isn’t enough food either.”

The country’s health system has been brought to its knees after more than a decade of bombardments, scarce funding, and pervasive insecurity, with over half of facilities closing or functioning only partially. Since the earthquakes, an estimated 133,000 pregnant women, as well as breastfeeding mothers and menstruating girls, are struggling to access essential care, support, and supplies. Of the 40,000 women due to deliver over the next three months, some 6,600 will have pregnancy and childbirth-related complications and need emergency, potentially life-saving health care that is now in dangerously short supply.

Gender-based violence in Syria has also increased, with women and girls reporting higher rates of sexual and domestic violence, including by intimate partners, physical and psychological abuse, and rising rates of forced and child marriage. These violations are only likely to increase with the latest disaster as many women and their families are forced to live in makeshift, unsafe, and overcrowded shelters, exposing them to yet more exploitation and abuse.

Over the past 12 years, UNFPA and its partners have supported access to health services and ensured protection from gender-based violence through safe spaces for women and girls. In 2022 alone, UNFPA delivered sexual and reproductive health services to more than 2 million people across the region, while more than 815,000 were reached with programs designed to prevent and respond to gender-based violence, including nearly 290,000 adolescent girls. Now, in earthquake-impacted areas in the north-west, UNFPA and its partners are distributing essential medicines and supplies to health and protection facilities, and mobile teams are traveling to hard-to-reach areas to support those in need.





# SYRIA COUNTRY OFFICE

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

**154,031**

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

**805**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

84% FEMALE

**106,765**

PEOPLE REACHED WITH GBV PROGRAMMING

99% FEMALE

**8,462**

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

**39,597**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	18,215	100%
Family planning consultations	45,224	100%
Normal / assisted vaginal deliveries	900	100%
C-sections	888	100%
Ante-natal care consultations	30,614	100%
Post-natal care consultations	3,092	100%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	21,382	100%
People reached with dignity kits	33,503	100%
GBV case management consultations	3,141	95%
People reached with GBV awareness sessions	73,574	98%



61

PRIMARY HEALTHCARE FACILITIES \*



37

WOMEN AND GIRLS SAFE SPACES



19

EMERGENCY OBSTETRIC CARE FACILITIES



14

YOUTH CENTRES



82

MOBILE CLINICS



8

OTHER SERVICE DELIVERY POINTS

### What women and girls in Syria need

1. Access to quality sexual and reproductive health services is a basic human right and not a nice-to-have. Women and girls' needs should be at the centre of the humanitarian response. Preventable maternal or newborn deaths and life-threatening violence are not acceptable.
2. With nearly 60 percent of the population being food insecure, pregnant and breastfeeding women are at particular risk of malnutrition, which impacts more than one in five women in north-western governorates. They need access to immediate assistance to meet their basic needs.
3. Female-headed households are consistently identified among the most vulnerable population segments in Syria, particularly in light of the dire economic conditions. They need immediate access to services, including cash assistance and protection.
4. There are major gaps in the quantity and quality of health care workers. They require training, equipment and supervision to implement integrated and essential health service packages, and provide gender-sensitive and comprehensive services. This contributes to poor reproductive health outcomes nationwide as well as overall maternal morbidity and mortality.
5. Women and girls need access to services to prevent and respond to gender-based violence. This includes supporting women and girls' safe spaces, even in the most impacted and/or hard-to-reach areas. There is a need for all humanitarian actors to mitigate the risk of sexual exploitation and abuse and GBV throughout the response.

\* 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.



# TÜRKIYE CROSS-BORDER

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

**22,822**

PEOPLE REACHED WITH SRH SERVICES

94% FEMALE

**11,536**

PEOPLE REACHED WITH GBV PROGRAMMING

88% FEMALE

**7,390**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

**1,084**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

81% FEMALE

**45**

PEOPLE TRAINED ON VARIOUS TOPICS

89% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Family planning consultations	2,662	98%
Normal / assisted vaginal deliveries	2,978	100%
C-sections	852	100%
Ante-natal care consultations	13,829	100%
Post-natal care consultations	6,056	100%
People trained on SRH-related topics	45	89%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	7,390	100%
People reached with dignity kits	61,517	100%
GBV case management consultations	75	89%
People reached with GBV awareness sessions	6,135	82%



9

PRIMARY HEALTHCARE FACILITIES



15

WOMEN AND GIRLS SAFE SPACES



8

EMERGENCY OBSTETRIC CARE FACILITIES



1

MOBILE TEAMS

Since day one, UNFPA and its partners have been at the forefront of the earthquake response providing life-saving SRH and GBV services to affected women and girls. UNFPA continues to fully support nine health service delivery points, two mobile health clinics, and 14 Safe Spaces, which have started their operation immediately after the quake despite having sustained initial infrastructural damages. Although three Safe Spaces have been severely affected by the earthquake, they continue to provide critical lifesaving services through mobile teams. The functionality of these facilities has been crucial to maintaining the provision of essential life-saving SRH services to people in need.

Moreover, as part of its commitment to leaving no one behind, UNFPA enhanced its outreach efforts to ensure that all segments of the population have effective access to critical

SRH and GBV services. Health and protection staff have provided essential and lifesaving services, information, and referral to women and girls living in earthquake-affected areas, including in newly established reception centers, informal settlements, camps, among others.

In February, UNFPA's partners distributed 23,812 dignity kits to women and girls in NWS. The kits contain critical hygiene and safety items which are needed to address basic protection needs of women and girls and enhance access to information and service provision. Dignity kits were strategically used as an entry point to identify women and girls at risk of GBV; refer high-risk cases to specialized services; raise awareness about GBV-related issues and available services; and advance GBV prevention and response interventions.

To ensure continuation of SRH service provision, UNFPA distributed 502 reproductive health kits to support 138 critical health facilities. By distributing supplies prepositioned in December 2022 and providing tents and other operating equipment, UNFPA timely supported its partners to resume their operations and/or initiate the process of rehabilitating their buildings.



# TÜRKIYE COUNTRY OFFICE

**18,262**

PEOPLE REACHED WITH SRH SERVICES

92% FEMALE

**13,862**

PEOPLE REACHED WITH GBV PROGRAMMING

76% FEMALE

**2,269**

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

93% FEMALE

**3,718**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

**196**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

52% FEMALE

**1,510**

LGBTQIA+ INDIVIDUALS SUPPORTED THROUGH VARIOUS SERVICES

**240**

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

33% FEMALE

**602**

PEOPLE TRAINED ON VARIOUS TOPICS

78% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	1,516	100%
Family planning consultations	4,353	93%
Ante-natal care consultations	1,187	100%
Post-natal care consultations	522	100%
People trained on SRH-related topics	91	54%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,850	100%
People reached with dignity kits	5,083	98%
GBV case management consultations	480	77%
People reached with GBV awareness sessions	10,198	84%
People trained on GBV-related topics	392	76%

## YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	352	100%
People trained on youth-related topics	119	98%



4  
WOMEN AND GIRLS SAFE SPACES \*



4  
YOUTH CENTRES



14  
OTHER SERVICE DELIVERY POINTS

The recent earthquakes had a severe impact on 11 provinces in southeastern Türkiye, including Kahramanmaraş, Adana, Adıyaman, Diyarbakır, Elazığ, Gaziantep, Hatay, Kilis, Malatya, Osmaniye, and Şanlıurfa. 15.8 million individuals, including 1.7 million refugees, were directly affected, with 2.4 million estimated to be women of reproductive age, 130,000 currently pregnant women, and 2.6 million youths aged 15-24. The earthquakes caused significant loss of life and destroyed numerous residential and public buildings, including health facilities and SRH supplies. The Ministry of Health's initial assessment revealed that a quarter of hospitals (28 in total) and 15 percent of primary healthcare facilities (236 in total) were heavily or moderately damaged across the 11 affected provinces.

The WHO's initial assessments showed that over 40 percent of district health directorates, more than 70 percent of family health centers, and 50 percent of migrant health centers were damaged in the most affected districts.

Additionally, around 60 percent of OBGYN services were non-functional. At the end of February, only 30 percent of pre-earthquake doctors and nurses were operational, leading to limited access to safe deliveries and post-natal care. Meanwhile, the destruction of public facilities providing GBV response services in Hatay, Kahramanmaraş, and Adıyaman is a major concern, and longer-term shelter is needed for GBV survivors who were already under protection before the earthquake. The affected provinces require mobile and temporary service units and SRH supplies to address the high demand for assistance.

Immediately after the earthquakes, UNFPA assessed the impact and prepared to support emergency response efforts through its 5 static service units in affected areas. Health and psychosocial support were identified as critical elements for the affected population. To aid the provision of life-saving services, UNFPA deployed seven mobile outreach teams in Adana, Hatay, Şanlıurfa, Diyarbakır, and Adıyaman. Two static service units in Hatay were closed due to damage.

UNFPA conducted self-care sessions for IP staff in affected areas to manage stress levels. UNFPA also collaborates with all partners in the Health Sector coordination mechanism and supports the Ministry of Health to coordinate SRH services. UNFPA procured ten tents for ten affected provinces to ensure uninterrupted SRH interventions and collaborated with Presidency Migration Management to distribute 3000 dignity kits to those living in temporary accommodation centers in Osmaniye and Gaziantep.

\* 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.



# 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.

**6,282**

PEOPLE REACHED WITH SRH SERVICES

100% FEMALE

**458**

PEOPLE PROVIDED WITH CASH & VOUCHER ASSISTANCE

100% FEMALE

**4,597**

PEOPLE REACHED WITH GBV PROGRAMMING

100% FEMALE

**355**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

**1,398**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	192	100%
Family planning consultations	1,202	100%
Ante-natal care consultations	183	100%
Post-natal care consultations	63	100%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	1,172	100%
GBV case management consultations	1,210	99%
People reached with GBV awareness sessions	3,137	100%



5  
PRIMARY HEALTHCARE FACILITIES \*



3  
WOMEN AND GIRLS SAFE SPACES

Lebanon is facing multiple challenges, including political instability, economic crisis, high unemployment, and inflation. The value of the Lebanese pound has significantly decreased and led to an increase in prices for fuel and goods and services, which has added to the financial burden on individuals and households. Marginalized communities, especially women and girls, have been severely impacted by the economic difficulties and political uncertainties.

In February 2023, the United Nations Population Fund (UNFPA) continued to provide support to vulnerable Lebanese and Syrian communities in addressing a range of challenges related to sexual and reproductive health and gender-based violence. UNFPA worked with implementing partners, academic institutions, and ministries to provide integrated services and information on sexual and reproductive health and gender-based violence. UNFPA also provided cash assistance to women to respond to their basic needs such as food, housing, healthcare, and economic empowerment.

UNFPA's comprehensive GBV services were delivered through its implementing partners in Mount Lebanon, Bekaa, and the South. These services included case management, psychosocial support sessions, legal support, and risk mitigation activities. UNFPA also provided SRH services such as awareness sessions, family planning counseling, and midwifery services, with a focus on pregnant women.

In addition, UNFPA worked with implementing partners to deliver services to marginalized groups, including individuals from the LGBTQI+ community and persons with disabilities. Despite UNFPA's efforts, implementing partners faced challenges due to the deterioration of the socio-economic situation in Lebanon, the strike of the judges affecting access to justice for women and girls, and the increase in the cost of transportation limiting access to services. Overall, UNFPA's continued support is critical to addressing the complex challenges faced by vulnerable communities in Lebanon and Syria, particularly those related to sexual and reproductive health and gender-based violence.



SOME DAYS, I EXPERIENCE THE DISCRIMINATION EXPLICITLY. A SHOPOWNER MIGHT REFUSE MY MONEY BECAUSE I'M SYRIAN, OR BOYS MIGHT CHASE ME IN THE STREET AND SHOUT OBSCENITIES AT ME.

– MAY, a young Syrian woman living in Lebanon



# ‘THEY HELPED ME UNDERSTAND THAT WHAT HAPPENED TO ME WAS NOT MY FAULT.’

Souad, a 39-year-old mother of three, had suffered emotional and physical abuse from her ex-husband for eight long years before finally summoning the courage to leave him. Despite the strength she showed in leaving the abusive relationship, Souad found herself struggling to cope. She was unable to see her children, who remained with her ex-husband, and the trauma of her past had left her health hanging by a thread, making it very difficult for her to work. Panic attacks would hit her at random moments, leaving her feeling helpless and alone. “I felt like I was drowning,” she said. “I couldn’t speak to anyone. I felt like I was the only one going through this.”

Fortunately, Souad learned about the health facility operated by a UNFPA partner, where integrated GBV services were also being provided. She reached out to the case management team, who provided her with psychosocial support and helped her navigate the complex legal and social systems that she was dealing with. “They helped me see that I wasn’t alone,” she said. “I could talk to them about anything, and they would listen. They helped me understand that what happened to me was not my fault.”

With the support of the team at the facility, Souad began to heal. She was able to express herself more freely, without fear of judgment, and her panic attacks slowly began to subside. “I never thought I would be able to feel like this again,” she said. “I felt empowered, and I am so grateful for their help.”

In addition to providing psychosocial support and assistance with legal and social issues, the center where Souad is receiving services also offered sexual and reproductive health services. Souad was initially hesitant to discuss these issues, as she had never received proper education or care in this area before. However, with the encouragement of the center’s staff, she decided to take advantage of the available services.

“By providing comprehensive sexual and reproductive health services alongside psychosocial support, the facility is able to address the many complex and interconnected issues that survivors of GBV face,” explained Abir, a case manager at the facility.

Despite the progress she has made, Souad’s newfound hope is tempered by fear. She worries that if the facility closes, she will be left alone again with no place to turn to.

“I don’t know what I would do without them,” added Souad. “They saved my life. I just hope they will be able to keep helping people like me.” Her words underscore the importance of continuing to support facilities that offer vital services to survivors of gender-based violence, ensuring that they receive the help they need to overcome the trauma of abuse and rebuild their lives.

“ I FELT LIKE I WAS DROWNING. I COULDN’T SPEAK TO ANYONE. I FELT LIKE I WAS THE ONLY ONE GOING THROUGH THIS.

— SOUAD, a woman who recently accessed services at a UNFPA-supported facility





# JORDAN COUNTRY OFFICE

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

**12,943**

PEOPLE REACHED WITH SRH SERVICES

99% FEMALE

**2,311**

ADOLESCENT GIRLS SUPPORTED THROUGH VARIOUS PROGRAMMES

**3,792**

PEOPLE REACHED WITH GBV PROGRAMMING

97% FEMALE

**39**

PEOPLE WITH DISABILITIES REACHED WITH VARIOUS SERVICES

100% FEMALE

**1,430**

PEOPLE REACHED WITH YOUTH ENGAGEMENT ACTIVITIES

84% FEMALE

**6**

PEOPLE TRAINED ON VARIOUS TOPICS

100% FEMALE

## REPRODUCTIVE HEALTH

	TOTAL	% FEMALE
Adolescent girls reached with SRH services	857	100%
Family planning consultations	2,745	100%
Normal / assisted vaginal deliveries	233	100%
Ante-natal care consultations	4,927	100%
Post-natal care consultations	724	100%

## GENDER-BASED VIOLENCE

	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	524	100%
GBV case management consultations	254	96%
People reached with GBV awareness sessions	1,969	97%

## YOUTH SERVICES

	TOTAL	% FEMALE
Adolescent girls reached with youth activities	930	100%
People trained on youth-related topics	6	100%



**11**  
PRIMARY HEALTHCARE FACILITIES



**17**  
WOMEN AND GIRLS SAFE SPACES



**1**  
EMERGENCY OBSTETRIC CARE FACILITY



**1**  
YOUTH CENTRE

## JORDAN IN 2023: THE NEEDS REMAIN HIGH

UNFPA Jordan will continue supporting and strengthening the resilience of the national systems for delivering quality, comprehensive, integrated sexual and reproductive health services, including family planning, for all vulnerable women, youth, and adolescents, especially girls, using a health systems-building approach.

This will be implemented through a) Coordinating and strengthening partnerships with relevant agencies to promote access to SRH services; b) Ensuring the availability and accessibility of integrated, high-quality SRH information, services, and supplies; (c) Improving preparedness, readiness,

and functionality of primary healthcare systems, and scaling up operationalization of the comprehensive SRHR package, including EmONC; (d) Improving SRH referral pathways and network of services available; and (e) Advancing emergency preparedness to respond to future shocks or crises.

Meanwhile, UNFPA will consolidate national partnerships, boosting sustainability and the development/humanitarian nexus but also promoting innovation and quality of survivor centered services. In 2023, a key objective is boosting reach while applying consistent standards, measurable behavioral change, using better data, and sustainably investing in national capacities.

UNFPA will continue to support GBV service delivery points in three main refugee camps and urban areas across the country, building on achievements in disability inclusion and adolescent girls target programming. This will include investments in innovative approaches and a shift toward behavioral change programming to challenge gender norms and harmful practices.



# HELPING WOMEN AND GIRLS BECOME LEADERS OF CHANGE

When Maria heard about the *Me and My Mobile* course, a course designed to encourage using mobile technology to improve girls' access to digital technologies, she was one of the first girls to sign up. "I like to learn new things and meet new people. I was so eager to join the course," expressed Maria.

Living in an underprivileged neighborhood in Sweileh, a district in Amman known for heavy industry and steel production, Maria's digital literacy and access to digital technologies was consistently limited. "We started computer lessons in school in the seventh grade, but they were very theoretical, and we didn't get a chance to practice what we learned because of the small number of computers available," said Maria.

Like many of her schoolmates, Maria does not own a mobile phone or have a computer to use at home. When Maria needs to do an assignment for school, she either borrows her mother's phone, and when the phone is unavailable, she delays doing her homework until she can get access to her cousin's laptop. "Sometimes my mother doesn't have enough money to renew her phone subscription, so I go upstairs to my cousin's house to use her laptop if she's not using it for her work. If she's studying, I usually wait until the next day to use one of the computers at school," said Maria.

On the first day of the *Me and My Mobile* course, Maria arrived an hour ahead of schedule at the UNFPA-supported Institute for Family Health center in Sweileh. As she waited for the bus to arrive, more girls from the group poured into the facility, ready to begin their journey at the Zain Innovation Campus (ZINC) in the King Hussein Business Park.

"When we arrived at ZINC, the girls were fascinated by the contemporary buildings and facilities," said Shadia Khreisat, Counselor at the Institute for Family Health in Sweileh. "They had never been to a place like that. Taking the *Me and My Mobile* course at ZINC gave them the freedom to cultivate a sense of autonomy."

For Maria, attending the course was the opportunity she needed to gain new skills and increase her exposure to digital technologies in a new environment. ZINC, a hub for entrepreneurs and startups, was a window for Maria into a world of creative initiatives and alternative approaches to income generation. "The first time I walked into the ZINC building, I saw young people working together on laptops and having discussions. I liked the bustle of activity inside the space. After the course, I thought that maybe I could pursue a degree in Cyber Security, but I'm not sure if it is a career for women. Is it?"

***'The exclusion of women and girls' from digital technologies can have lasting negative effects, leaving them more vulnerable to gender-based violence'***

Over the course of eight weeks, Maria and a group of 18 adolescent girls attended the sessions. They learned to create and secure their email accounts, capitalise on social media marketing and online income generation opportunities, and develop their financial management skills. They learned about using business-friendly mobile apps and the *Amaali* app for reporting incidents of gender-based violence. The course concluded with a session on cybercrime, online sexual harassment, cyberbullying, and cyberstalking.

Reports from the Cyber Crime Unit in Jordan reveal that cybercrime cases have risen six-fold in the last 7 years, surging from 2,305 cases in 2015 to 16,027 cases in 2022. In spite of the alarming figures, many cases of cybercrimes go unreported as women and girls who were targets of cybercrimes fear being blamed or exposed to further violence if they come forward with their stories. Social norms often perpetuate survivor blaming, preventing women and girls from seeking the justice they deserve.

With the rise of cybercrime cases in Jordan, advocating for the importance of women and girls' access to safe digital spaces was at the heart of the *Me and My Mobile* course's mission. Raising girls' awareness on the importance of protecting their personal information and reporting cyber crimes when they occur is one of the main aims of the course.

According to UNFPA Jordan's GBV Programme Associate, Lama Al-Sa'd, "the exclusion of women and girls' from digital technologies can have lasting negative effects, leaving them more vulnerable to gender-based violence and technology-facilitated gender-based violence. When women and girls develop knowledge in information and communication technology, they gain the confidence to become agents of change in digital economies of the future."

Reflecting on her experience during the course, Maria said: "During the session on cybercrimes and online harassment, I realized that no one ever gave me information on what to do if I was a target of cybercrime. I learned that I can protect myself by reporting cybercrimes to the proper authorities, and that I can seek help from others without feeling shame; I learned that the shame belongs to the perpetrator, not me".

The *Me and My Mobile* course is a project that was initiated by the United Nations Population Fund (UNFPA) in Jordan, in partnership with the Institute for Family Health and Zain telecom company, to empower women and girls by equipping them with ICT knowledge.

Since the first successful edition of the course in 2019, more than 150 women and girls from disadvantaged communities in Jordan have advanced their knowledge in ICT by enrolling in the *Me and My Mobile* course.



# IRAQ COUNTRY OFFICE

IN IRAQ, UNFPA CONTINUES TO PROVIDE ESSENTIAL SUPPORT TO MORE THAN 290,000 REFUGEES AS 1.2 MILLION PEOPLE REMAIN DISPLACED NATIONWIDE.

**1,097**  
PEOPLE REACHED WITH  
**SRH SERVICES**  
99% FEMALE

**1,111**  
**ADOLESCENT GIRLS**  
SUPPORTED THROUGH  
VARIOUS PROGRAMMES

**449**  
PEOPLE REACHED WITH  
**GBV PROGRAMMING**  
100% FEMALE

**21**  
**PEOPLE WITH DISABILITIES**  
REACHED WITH VARIOUS  
SERVICES  
100% FEMALE

REPRODUCTIVE HEALTH	TOTAL	% FEMALE
Adolescent girls reached with SRH services	529	100%
Family planning consultations	521	99%
Normal / assisted vaginal deliveries	72	100%
Ante-natal care consultations	972	100%
Post-natal care consultations	205	100%



**5**  
PRIMARY HEALTHCARE  
FACILITIES

GENDER-BASED VIOLENCE	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	582	100%
People reached with dignity kits	458	100%
GBV case management consultations	12	100%
People reached with GBV awareness sessions	2,583	84%



**1**  
EMERGENCY OBSTETRIC  
CARE FACILITY

## IRAQ IN 2023: AN EVOLVING CONTEXT

Iraq remains a country with a very high risk of a humanitarian crisis, currently ranked 18 out of 191 on the INFORM Risk Index, and is grappling with three main crises that overlap. Years of violent conflict have resulted in protracted displacement and significant humanitarian challenges. Political instability and unrest, compounded by regional tensions, including those related to natural resources, have heightened fragility and the risk of backsliding into conflict. The COVID-19 pandemic and its ongoing ramifications have further exacerbated these challenges, acting as threat multipliers.

It is expected that the humanitarian and recovery context in Iraq will continue to evolve in 2023, following the trends observed during 2021 and 2022. Displaced populations face prolonged challenges and many are unable to return due to conditions that are unsuitable for safe and dignified living, such as lack of security, blockage of returns by groups in control of an area, resistance from other community members, or inadequate resources to support sustainable solutions.

Meanwhile, the decision by the Government of Iraq (GoI) to close or reclassify IDP camps as informal sites in all affected governorates, except for the Kurdistan Region of Iraq (KRI), combined with the recent announcement to close the IDP file by the end of 2023, has resulted in the premature departure of many households from the camps or situations of secondary displacement, especially to informal displacement sites where IDPs have limited access to public services or other forms of assistance.

In collaboration with the Ministry of Social and Labor Affairs (MoLSA), UNFPA continues to provide GBV programming to the refugee population, with a focus on entrenching concepts of gender equality and women's empowerment. In Duhok, GBV services are provided through Safe Spaces in four refugee camps (Domiz 1, Domiz 2, Gawilan, and Bardarash), which include various services such as awareness-raising sessions, individual and group PSS, case management, referrals, and follow-ups. Adolescent girls are trained using the Adolescent

Girls toolkit, male engagement sessions are conducted, and recreational activities are provided, in addition to the distribution of GBV dignity kits.

In Erbil, UNFPA supports service provision in four refugee camps (Kawrgosk, Qushtapa, Basirma, and Darashakran). The services include case management, PSS, referrals, awareness-raising sessions, outreach activities targeting both women and girls, vocational and life skill activities, and sessions specifically for adolescent girls. Awareness-raising sessions for adolescent girls, include building confidence, health-related topics, leadership, and safety.



# EGYPT COUNTRY OFFICE

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

**80**  
PEOPLE REACHED WITH  
SRH SERVICES  
100% FEMALE



**10**  
WOMEN AND GIRLS  
SAFE SPACES

**539**  
PEOPLE REACHED WITH  
GBV PROGRAMMING  
100% FEMALE

**22**  
PEOPLE REACHED WITH  
YOUTH ENGAGEMENT ACTIVITIES  
100% FEMALE

As of February 28, 2023, Egypt is hosting 291,578 refugees and asylum-seekers from 57 countries of origin, with 50 percent of them being Syrians and the other 50 percent from various nationalities. In January, a total of 4,088 individuals were registered, with 35 percent of them being Syrians (according to the UNHCR Monthly Statistical Report, February 2023).

During February, UNFPA and its implementing partners reached out to 840 beneficiaries through the established 10 Safe Spaces, with 98 percent of them being female and 2 percent male. Among the beneficiaries, 274 (97 percent female, 3 percent male) received comprehensive GBV case management services, while 46 female beneficiaries attended SRH awareness-raising sessions. In addition, 100 female beneficiaries attended 8 GBV awareness-raising sessions along with 4 mental health support group sessions. The mental health group activities included theater, dance therapy, and self-love workshops, and were attended by 275 beneficiaries. To engage men and boys, the Safe Spaces supported by the youth centers of the Ministry of Youths and Sports conducted 2 sports activities.

Ten safe spaces in Egypt are being supported by UNFPA to provide vital assistance to refugees, migrants, and asylum seekers, with a particular focus on those who are at risk or

survivors of GBV. Two of these safe spaces offer a full range of services related to GBV case management, including psychological counseling, legal support, safe relocation, and medical referrals.

In addition to these services, all of the safe spaces offer support in the form of group mental health and psychosocial support (MHPSS), vocational skills training, and awareness sessions on GBV, reproductive health, and harmful practices such as female genital mutilation (FGM). One of the safe spaces also provides emergency support to survivors of rape through the provision of PEP kits, which are procured by UNFPA. UNFPA also works closely with its partners, including MSF and UNHCR, to ensure that PEP kits are available and distributed throughout the country as needed.

### Nesreen's journey towards healing: how basic support changes lives

Nesreen, a 43-year-old Syrian woman who arrived in Egypt in 2015, had been struggling with various psychological challenges stemming from the loss of her husband and son during the Syrian war. One day, her friend informed her about the Women and Girls Safe Spaces, and she decided to participate in one of the sessions provided in the Safe

Space located in Cairo's Sheikh Zayed district. Nesreen joined a group of women who were receiving psychological assistance and, by the end of the fourth day, reported a significant improvement in her mental health. She felt more hopeful and optimistic about her life.

Nesreen decided to learn some new skills, and the Safe Space activities helped her in that regard. She met a group of graduates who taught her how to crochet and sew and she attended an advanced craft workshop to undertake her own project.

Nesreen's story is a testament to the power of determination and hard work, as despite the obstacles she faced, she persevered in pursuing her goals. Her success serves as a reminder to many other women and girls that with the appropriate mindset, support, and resources, anyone can overcome their challenges and achieve their ambitions.

GENDER-BASED VIOLENCE	TOTAL	% FEMALE
Adolescent girls reached with GBV programming	89	100%
GBV case management consultations	508	97%
People reached with GBV awareness sessions	173	100%

**“SINCE I STARTED PARTICIPATING IN THE ACTIVITIES, ESPECIALLY THE SUPPORT GROUP, MY VOICE WENT UP AND I WAS ABLE TO TALK TO PEOPLE. I USED TO BE ISOLATED AND MY HUSBAND PUT ME DOWN, BUT I GOT MYSELF BACK UP AND LEARNED TO SAY ‘NO.’**

– FARAH, who recently accessed GBV programming at a UNFPA-supported facility in Egypt



# COORDINATION

## Whole of Syria

In February, the Whole of Syria GBV AoR focused on coordinating the EQ response. The following activities were undertaken:

**Flash appeal:** A flash appeal was put together between February 6th and 14th to respond to the earthquake in Syria that had resulted in thousands of people seeking temporary refuge in collective shelters. Whole of Syria and Hub GBV coordinators identified sectoral needs and requirements to provide an immediate response. Information on the impact on women and girls was limited, but the GBV AoR managed to determine that the earthquake had increased exposure to GBV and diminished access to life-saving services. The GBV AoR set a target of 8.7 million USD out of a total inter-sectoral requirement of 397.6 million USD to reach 4.9 million people overall.

**Syria Earthquake Needs and Response Overview:** Whole of Syria and Hub GBV coordinators collaborated with partners to contribute to the [Post Earthquake Syria Needs and Response Overview](#). The content was based on planned, completed, and ongoing assessments and reflected the most recent information available. As more precise information became available, humanitarian actors, including the GBV AoR, scaled up their response. The GBV AoR reviewed multiple assessment reports to understand how the earthquake had affected women and girls specifically.

**GBV risk mitigation:** The GBV AoR made strategic support to key humanitarian sectors a priority based on initial EQ need assessment findings. Assessments showed that women and girls, as well as older people and people with disabilities, were particularly exposed to GBV due to the living conditions in collective shelters. The GBV AoR developed and disseminated key GBV messages, a basic document for non-humanitarian actors to provide basic psychosocial first aid (PFA) in case of GBV disclosure, and an observation tool for any humanitarian actor to assess if GBV risk mitigation measures were in place. The GBV AoR engaged with WASH, FSL, Shelter, and NFIs sectors to advocate for and provide technical support for more effective GBV risk-mitigation measures. Although there were no clear findings related to the increase of GBV linked to the nutrition sector intervention, GBV AoR and Nutrition coordinators collaborated to better capacitate nutrition practitioners in terms of referrals and risk mitigation for hub level Nutrition Cluster members.

## Türkiye Cross-Border

The Sexual and Reproductive Health Technical Working Group and UNFPA jointly conducted an assessment immediately after the quake hit NW Syria to evaluate the scale and severity of the damages experienced by health facilities. Of the 194 health facilities and 21 mobile clinics surveyed, two facilities are reported as non-operational as of 16 February, while 17 reported being damaged and in need of rehabilitation. Two hospitals had to be completely evacuated and relocated.

The GBV Area of Responsibility (GBV AoR) supported a wide range of protection-focused activities, including a mapping of functional Safe Spaces and specialized GBV services; a protection-specific needs assessment; coordination on the distribution of dignity kits to affected areas, among others. The GBV AoR also continued to emphasise the importance of streamlining GBV risk mitigation measures ensuring that the needs of women and girls are integrated in all sector's responses.

## Türkiye Country Office

In February, UNFPA co-chaired the South-Easter Region GBV sub-Working Group Meeting to discuss GBV risks and available services. The most affected provinces face challenges in delivering services due to housing restrictions and staff capacity. Gender-based violence has increased, especially among vulnerable groups such as persons with disabilities, older persons, women, and children.

UNFPA also co-chaired the SET and Istanbul KRG Thematic Coordination Group Meeting to coordinate the response efforts for key populations, including LGBTI persons, sex workers, and PLHIV. The PSEA Task team worked on community messages and IEC materials on PSEA, and an Inter-Agency Coordination structure was set up to coordinate earthquake response efforts.

Lastly, UNFPA participated in Health and Nutrition Sector meetings and contributed to the Multi-sector Initial Rapid Needs Assessment (MIRA) for the Türkiye earthquake response, which aimed to assess the impact of the earthquake on service provision and the specific health and protection needs of affected populations.





# DONORS & PARTNERS

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

## IMPLEMENTING PARTNERS

**In Syria:** (MOH) Ministry of Health, (MOHE) Ministry of Higher Education, (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 (NCFJA), 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 Egypt Foundation.

**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), Relief Experts Association- UDER (IRC) and Syria Relief and Development (Relief International).

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

## CURRENT DONORS

Australia, Bulgaria, Canada, Denmark, The European Commission, Finland, France, Iceland, Italy, Japan, Republic of Korea, the Russian Federation, Norway, Spain, Sweden, Switzerland, the United Kingdom, USAID's Bureau for Humanitarian Assistance (BHA), and the US Department of State Bureau of Population, Refugees, and Migration (BPRM).

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

## CONTACT INFORMATION

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

## RELEVANT RESOURCES

[www.unfpa.org](http://www.unfpa.org)  
[www.ocha.org](http://www.ocha.org)  
[www.unhcr.org](http://www.unhcr.org)  
<http://Syria.humanitarianresponse.info>

